COMMITTEE ON NATURAL RESOURCES

Disclosure Form

As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

For	Indiv	idua	ls:

- 1. Name: David Lee Cook
- 2. Address: [Information redacted for privacy]
- 3. Email Address: [Information redacted for privacy]
- 4. Phone Number: Home [Information redacted for privacy]

* * * * *

For Witnesses Representing Organizations:

- 1. Name: David L. Cook
- 2. Name of Organization(s) You are Representing at the Hearing:

Arizona Cattle Growers Association

Public Lands Council

National Cattlemen's Beef Association

3. Business Address:

ACGA NCBA/PLC

1401 N. 24th Street Suite 4 1301 Pennsylvania Ave

Phoenix, AZ 85008 Washington, DC

4. Business Email Address:

ACGA, Patrick Bray - [Information redacted for privacy]

PLC/NCBA, Dustin VanLiew - [Information redacted for privacy]

5. Business Phone Number:

ACGA – (602) 220-9833

PLC/NCBA - (202) 347-0228

Name/Organization Arizona Cattle growers Association, Public Lands Council, NCBA Title/Date of Hearing: HR 5744 (Gosar), the "Catastrophic Wildfire Prevention Act of 2012." The hearing is scheduled on Friday, July 20, 2012 at 9:00 a.m. in 1334 Longworth House Office Building

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing. Certified Public Manager – Arizona State University

Have worked and managed livestock on public lands for over 10 years for myself and corporate clients.

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

Membership in county, state and national livestock organizations.

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

Rancher, Ranch Management and Reclamation services. Environmental Stewardship Award winner. Range Manager of the year 2004-Arizona Society of Range Management.

d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

None

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

None

f. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

I am concerned with forest health and the effects of wildfires on the land, air and water. Also how it affects businesses to include the ranchers.

Name/Organization Arizona Cattle Growers Association, and National Cattlemen's Beef Association Title/Date of Hearing: HR 5744 (Gosar), the "Catastrophic Wildfire Prevention Act of 2012." The hearing is scheduled on Friday, July 20, 2012 at 9:00 a.m. in 1334 Longworth House Office Building

<u>In addition, for witnesses representing organizations:</u>

g. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying. Arizona Cattle Growers Association – Ex Committee Member at Large, Chairman Federal Lands Committee. NCBA – Vice-Chairman Federal Lands Committee.

h. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

None

i. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

None

j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization.

None

k. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

See attached for PLC and NCBA, ACGA will be mailed to the committee.

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

Open to Public

Department of the Tmesury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

) Fo	r the 2	010 calendar year, or tax year beginning JUL 1, 2010 and	ending J	UN 30, 201	1
- E	Che	ick if Xicable;	C Name of organization	Madadalaharika Manara	D Employer iden	tification number
		Address change	ARIZONA CATTLE GROWERS ASSOCIATION			
		Name change	Doing Business As		86-	-0002290
1		nitial etum	Number and street (or P.O. box if mall is not delivered to street address)	Room/sulte	E Telephone num	ber
		lemin- ated	1401 N. 24TH ST.		602	2-267-1129
[Amended etum	City or town, state or country, and ZIP + 4		G Gross receipts \$	482,512.
		Applica- ion sending	PHOENIX, AZ 85008		H(a) is this a group	o return
	,	activities.	F Name and address of principal officer:MR . DOC LANE		for affiliates?	Yes X No
				5008	H(b) Are all affiliates	included? Yes No
ī			pt status: 501(c)(3) X 501(c)(5) ◀ (Insert no.) 4947(a)(1) o	or 🔲 527		a list. (see instructions)
. 1907			► N/A		H(c) Group exemp	tion number 🕨
			janization: Corporation Trust X Association Other ▶	L Year	of formation: 1924	M State of legal domicile: AZ
		And in section 2 is not a second	ummary			and the second s
	Acuvilles & GOVERNARIOS		efly describe the organization's mission or most significant activities: $\overline{ ext{TO}}$ $\overline{ ext{Pl}}$	ROAIDE	EDUCATION	ABOUT THE
	Ě	2 Ch	eck this box. > if the organization discontinued its operations or dispos	ed of more	than 25% of its net	assets.
3	Š	J Nu	mber of voting members of the governing body (Part VI, line 1a)			3 26
ي وف	8 .	4 Nu	mber of independent voting members of the governing body (Pair Visine 15)			4 26
4	3					5 0
3	5	6 Tol	al number of volunteers (estimate if necessary)		Daz	6 26
- 12 6	វ្	7 a Tot	al number of individuals employed in calendar year 2010 (Part Villaga) al number of volunteers (estimate if necessary) at unrelated business revenue from Part VIII, column (C), line 12		7	a 31.
-		b Ne	unrelated business taxable income from Form 990-T, line 34	**********		b 0.
					Prior Year	Current Year
9	p 1	3 Co	ntributions and grants (Part VIII, line 1h)	*******	215,119	
Ţ	\$) Pro	gram service revenue (Part VIII, line 2g)		200,210	
Contraction of	וַ בְּי	0 Inv	estment income (Part VIII. column (A), lines \$, 4, and 7d)		184	
-		1 Oth	er revenue (Part VIII. column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	· · · · · · · · · · · · · · · · · · ·	161,946	
Season.	1	2 Tot	al revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)	********	577,459	
	1	3 Gra	nts and similar amounts paid (Part IX, column (A), lines 1-3)		0	
	- 1		efits paid to or for members (Part IX, column (A), line 4)		0	
á	1	5 Sal	aries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	rahi si <u></u>	0	
Pénantae	1	6a Pro	fessional fundralsing fees (Part IX, column (A), fine 11e)		0	. 0.
- E	}	b Tot	al fundraising expenses (Part IX, column (D), line 25)	0.		
- 1	1	7 Oth	er expenses (Part IX, column (A), lines 11a-11d, 117-24f)	in 2 = 1 9 1 5	587,325	515,495.
	11	B Tota	al expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		587,325	
ŏ	2 1	9 Rev	enue less expenses. Subtract line 18 from line 12		-9,866	- Carrier - Carr
SI.			The second secon	1	inning of Current Yea	
essi	2		al assete (Part X, line 16)		249,442	
Net Assets o	2		il liabilities (Part X, line 26)		349	Market Market Control of the Control
	리 2	Net	assets or fund balances. Subtract line 21 from line 20		249,093	. 207,875.
					- Marine authorized	
ا ال	norb	onaluos wast as	of portury, I declare that I have examined this return, including accompanying schedules	and Stateme	nts, and to the best of:	my knowledge and belief, it is
IIU	o ^z coi	rect, an	d complete. Declaration of preparer (office than officer) is based on all information of whi	ch preparer i	ias any knowledge.	
10%			Signature of officer		Date	
Sit He			MR. DOC LANE		rate	
į, i ė	i e		Type or print name and title			- A Company of the Co
\$ *******		Drif	t/Type preparer's name / Preparer's standaure/	a Da	ite; , Check	PTIN
Pa	N.		ICHELLE FLYNN	YA II	1. 1. 1	***************************************
	pa/e	·	TS name WALLACE, PLESE + DREHER, LIP	<u> </u>	//	
	Daly		's address 3933 S. MCCLINTOCK DR., STE 500	w	flrm's EIN ►	
2001	191	, 1,1311	TEMPE, AZ 85282		nr.	/// 2/E 0E00
Ma	v the	IRS d	scuss this return with the preparer shown above? (see instructions)	······································	Phone no.	(480) 345-0500 X Yes No
and the same	den		The state of the property of the state of th			LOLITES I INA

Cheek if Schoolable Controlling Response to My question in his Part is Cheek if Schoolable Controlling Response to My question in his Part is Friend (searche that agreement and analysis) TO PROVIDE EDUCATION ABOUT THE CATTLE INDUSTRY. 3. Did the organization undertake any significant program convices during the year which were not listed on the prior from 900 or 990-E27 If Year is described the earner exclusion on Schoolab Co. But the organization repeated conducting, or make significant changes in how it conducts, any program services?		orn 990 (2010) ARIZONA CATTLE GROWERS ASSOCIATION	86-0002290 Page
TO PROVIDE EDUCATION ABOUT THE CATTLE INDUSTRY. 2	3	anting Statement of Program Service Accomplishments	3,000
TO PROVIDE EDUCATION ABOUT THE CATTLE INDUSTRY. 2	-	Check if Schedule O contains a response to any question in this Part III	
If Yes Caccine these new services on Schedule C. If Yes Caccine these new services on Schedule C. If Yes Caccine the second conducting or make significant changes in how it conducts, any program services? If Yes Caccine the exempt purpose achievements for each of the organization's three largest program services by expenses. Sections (1)(2)(3) and \$51(c)(4) organizations and section 4947(c)(1) masts are required to report the amount of grants and allocations to others, the total expenses and reviews by expenses. Sections (1)(2)(3) and \$51(c)(4) organizations and section 4947(c)(1) masts are required to report the amount of grants and allocations to others, the total expenses and reviews by expenses. Sections (1)(2)(3) and \$51(c)(4) organizations and section 4947(c)(1) masts are required to report the amount of grants and allocations to others, the total expenses and section 4947(c)(1) masts are required to report the amount of grants and allocations to others, the total expenses \$ including grants of \$	1		30.000
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(Expenses \$ including grants of \$ \(\frac{1}{1}\) \(\frac{1}{1}\) \(\frac{1}{1}\) \(\frac{1}{1}\)	! (Other program services. (Describe in Schedule C)	
Total program service expenses ▶		Expenses \$ including grants of \$ \(\frac{1}{1/2}\)	A The state of the
	,	Total program service expenses)

	is the organization described in section 501(c)(3) or 4947(c)(1) (other than a private foundation)?		Yes	No
	If "Yes," complete Schedule A		ŀ	
	If "Yes," complete Schedule A list the organization required to complete Schedule B, Schedule of Contributors?	. 1	-	X
Ź	i und the greatment engage in direct of indirect political cambalon activities on behalf of or in promittents and units the	1	X	
.4	THE PERSON OF THE PERSON OF THE STREET OF TH			X
.5	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	. 4	1	<u> </u>
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III			
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	5	X	ļ
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part			
7	Liid the organization receive or hold a conservation easement, including easements to present appearance	1000		X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	ر في		
8	bid the organization maintain collections of works of art, historical treasures, or other similar assets? If "You I complete	1 12		X
9	Schedule D. Part III Did the organization report an amount in Part X, line 21; serve as a oustodian for amounts not listed in Part X; or provide	8		X
	credit counseling, debt management, credit repair, or debt negotiation services? # "Yes," complete Schedule D. Part IV			
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	9		X
·	If "Yes," complete Schedule D, Part V			
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X	10	1	X
	as applicable.			
- 5	Did the organization report an amount for land, buildings, and equipment in Part X. line 102 # "Ves." operates Schodule D			\$4000z
· E	Part VI Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total	11a	X	
•	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII			
Ŕ	Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more of its total	11b		X
	assets reported in Part X, line 167 if "Yes," complete Schedule D, Part VIII			
Ű	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	11c	X	
	Part X, line 167 If "Yes," complete Schedule D, Part IX			NE'R
e	The support and all all all all all all all all all al	110		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footbate that suggests	11e		X
	the organization's habitary for uncertain tax positions under RN 48 (ASC 740)9 if "Mes." complete Reported D. Door V.	عدد د	х	
12a	bid the digardation obtain separate, independent audited financial statements for the for Moor? If when it comments	171	- A.	 .
	Schedule U, Paris XI, XII, and XIII	12a	Х	
þ	The the state of the second of the construction of the second of the sec	1460	*	
	If "Yes," and if the organization answered "No" to line 12a, then completing Scheriula D. Porte VI. VII. and VIII is a final	126		X
13	is the brigatization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete School to E	13		X
74a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	is the organization have aggregate revenues of expenses of more than \$10,000 from great motion for decision by		······································	4.4:
	and program service activities outside the United States? If "Yes," complete Schedule F. Perte Land U.	146	:	X
15	Dig the organization report on Fan IX, column (A), the 3, more than \$5,000 of practs or application and applications to any applications.			
	or entry located outside the United States? If "Yes," complete Schedule F. Parts II and IV	15	- 1	X
16	District organization report on Part IA, Column IA). Inte 3, more than \$5,000 of apparatus according to the standard or the st		*	-111
يد ن	ideated buside the United Statesy if "Yes," complete Schedule F, Parts III and IV	16		X
17	pio the organization report a total of more than \$15,000 of expenses for professional fundrations continue to the			and the second
	column (A); lines 8 and 11e? if "Yes; " complete Schedule G, Part i	17		X
18	and the organization report into that a contribution of the organization of the contribution of the contri			
19	te and 8a? If "Yes," complete Schedule G. Part II	18		X
	The trip organization report more than \$10,000 of 0,0055 income from namina activities on Dark VIII Ten her within a			
20a	complete Schedule G, Part III	19	X	
	and an adjustice that the product of those the product of the prod	20a		X
,,,	If "Yes" to fine 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
in the state of th	operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Checklist o			

United States on Part IX. Column (A), line 17th "Yes," complete Schedule, Partyl and it		21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		Yes	No
octurn (A), Ins. 27 if "Fee," complete Spiredities). Farts I and 3, 41 of a should compensation of the congalization answer Yes' to Part VII, Socioto A, line 3, 4, or 5 about compensation of the congalization around the confidence of the congalization and forther effices, differency futures, with an effective of the congalization from the congalization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the least day of the year, that was leaved after December 31, 2002? If "Yes," converse lines 240 through 24d and complete Schedule K If "Pot", pot to line 25 Did the organization have a tax exempt bonds beyond a temporary period exception? Did the organization which an exercise executed of the exempt bonds beyond a temporary period exception? Did the organization which an exercise executed of the than arounding escrove at day time during the year to defease any tox exempt bonds. Did the organization act as an "on behalf of Issuer for bonds outstanding a sary time during the year in defease any tox exempt bonds. Did the organization act as an "on behalf of Issuer for bonds outstanding a sary time during the year." 24d. Did the organization act as an "on behalf of Issuer for bonds outstanding a sary time during the year." 24d. Did the organization of the sary and the sary of the angential action with a discipalitied person in a prior year, and the the transaction has not been reported on any of the angential action with a discipalitied person in a prior year, and the the transaction has not been reported on any of the angential action with a discipalitied person in a prior year, and the the transaction has not been reported on any of the angential action with a discipalitied person in a prior year, and the the transaction has not been reported on any of the angential action with a discipalitied person in a prior year, and the the third of the organization action. With a discipalitied person in a prior year, and the the transaction has not been reported to any exce			Office States on Part IX, column (A), line 17.7f. "Yes," complete Schedule F. Parts Land II	24		1.0
22 X 23 Did the organization answer "Yes" to Part II. Socion A, line 3, 4, or 5 about compensation of the organization's current and sother diffices, directors, frustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 24a Did the organization have a tax-exempt bond issue with an outstanding smolph amount of more than \$100,000 as of the issue that the sex of the year, that was issued after December 31, 2002? If "Yes," arrayer lines 256 strongh 246 and complete Schedule K. If "No", yo fo line 25 3 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 4 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 5 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 5 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 5 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 6 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 7 Did the organization aware that it engaged in an access benefit interaction with a disqualified period of with a disqualified period of within the stransaction bar not been reported on any of the organization argues prior perms 980 or 989-EZT If "Yes," complete Schedule L, Part II 7 Did the organization aware that it engaged in an excess benefit interaction with a disqualified period in a property or a period on any of the organization appropriate period on any of the organization argues prior perms 980 or 989-EZT II "Yes," complete Schedule L, Part II 7 Did the organization provide a grant or other assistance to an officer, director, further, key employee Schedule L, Part IV 8 Was the organization a party to a business transaction with one of the following parties schedule L, Part IV 8 Did the organization approve a grant or other assistance to an officer, director, transfer or parties before a pa		22	THE VIEW OF SECURIOR OF THE PROPERTY AND ADDRESS OF THE PROPERTY OF THE PROPER	1	- 	1.A
and "comer officers, directors, trustees, key amployees, and highest compensated employees." "Yes," complete Schedule J. 24 24 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 24a through 24d and complete Schedule I. If "No.", por Line 25 b. Did the organization ministals on secrew account of there than a refunding secrew at any time during the year to delease any to the waverpit bonds. d. Did the organization ministals on secrew account of there than a refunding acrow at any time during the year to delease any to the derivation ministals on secrew account of the than a refunding acrow at any time during the year to delease any time during the year to delease any time during the year to delease any time decrease the complete schedule of the third of the year? d. Did the organization acts as an "on behalf of "issuef for bonds outeranding at any time during the year to delease any time year to delease any time the time time time the year to delease any time time time time time time the year to delease any time time time time time time time time		es en	GOIDHIT (FS), IND. 2.1. If FS; COMPlete Schedule I, Parts Land III	פפ		Y
Schedule /		23	The state of the s		1	***
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instructions for applicable filing thresholds, conditions, and exceptions): a A current or former afficer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family immber of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee for a family member thereof) was an officer, director, trustee, or key employee for a family member thereof) was an officer, director, trustee, or key employee for a family member thereof) was an officer, director, trustee, or key employee? If "Yes," complete Schedule M, 200 bid the organization receive more than \$25,000 in non-oash contributions? If "Yes," complete Schedule M, 200 bid the organization ilquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I bid the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I bid the organization win 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I bid the organization organization controlled entity within the meaning of section 512(b)(13)? 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? 36 Section 501(c)(3) organization acontrolled entity within the meaning of section 501(c)(3) organization. Part IV, line 2 37 Did the organization conduct more than 6% of its activities through an entity that is not a related org			Schedule L, Part III			
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a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Bid the organization receive more than \$25,000 in non-oash contributions? If "Yes," complete Schedule M. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation apartibutions? If "Yes," complete Schedule M. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I. Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. West the organization receive any payment from or ongage in any trapsaction with a controlled entity within the meaning of section 512(b)(13)? Did the organization is cevive any payment from or ongage in any trapsaction with a controlled organization related organization. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, line 2 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, Part VI Did the organization conduct more than 5% of its activities through an entity that is not a related organization. The organization conduct more than 5% of its activities through an entity that is not a related organization. The organization conduct more than 5% of its activ			AND CLASSICAL TOT APPROPRIENT INITIAL INTESTIDIOS. CONCILIONS: ANTI-OVERNICADE):		% (F)	
c An entity of which a current or former officer, director, trustee, or key employee (it a 'es, " complete Schedule L, Pert IV 28b X director, trustee, or direct or indirect or former officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-pash contributions? If "Yes," complete Schedule M 29 X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 29 X Did the organization incides terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Yes," complete Schedule N, Part II 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 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 391.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, Ilno 1 34 X 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Ilno 2 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, Ilno 2 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, Ilno 2 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, Ilno 2 37 X X 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		9	A current or former officer, director, trustee, or key employee? If "Yes " complete Patrollus 1, garage			
director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. 28 Did the organization receive more than \$25,000 in non-oash contributions? If "Yes," complete Schedule M. 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule M, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. 32 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, Ilne 1 33 Did the organization receive any payment from or engage in any transaction with a controlled antity within the meaning of section 512(b)(13)? 34 Did the organization receive any payment from or engage in any transaction with a controlled antity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Ilne 2 35 Section 501(e)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Ilne 2 36 Section 501(e)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Ilne 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is freated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, Ilnes 11 and 19? Note, All Form 990 filers are required to complete Schedule			A CASAN TO NOTICE OF CONTROL OF CONTROL OF CONTROL OF THE CONTROL OF THE CASAN AND ASSESSMENT OF THE CONTROL OF		· · · · · · · · · · · · · · · · · · ·	<u>X</u>
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37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197 Note. All Form 990 filers are required to complete Schedule O	37			36		
Note. All Form 990 filers are required to complete Schedule O.		- 0	no that is treated as a partnership for federal income tay outroospe? If "Voc & complete not as a			200 240
Rote. All Form 990 filers are required to complete Schedule O	38	**	The state of the s	37	- 1	X
	******	<u>. N</u>	lote. All Form 990 filers are required to complete Schedule O			

18	Enter the number reported in Box 3 of Form 1096. Enter 0-if not applicable	[1a	4	6	Ye	s N
ŀ	Enter the number of Forms W-2G included in line ta, Enter O if not applicable	406		0		
	Did the organization comply with backup withholding rules for reportable payments to vendors an (gambling) winnings to prize winners?	d manar	toble conté a	-		
28	curtor are number of employees reported on rorm wood, fransmittal of Wade and Tax Statements	1		. <u>1c</u>	: X	
	filed for the calendar year ending with or within the year covered by this return	· ·		0		
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax re	dime.	· .	V 888		
	mote: if the sufficiency lines by and 2a is greater than 250, you may be required to e-file, leser instruct	innei	enness en	. 2t) 	
30	Did the organization have unrelated business gross income of \$1,000 or more diving the year?		70 27 43	. 3a	88 1 6000	X
,b	If "Yes," has it filled a Form 990-T for this year? If "No." provide an emplenation in School to O					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	aé autho	ivilla e accesa di		-	
	analicial account in a foreign country (such as a bank account, securities account, or other financial	al acco	onti?	4a	.	X
þ	4. Fast auter me usitie of the loteidu contribe.			70		
_	See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	al Acco	unts.			
5a	was the organization a party to a prohibited tax shelter transaction at any time during the tay trans	r:		5a	(in existing)	X
	the diff taxable party florily the organization that it was or is a party to a pychibitod toy shorter two	عددأ فالعادد	ര്	1 100		X
	a. 196, to the sale of oid the organization the Form 8886-T?			5c		+
00	COPPORTION DELICATION DATE CHILDREN WICKS FEEDING THAT ARE NORMALIN DELICATED READ THAT AND THAT ALL	سنديد سطة	وأريروا بالمستخطرة	1	1-	~
	Buy contributions that were not tax deductible?			6a	X	
Þ	Factor of Angultarion include with 44Ath 2010/1910U BU EXDISS Statement that circle countil	nitions i	مراكم عد		1	
<i>†</i>	wele not tax dedrictible.	Nakasakainakainy	erenan erana e	6b	X	1
	a					
ä	Did the organization receive a payment in excess of \$75 made parity as a contribution and partly for goods and	ervices	provided to the payor:	7a		X
49	in the property of the contract of the property of the propert		and the second s	7b		
5 ,7	bis the organization soil, exentinge, or otherwise dispose of tangible personal property for which it	wär far	hirad		1	
d		artenien.	prismerinandingseg som som gregor for	7c	l.	X
μ 6	if "Yes," indicate the number of Forms 8282 filed during the year.	7d				
1	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contra	ot?	7e		X
g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con	tract?	eres i sar erest transfe bet a chief.	71		X
a H	If the organization received a contribution of qualified intellectual property, did the organization file	Form 88	99 as required?	79		
	if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organi- sponsoring organizations maintaining durier advised lunds and section 508(a)(3) supporting organizations.	zation f	le a Form 1098-07	7h		
	organization, or a donor advised fund meintained by a sponsoring organization, have excess business holdings a	Did the s	upporting			
	Sponsoring organizations maintaining donor advised funds.	t any tim	e during the year?	8		
а	Did the organization make any taxable distributions under section 4966?		**			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	********	*****************	9а		
. ,	Section 501 (c)(7) organizations. Enter:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	eriye e ere e ê e rên epêkeerê ji jî ke kir en bi e ji.	9b	37293 7800	
a .	nitiation fees and capital contributions included on Part VIII, line 12	1			****	
b 1	Fross receipts, included on Form 990; Part VIII, line 12, for public use of club facilities	10a				
31	Section 501(c)(12) organizations. Enter:	dor				
a, 1	Gross income from members or shareholders	أدما				
2 (coss income from other sources (Do not het amounts due or paid to other sources against	11a				
ž	mounts due or received from them,)	116				
. 8	section 4947(a)(1) non-exempt charitable trusts, is the organization filing Form 990 in lieu of Form	1110		94493		
>	"Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		12a	3.00.00	200000000
	ection 501(c)(29) qualified nonprofit health insurance issuers.	·				
1	the organization licensed to issue qualified health plans in more than one status					
	Construction of the control of the c	***********	Return of Samuelland, making against	13a		20000000
Ð	menthe amount of reserves the organization is required to maintain by the states in which the					
	rgenization is licensed to issue qualified health plans.	13b				
O			. 43	amultice is	88888888	
C E	ine maximum of leselaes ou usua	13c				
e E	ld the organization receive gov navments for indoor topping a set of the last transfer to the last transfer transfer to the last transfer transf	13c	******************	14a		<u>X</u>

	1990 (2010) ARIZONA CATTLE GROWERS ASSOCIATION 86-00 (CV) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	ra "N	o i res	Pag ponse
	Check if Schedule O contains a response to any question in this Part VI			
ec	tion A. Governing Body and Management	*******	124,361	<u> [</u>
,,		**	ĺν	es N
1,a	Enter the number of voting members of the governing body at the end of the tax year	6		
. 10	Enter the number of voting members included in line 1a, above, who are independent	26		
2	but any officer, director, trustee, or key employee have a family relationship or a hydrogen relationship at a			
j .	officer, director, trustee, or key employee?	. 2	2	
r	The state of the s			
Ĺ	of officers, directors or frustees, or key employees to a management company or other person?	. 8	<u> </u>]]
í	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	. 4		20 . u
· j.	Did the organization become aware during the year of a significant diversion of the organization's assets?	. 5		1
	Does the organization have members or stockholders?	. 6		
,~==	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
b	governing body? Are any decisions of the governing body subject to approval by members, steckholders, or other persons?	. 7.		
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	71)	1
	by the following:			
a	The governing body?			
7	enon-administer, such analysis, to der our beligit of the dozerning pugs.	. Ba		
	Simple only singles of body, frustee, of key employee listed in Part VII Section X who are the second by	4	, X	<u> </u>
	riganization's mailing address? If "Yes," provide the names and addresses in School to O	ء ا		
ct	TO B Dolloins The Court of	9	1	2
	un us indices (This Section & requests information about policies not required by the informal Revenue Code)			
	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V.	a ki
1	Does the organization have local chapters, branches, or affiliates?		Уe	
! : }	Does the organization have local chapters, branches, or affiliates? f "Yes," close the organization have written policies and procedures governing the activities of pivels.	100		
) }	Does the organization have local chapters, branches, or affiliates? f "Yes," close the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10.		
l . ¥ i	Does the organization have local chapters, branches, or affiliates? f "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ansure their operations are consistent with those of the organization? las the organization provided a copy of this Form 990 to all members of its poverning body before than the form?	10.		3
1 : 1 : 1 : 1 : 1 :	Does the organization have local chapters, branches, or affiliates? f "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ansure their operations are consistent with those of the organization? las the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	10: 10:		X
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i	Does the organization have local chapters, branches, or affiliates? f "Yes," close the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? las the organization provided a copy of this Form 990 to all members of its governing body before filing the form? lascribe in Schedule O the process, if any, used by the organization to review this Form 990. local the organization have a written conflict of interest policy? If "No," go to line 19 if officers, directors or trustees, and key employees required to displace angually interests that could also the	10: 10:	X	3
u i i i i i i i i i i i i i i i i i i i	Does the organization have local chapters, branches, or affiliates? f "Yes," close the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? las the organization provided a copy of this Form 990 to all members of its governing body before filing the form? lasoribe in Schedule O the process, if any, used by the organization to review this Form 990. local the organization have a written conflict of interest policy? If "No," go to line 19 if officers, directors or trustees, and key employees required to disclose annually interests that could give rise	10: 10:	X	3
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1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Does the organization have local chapters, branches, or affiliates? If "Yes," close the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ansure their operations are consistent with those of the organization? It is the organization provided a copy of this Form 990 to all members of its governing body before filing the form? It is the organization have a copy of this Form 990 to all members of its governing body before filing the form? It is the organization have a written conflict of interest policy? If "No," po to line 13 It is officers, directors or trustees, and key employees required to disclose annually interests that could give rise of conflicts? It is organization regularly and consistently monitor and enforce compilance with the policy? If "Yes," describe asset the organization have a written whistleblower policy? It is organization have a written document retention and destruction policy? If the process for determining compensation of the following persons include a review and approval by independent agains, compensation and contemporaneous substantiation of the deliberation and decision? If organization's CEO, Executive Director, or top management official the organization haves of the organization. The organization haves of the organization The organization haves in contribute assets to, or participate in a joint venture or similar arrangement with a wishe entity during the year?	10t 11z 12a 12b 12c 13 14 15a 15b	X	X X X X

Another's website. X Upon request Own website

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ARIZONA CATTLE GROWERS' ASSOC., INC - 602-267-1129

1401 N. 24TH ST., PHOENIX, AZ 85008

Form	990	(201	Ó١

ARIZONA CATTLE GROWERS ASSOCIATION

86-0002290

Page 7

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

Check if Schedule O contains a response to any question in this Part VII

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. List all of the organization's current embers, directors, trustees twitering incividuals or organizations), regarge.
 List all of the organization's current key amployees, 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;

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (B) (C) (E) (F) Name and Title Average Position. Reportable Reportable Estimated hours per (check all that apply) compensation cómpensation amount of Week from from related other (describe the organizations compensation: hours for organization (W-2/1099-MISC) hshlunional trustee from the lackwictual trustee related W-2/1099-MISCI organization. (ey employee proanizations and related in Schedule organizations (0) STEVE PROPHY PRESIDENT 1.00 X Ď. Ó 0... ANDY GROSETA 1ST VICE PRESIDENT 1.00 lx X 0 0. 0. DAN BELL 2ND VICE PRESIDENT 1.00 X Χ 0. 0. 0. GRANT BOTCE TREASURER 1.00 X X 0 0 0. JIM O'HACO MEMBER-AT-LARGE 1.00 X 0. 0 0. GARY THRASHER MEMBER-AU-LARGE 1.00 Х 0. O 0. TOM CHILTON IMMEDIATE PAST PRESIDENT 1.00 X X 0 0 () · SUZANNE MENGES COMBELLE PRESIDENT 1.00 X Х Ö. 0., 0. LANCE RNIGHT DIRECTOR - APACHE 1.00 0 0 0. DAVID JOHNSON DIRECTOR - ARIZ STRIP 1.00 X 0. 0 0 . SONIA GASHO DIRECTOR - COCHISE 1.00 X 0. D 0. DUANE COLEMAN DIRECTOR - COCONINO 1.00 X 0 Ö. 0. DAN PENN DIRECTOR - GILA 1.00 X 0. 0. 0. MIKE WEAR DIRECTOR - GRAHAM X 1.00 0. 0. Ü. ROCKY MANUZ DIRECTOR - GREENLER 1.00 X 0. 0. 0. DWAYNE DOBSON DIRECTOR - MARICOPA 1.00 X 0. O. 0. EMMETT STURGTED DIRECTOR - MOHAVE 1.00 | x0 0. 0.

002007 12-21-10

Part VII Section A. Officers, Directors, Tr (A)	(15)	Γ		((C)			(D)	(E)	(F)
Name and title	Average hours per	1 4	chec		sitio		mluă	Reportable	Reportable	tr) Estimated
	weak (describe hours for related organization in Schedule	al frusties or director	Institutional inustee			Highest compensated and wholever		compensation from the organization (W-2/1099-MISC)	rompensation from related organizations (W-2/1098-MISC)	amount of other compensation from the organization and related
JIM O'HACO	O)	Į,	ig.	昌	ã	皇皇	Form			organizations
DIRECTOR - NAVAJO	1.00	x				:				
JOE KING	,A, 8 C C	125		-	 	-	-	0.	0.	0
DIRECTOR - PIMA	1.00	X						0.	0 .	0
BILL DUNN	a a 3								<u> </u>	
DIRECTOR - PINAL GYNDI COPING	1.00	X			1			0.	0.	0
DIRECTOR - SANTA CRUZ	1.00									
PAUL GROSETA	1.100	Ά.						0.	0.	0
DIRECTOR - YAVAPAI	1.00	X						0.	_	
ALEX DRES		-27	-					V.s.	0.	0.
DIRECTOR - YUMA	1.00	X	1				1	0.	0.	Ò,
LARRY MCDONALD					······································				7.1	<u> </u>
ACPA PRESIDENT CAMERON RUDOLPH	1.00	X		X				0.	ŭ.	0.
ACGA BUS. ASSOC, DIRECTOR	1.00	ا ب								The state of the s
PATRICK BRAY	1.00.	X	-	-4				0.	0.1	0.
EXECUTIVE VICE PRESIDENT	1.00	x	,	X	- 1			0		
1b Sub-total			*			anida B	-	0.	0.1	0.
c total from confinuation sheets to Part VII.	Section A						-	0.	0.1	0, 0.
d Total (add lines 1b and 1c)					1	-		n	a f	0.
2 lotal number of individuals (including but not	Imited to the	se li	sted	abo	ove)	Who	rec	eived more than \$100,0	00 in reportable	
compensation from the organization	man and the second seco	· · · · · · · · · · · · · · · · · · ·	<u></u>			giorania	· · · · · · · · · · · · · · · · · · ·	THE RESERVE OF THE PERSON OF T		0
3 Did the organization list any former officer, di line 1a7 if "Yes," complete Schedule J for suc 4 For any including listed on line 1a, lether any	n Individual .								1"	Yes No
The state of the s	roi reportania	-c	חסחו	C'ath	സ്വാന	in of a	ヘチトル・	والأراب والمناه	2 2 1003	
and representations Breater than \$190°C	JUU7 If "Yes."	con	olete	: Sc	harl	ma.	1 top	or izzle landindah int	1	4 X
5 Did any person listed on line 1a receive or accorded to the organization? If "Yes," complete the properties P. Indiana.	ли в водірада eta Schadula	atioi I for	יסיון ר יישניסי	m ar	ny c	ntel.	ated	organization or individu	al for services	
deciding, independent Contractors										5 X
Complete this table for your five highest comp the organization. NONE	ensațed inde	pene	tnet	con	itrac	tors	that	received more than \$1	00,000 of compensati	on from
(A) Name and business ad	dréss	······································	***************************************					(B) Description of sen	ricas Con	(C) rpensation
		···						and the state of t		
		· · · · · · · · · · · · · · · · · · ·	***************************************		····		-			- Carrier Control of the Control of
			*************	***************************************		Market appeter		ANNUAL PROPERTY OF THE PROPERT		<u> </u>
	New Control of the Co	11							-	No construction and the second
	Iding but not I									

191,215.

31.

33,608.

Form 990 (2010)

81,705.

474,277.

9

d All other revenue

032009 12-21-10 e Total Add lines 11a-11d

Total revenue. See instructions.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns.

	An other organizations must be				
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				98.15 October 15
2	Grants and other assistance to individuals in	· · · · · · · · · · · · · · · · · · ·		1	
_	the U.S. See Part IV, line 22				
-	•				
3	Grante and other assistance to governments,		1		
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 18		-	- Land Contraction	
4	Benefits paid to or for members		-		
5	Compensation of current officers, directors,				
	trustees, and key employees				
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 contributions (include section 401(k)				1
•	and section 403(b) employer contributions)			.	<u>}</u> :
9	Other employee benefits				<u> </u>
10	Payroll taxes				<u> </u>
11	Fees for services (non-employees):	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		······································
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ď	A series of the				
8	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
â					
12	Advertising and promotion				
13	Office expenses				
14	Information technology	<u> </u>			
15	Royalties				
16	Occupancy				
17	Travel	5,292.			
18	Payments of travel or entertainment expenses				**************************************
	for any federal, state, or local public officials		! 		
19	Conferences, conventions, and meetings	76,592.	. :		-
20	Interest		***************************************		
21	Payments to affiliates	p (man) Name		**************************************	
22	Depreciation, depletion, and amortization	872.	AND THE PROPERTY OF THE PROPER		***************************************
23	Insurance		· · · · · · · · · · · · · · · · · · ·	i variation	
24	Other expenses, itemize expenses not povered				
	above. (List miscellaneous expenses in line 24f. If line 1			10.00	
	24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule (C.)				
а	MANAGEMENT FEES	204,629.			
b	PRINTING & PUBLICATIONS	56,275.			***************************************
Ċ	STAFF EXPENSE	55,073.	· · · · · · · · · · · · · · · · · · ·		
7	CONTRACT LABOR	32,529.			· · · · · · · · · · · · · · · · · · ·
d	MEMBERSHIP DUES	22,040.	matrici circumata .	- William Control of the Control of	
e a	The state of the s				
f	All other expenses	38,377.			
25	Total functional expenses. Add lines 1 through 24f	515,495.			***
26	Joint costs. Check here 🕨 🔲 if following SOP				
	98-2 (ASC 958-720). Complete this tine only if the organization reported in column (B) joint costs from a combined educational campaign and fundralsing.				
	solicitation				

2 Savings and temporary cash investments 207, 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustess, key employees, and highest compensated employees. Complete Part II of Schedule I. 6 Receivables from other disqualified persons (as defined under section 4958(h/1)), persons described in section 4958(b/2)(B), and contributing employers and sponsoring organizations of section 501(a)(9) voluntary employees described, net 8 Inventories for sale or use 9 Prepald expenses and deferred charges 10s Land, buildings, and equipment cost or other basis. Complete Part IV of Schedule D 10s Land, buildings, and equipment cost or other basis. Complete Part IV of Schedule D 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. See Part IV, line 11 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account. liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustess, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule I. 23 Secured mortigages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Complete Part X of Schedule D		سفسسرنت	
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Organizations that follow SFAS 117, check here 🕨 🐰 and complete	* * *	25	70 arn
	J47. 2	26	60,763.
27 Unrestricted net assets 183,7 28 Temporarily restricted net assets 65,3 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 20 Capital stock or trust principal, or current funds			
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29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	347. 2		190,022. 17,853.
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5 pomplete lines 30 through 34. 30 Capital stock or trust principal, or current funds		.9	
30 Capital stock or trust principal, or current funds			
	31	in	
31 Paid in or capital surplus, or land, building, or equipment fund	3		- Add
32 Retained earnings, endowment, accumulated income, or other funds	39		emeindaidh a gairt a g
33 Total net assets or fund balances 249,0			207,875.
34 Total liabilities and net assets/fund balances 249,4			268,638.

	H 990 (2010) ARIAGNA CATTEE GROWERS ASSOCIATION	86-000	2290 -	Page 12
P	Irt XI Reconciliation of Net Assets	***************************************	***************************************	737
	Check if Schedule O contains a response to any question in this Part XI	إسرير والوائم سواسات فليجاو والداد الانتاط		
•			Harris Commission	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	474	,277.
2	Total expenses (must equal Part IX, column (A), line 25)	2		495
3	Révenue less expenses. Subtract line 2 from line 1	3		,218.
4	Net assets or fund balances at beginning of year (must equal Fart X, line 33, column (A))	4	*********************	,093.
5	Other changes in net assets or fund balances (explain in Schedule 0)	5.		0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	207	,875.
Pa	rt XII Financial Statements and Reporting	Alexander de la		
	Check If Schedule O contains a response to any question in this Part XII	rererora e e en esta de la composición	SN SI BU	X
		- American and the second		res No
1	Accounting method used to prepare the Form 990: Cash X Accruel Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Q.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
b	Were the organization's financial statements audited by an independent accountant?			X
¢	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit.		
	review; or compliation of its financial statements and selection of an independent accountant?	emateria e de la composición dela composición de la composición de la composición dela composición d	2c	χ
	If the organization changed either its oversight process or selection process during the tax year, explain in Eche	dule O.		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	lon a		
	separate basis, consolidated basis, or both:			80
	X Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit		Served Consession
	Act and OMB Circulat A-133?	a.112160.141.8	За	Х
Ŀ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	red audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	TR. continue	3ь	
	· · · · · · · · · · · · · · · · · · ·		Form 9f	90 (2010)

Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

OMB No 1545-002

Department of the Treasure Internal Revenue Service

Attach to Form 900, 990-EZ, or 990-PF.

Name of the organization. Employer identification number ARIZONA CATTLE GROWERS ASSOCIATION 86-0002290 Organization type (check one): Filers of: Sections X 501(c)(5) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexampt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule, See instructions. General Rule [X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts Land IJ. Special Rules For a section 501(c)(3) organization filing Form 990 or 990 EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (I) Form 990, Part VIII, line 1h or (II) Form 990-EZ, line 1, Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990 EZ that received from any one contributor, during the year. aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501 (c)(7), (8), or (10) organization filling Form 990 or 990 EZ that received from any one contributor, during the year. contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not appregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, cheritable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Hule and/or the Special Hules does not file Schedule B (Form 990, 990-EZ, or 990-PF). but it must enswer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule 8 (Form 990, 990-EZ, or 990-PF) (2010)

Schedule B (Form 980, 990-EZ, pr990-PF) (2010) ganization		Page 1 of 1 of Par Employer identification number
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Part I	NA CATTLE GROWERS ASSOCIATION Contributors (see instructions)	A three courses of the course	86-0002290
V20042-000000000000000000000000000000000			<u> </u>
(a) No.	(b) Name, address, and ZIP + 4 SAFFORD DISTRICT RANGELAND USER	(c) Aggregate contribution	(d) Type of contribution
1	STEERING COMMITTEE		Person X
	PO BOX 878	\$ <u></u> 5,00	
	MORENCI, AZ 85540		is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributio	(d)
	And the second s		Person
	·	***************************************	Payroll Noncash
		initian and the second	(Complète Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d)
	And the second s	and the same of th	Person
1. 1.		\$	Payroll Noncash
			(Complete Part II if there is a noncesh contribution)
(a) No.	(b) Name, åddress, and ZIP + 4	(c) Aggregate contribution	(d) Type of contribution
		AANIAMBINI JU	Person .
			Payroll Noncash [Complete Part II If there
			is a noneash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) s Type of contribution
			Person Payroll Noncash
			(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) Type of contribution
···			Person
-		\$	Payroll Noncash (Complete Part II if there
3452 12-23-10		764	is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

of Part II

Page of of Employer identification number

ARIZONA CATTLE GROWERS ASSOCIATION

86-0002290

	cash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			·
		\$	
(a) No. rom art I	(b) Description of noneash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
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(a) No. rom art l	(b) Description of noncash property given	(o) FMV (or estimate) (see instructions)	(d) Date received
(a) Vo. com art l	(b) Description of noncash property given	(o) FMV (or estimate) (see instructions)	(d) Date received
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a) lo. om art i	(b) Description of noncash property given	(c) FMV (or estimate) (see Instructions)	(d) Date received
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12-23-10			00, 990-EZ, or 990-PF) (20

1990, 990-EZ, or 990-PF) (2010)		Page of of Page
ΠZαNDΛ		Employer Identification number
A CATTLE GROWERS ASSO	CIATION	86-0002290
Exclusively religious, charitable, etc. more than \$1,000 for the year. Compl Part III, enter the total of exclusively reli	, individual contributions to section to ete columns (a) through (e) and the fol gious, charlable, etc. contributions of	i01(c)(7), (8), or (10) organizations aggregating lowing line entry. For organizations completing
(a) ranged or gar	(e) use of girt	(d) Description of how gift is held
	(e) Transfer of gift	
Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Notes that the second s	
	(e) Transfer of gift	
Transferee's name, address, €	and ZIP + 4	Relationship of transferor to transferee
(b) Purpose of glit	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	
Transferee's name, address, an	Relationship of transferer to transferee	
	Exclusively religious, charitable, etc. more than \$1,000 for the year. Compl Part III, enter the total of exclusively reli \$1,000 or less for the year. (Enter this i (b) Purpose of gift Transferee's name, address, a (b) Purpose of gift (b) Purpose of gift Transferee's name, address, a (b) Purpose of gift	Exclusively religious, charitable, etc., individual contributions to section to more than \$1,000 for the year. Complete columns (a) through (e) and the fol Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ (b) Purpose of gift (c) Use of gift (c) Use of gift (b) Purpose of gift (c) Use of gift (c) Use of gift (d) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. See separate instructions.

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

- Section 501(c)(3) organizations; Complete Parts I-A and B. Do not complete Part I-C.
- * Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

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

 Section 501 (c)(3) organizations that Section 501 (c)(3) organizations that If the organization answered "Yes," to Section 501 (c)(4), (5), or (6) organization 	have NOT filed Form 5768 (ele Form 990, Part IV, line 5 (Pro	ction under section 501	h)): Complete Part II-B. Do	not complete Part II-A.
Name of organization			Emp	loyer identification number
ARIZONA	CATTLE GROWERS	ASSOCIATION		86-0002290
Part I-A Complete if the or	ganization is exempt ur	ider section 501(c)	or is a section 527 of	organization,
Provide a description of the organic Political expenditures Volunteer hours	emplojekuroj uprojet produkturoj droteko prijekoj ograno o Grandska projekt pr	nna edduk feodha (anama e dead eu earen naga eka (da daa) aga eth (gee) se earen da da	eranja sprijano urbosujako proto ta ana es	
Part I-B Complete if the org	janization is exempt un	der section 501(c)	(3).	
 Friecibe amount of any excise lax 	incurred by the amenization up	scior parties MARE	16	, , , , , , , , , , , , , , , , , , ,
2 Enter the amount of any excise tax	incurred by organization mana	gers under section 4955		.
4a Was a correction made?	n 4955 tax, did it (lie Font 472)	U for this year?	ladaja kangaga sapraka kangan kangan kangan sapan ing kanan kangan kangan kangan kangan kangan kangan kangan k Kangan kangan kanga	Yes No
Part I-C Complete if the org	janization is exempt un	der section 501(c),	except section 501	(c)(3),
Enter the amount directly expended Enter the amount of the filing organ exempt function activities	ization's funds contributed to c	ther organizations for se	ection 527	
Total exempt function expenditures line 17b Did the filing organization file Form	1120-POL for this year?	e de alia e ante esta de de de de de desta de la composição de la composição de la composição de la composição La del de alia de la composição de la comp	miretriji prijestal satavanjasa sa 🚩 🕏	Yes No
5 Enter the names, addresses and en made payments. For each organizat contributions received that were pro- political action committee (PAC). If a	iployer identification number (E ion listed; enter the amount pa imptly and directly delivered to	IN) of all section 527 poils id from the filing organize a separate colitical orga	litical organizations to which ation's funds. Also enter it nization, such as a secara	h the filling organization
(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.
				The second secon
			777 Min. 100 (4) (4) (4)	All the state of t

Part IFA Complete if the organi	RIZONA C	ATTLE GROWE	RS ASSOCIATI	ION 86-0	002290 Page 2
(election under section		amprunder secu	nu an (c)(a) and n	ied Form 5700	
A Check > if the filling organization		filiated proup	o ang ang ang ang ang ang ang ang ang ang	NAME OF THE PROPERTY OF THE PR	CAN SARBING THE SA
B Check F If the filing organization			rovisions apoly.		
	Lobbying Exp	enditures		(a) Filling organization's totals	(b) Affiliated group totals
1 a Total lebbying expenditures to influence	noiníao olidua e	(grass roots lobbying)		i i i i i i i i i i i i i i i i i i i	-
b Total lobbying expenditures to influence	e a legislative b	ody (direct lobbying)			***************************************
c Total lobbying expenditures (add lines	la and (b)	***************************************		:	
d Other exempt purpose expenditures	*************************	**************************************			
e Total exempt purpose expenditures (ac	d lines 1c and 1	(d)		**************************************	
f Lobbying nontaxable amount, Enter the				**************************************	
If the amount on line 1e, column (a) or (b)	is: The lo	bbying nontaxable ar	nount is:		
Not over \$500,000	. ,	f the amount on line 1:			
Over \$500,000 but not over \$1,000,000	\$100,0	00 plus 15% of the ex	cess over \$500,000.		-1
Over \$1,000,000 but not over \$1,500,0	00 \$175,0	00 plus 10% of the ex	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,	000 \$225,0	00 plus 5% of the exc	ess over \$1,500,000.		
Over \$17,000,000	\$1,000	,000.			
		,			
g Grassroots nontexable amount (enter 2	5% of line (f)	*****************	************		
h Subtract line to from line to if zero or li			ecestaterialia hiteliogisa necessor		
1 Subtract line 1f from line 1c. If zero or le		;};;}{*:;*;************************	83-54-52-64-44-44-44-44-44-4KV-4K		
) If there is an amount other than zero on		Ine 11, did the organi	ration file Form 4720		
reporting section 4011 tax for this year?		*****************	8 + 1 C + 1 E F + 1 C + 2 A E & + 1 + 2 A A A A A A A A A A A A A A A A A A	*************	Yes No
(Some organization	s that made a :	eraging Period Under section 501(h) election	r Section 501(h) n de not have to com es 2a through 2f on pa	plete all of the five	
		nditures During 4-Ye		186.#*)	
		ingranos por mig	ar wastaging renou		
Calendar year (or fiscal year beginning in)	(a) 2007	(6) 2008	(e) 2009	(ଣ) 2010	(e) Total
2e Lobbying nontaxable amount					-
b Lobbying celling amount	1000000	4.3	40.00		v
(150% of line 2a, column(é))					
c Total lobbying expenditures				- Anna Caracagina Caracagina Caracagina Caracagina Caracagina Caracagina Caracagina Caracagina Caracagina Carac	Nie
d Grassroots nontaxable amount					
e Grassroots ceiling amount					- Constitution of the Cons
(150% of line 2d, column (e))					
Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2010 ARIZONA CATTLE GROWERS ASSOCIATION 86-000229

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

During the year, clid 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: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines to through 187? d Mailings to members, legislators, or the public? Publications, or published or broadcast statements? different to other organizations for lobbying purposes? g Offect contact with legislators, their staffs, government officials, or a legislative body? f Circuts to other organizations, seminars, conventions, speeches, lectures, or any similar meens? i Other activities if "I'ves," describe in Part IV. j Tetal: Add lines to through 1! a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred by organization managers under section 4912. c If "Yes," enter the amount of any tax incurred by organization managers under section 4912. d If the filling organization incurred a section 4912 tax, idst if life Form 4720 for this year? Were substantially all (80% or more) dues received hondeductible by members? Lift III-A) Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Were substantially all (80% or more) dues received hondeductible by members? Lift X Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 X Did the organization make only in-house lobbying expenditures from the prior year? 2 X Did the organization spree to carryover lobbying and political expenditures from the prior year? 2 X Did the organization spree to arryover lobbying and political expenditures from the prior year? 2 X Section 182(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditure from them the section 527(f) tax was paid). Current year 2 Carryover from last year 2 Carryover from last y	1 Ouring the year, clid 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: a Volunteer? b Paid staff or management (include compensation it expenses reported on lines to through 1i)? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Railles, demonstrations, seminars, conventions, speeches, lectures, or any similar meetins? i Other activities? if "Yes," desortibe in Part IV. f Total. Add lines to through 1! 2 Did the activities in line 1 causé the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization menagers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? 2irt III-2i Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes Were substantially all (90% or more) dues received hondeductible by members? 1 Were substantially all (90% or more) dues received hondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 4 Dues, assessments and similar amounts from members 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes," Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2 Current year 5 Dicaryover from lact year 5 Caryover from lact year 5 Caryover from lact year 6 Caryover from lac	During the year, clid the filing organization attempt to influence foeign, national, stata or local legislation, including any attempt to influence public optnion on a legislative matter or referendum, through the use of: Volunteers? Pald staff or management (include compensation in expenses reported on lines 1 o through 1)? Pald staff or management (include compensation in expenses reported on lines 1 o through 1)? Madia advertisements? Madia advertisements? Madia advertisements? Publications, or published or broadcast statements? Publications, or published or broadcast statements? Grants to other organizations for folobying purposes? Direct contact with legislators, their staffs, operanent officials, or a legislative body? Railles, demonstrations, seminars, conventions, speeches, lectures, or any stimilar means? Other activities? If "Yea," desoribe in Part IV. Total: Add lines to through 1 Did the activities in line 1 cause the organization to be not desortised in section 501(o)(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 "Yes," enter the amount of any tax incurred by organization managers under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 501(o)(4), section 501(o)(5), or section 501(o)(6). Were substantially all (90% or more) dues received nondeductible by members? It X Did the organization make only in-house lobbying expenditures of \$2,000 or leas? 2 X Did the organization make only in-house lobbying expenditures of \$2,000 or leas? 2 X Did the organization make only in-house lobbying expenditures from the prior year? 2 X Did the organization make only in-house lobbying expenditures from the prior year? 3 X Did the organization make only in-house lobbying and political expenditures (from the prior year? 2 X Dues, passessments and similar amounts from members 3 X Curryover from last year 2a X 2b		,				(b)
local legislation, including any attempt to influence public ophion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Madile advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Greats to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Railies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If Yes,' describe in Part IV. Total: Add these to through 11 a bid the activities in line 1 cause the organization to be not described in section 591(c)(3)? b If Yes,' enter the amount of any tax incurred under section 4912. c If Yes,' enter the amount of any tax incurred under section 4912. d If the filling organization focured a section 4912 tax, did it lile Form 4720 for this year? If III-Ai. Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Were substantially all (90% or more) dues received hondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization make only in-house lobbying sexpenditures of \$2,000 or less? Did the organization make only an organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTR Part III-A, lines 1 and 2 are answered "No." OR if Part III-A, line 3 is answered "Yes." Dues, assessments and similar amounts from members Section 18(2) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section \$27(f) tax was paid). Carryover from last year Carryover from last year Carryover from last year Total Agoregate amount reported in section 6033(e)(1)(A) netices of nandeductible bection 162(e) dues If notices were sent and the amount on line 2c exceeds the am	local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Voluntears? Paid staff or management (include compensation in expenses reported on lines 10 through 1))? 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? Railles, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? If "Yes," describe in Part IV. Total. Add lines 1 to hrough 11 If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization remagers under section 4912 If "Yes," enter the amount of any tax incurred by organization remagers under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 501(c)(3), or section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization make only in-house lobbying expenditures from the prior year? Did the organization agree to carryover lobbying expenditures from the prior year? Did the organization and similar amounts from members Section 162(e) mondeductible lobbying and political expenditures from the prior year? Dues, assessments and similar amounts from members Carryover from last year Description and similar amounts from members Carryover from last year Description and similar amounts from members Carryover from last year Description and similar amounts from members Carryover from last year Description and similar amounts from members Carryover from last year Description and similar amounts from members Carryover from last year Description and similar amoun	local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? Paid staff or management (include compensation in expenses reported on lines to through 1i)? Macila advertisements? Macila advertisements? Macila advertisements? Publications, or published or broadcast statements? Grents to other organizations for lobbying purposes? Publications, or published or broadcast statements? Grents to other organizations for lobbying purposes? Publications, or published or broadcast statements? Grents to other organizations for lobbying purposes? Publications, or published or broadcast statements? Grents to other organizations, their staffs, go yowmment officials, or a legislative body? Fallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? If Yes,* describe in Part IV. Total, Add line 1: through 1 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 the filing organization incurred a section 4912 tax, slid it file Form 4720 for this year? If Yes,* enter the amount of any tax incurred by organization remangers under section 501(c)(4), section 501(c)(6), or section 501(c)(6). Were substantially all (90% or more) dues received hondeductible by members? If X Did the organization make only in-house lobbying expenditures of \$2,000 or leas? Did the organization make only in-house lobbying and political expenditures from the prior year? 3 \tax If X Publication and similar amounts from pembers Folicio(6) if BOTH Part III-A, line 3 is answered Publication on the section 527(0 tax was paid). Current year Curryover from last year Publication and similar amounts from pembers If section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures (ace any include amounts of political expenditures (ace any include amounts of		Yes		Ņo	Àm	ount
or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines to through 1i)? c Madilla advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, sammars, conventions, aspeches, lectures, or any similar means? i Other activities? If Yes,* desorble in Part IV. Total: Add lines to through 1i b Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If Yes,* enter the amount of any tax incurred under section 4912 c If Yes,* enter the amount of any tax incurred under section 4912 c If Yes,* enter the amount of any tax incurred under section 4912 c If Yes,* enter the amount of any tax incurred under section 4912 c If Yes,* enter the amount of any tax incurred by organization managers under section 4912 d If the filling organization and 4912 tax, did life Form 472 for this year? b If Yes,* enter the amount of any tax incurred by organization managers under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Were substantially all (90% or more) dives reserved hondeductible by members? Did the organization make only (in-house lobbying expenditures from the prior year? 1	or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1o through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Railies, demonstrations, seminare, conventions, speeches, lectures, or any similar means? j Other activities? if "Yes," describe in Part IV j Total. 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expenses for which the section 527(f) tax was paid). Current year	expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total 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 of the excess	expenses for which the section 527(f) tax was paid). Current year	tion 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic					~1~1~1~
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Name of the Supplemental Information	Taxable amount of lobbying and political expenditures (see instructions)	IV Supplemental Information	able amount of lobbying and political expenditures (see instructions)	900 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	is it	5	***************************************	***************************************
	t W Supplemental Information		Supplemental Information		NEW			
plete this part to provide the descriptions required for Part I.A. line 1: Part I.A. line 4: Part I.O. line 5: and Part I.D. line 11 Also and I.A.		DUD HIS DOLLD DIOYIGE THE DESCRIPTIONS IS CUITED FOR PAIT IA. HIS TO PAIN IN A ROAD AND TO HES TO A ROAD AND HES TO A ROAD AND A ROA		i Darf II.b. I	المنت	برنينين		
plete	вхр Тах rt IV	\ aq		idistalf or management (include compensation in expenses reported on lines 1e through 1i)? solid advertisements? solid advertisements? solid solid members, legislators, or the public? bilications, or published or broadcast statements? ants to other organizations for lobbying purposes? sect contact with legislators, their staffs, government officials, or a legislative body? lilies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? sect contact with legislators, their staffs, government officials, or a legislative body? lilies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? sect contact with legislators, their staffs, government officials, or a legislative body? lilies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? set and files 1 in the contact lilies in the section 501(c)(3)? Yes, "enter the amount of any tax incurred under section 4912 Yes," enter the amount of any tax incurred by organization managers under section 4912 set efficial organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). The organization make only in-house lobbying expenditures of \$2,000 or less? the organization make only in-house lobbying expenditures from the prior year? the organization agree to carryover lobbying and political expenditures from the prior year? 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Add lines to through 1! If the activities in line 1 cause the organization to be not described in section 501(c)(3)? Yes," enter the amount of any tax incurred under section 4912 Yes, enter the amount of any tax incurred under section 4912 Yes, enter the amount of any tax incurred by organization remagers under section 4912 If the organization incurred a section 4912 tax, digit file Form 4720 for this year? Add Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). For substantially all (90% or more) dues received hondeductible by members? If the organization make only in-house lobbying expenditures of \$2,000 or less? If the organization make only in-house lobbying expenditures of \$2,000 or less? If the organization agree to carryover lobbying and political expenditures from the prior year? By Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1; and 2 are answered "No" OR if Part III-A, lines 1; and 2 are answered "No" or if Part III-A, lines are assessments and similar amounts from members stion 182(e) nondeductible lobbying and political expenditures (de not include amounts of political expenses for which the section 527(f) tax was paid). The organization agree to carryover to the reasonable astimate of nondeductible lobbying and political expenditure next year? 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By Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 are assessments and similar amounts from members stion 182(e) nondeductible lobbying and political expenditures (de not include amounts of political expenses for which the section 527(f) tax was paid). The properties of the properties of the excess at the organization agree to carryover to the reasonable astimate of nondeductible lobbying and political enditure next year? Supplemental Informa	did staff or management (include compensation in expenses reported on lines 1o through 1i)? adia advertisements? ants to other organizations for lobbying purposes? ants to other organizations for lobbying purposes? ant staffing organizations, seminars, conventions, speeches, lectures, or any similar means? and add lines 1o through 1i It he activities in line 1 cause the organization to be not described in section 591(c)(3)? 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Sol1(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is an arrow of the section 527(f) tax was paid). The section 501(c)(5) if BOTH part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is an arrow of which the section 527(f) tax was paid). The register amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures (see instructions) Supplemental Information this part to provide the descriptions required for Part I-A, lin	idid staff or management (include compensation in expenses reported on lines 1e through 1i)? adia advertilaements? allings to members, legislators, or the public? bilications, or published or broadcast statements? ante to other organizations for lobbying purposes? est contact with legislators, their staffs, government officials, or a legislative body? lilies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? lilies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? lilies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? lilies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? lilies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? lilies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? lilies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? lilies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? lilies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? lilies, demonstration in the composition in the process. Lilies, demonstration appeal to the organization to be not described in section 501(c)(3)? Yes, "enter the amount of any tax incurred under section 4912.

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047 Open to Public

Name of the organization

ARTZONA CAPTLE CROWERS ASSOCIATION

Employer identification number

Pa	art I Organizations Maintaining Donor Advised		r Accounts, Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6	5,	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	And the second s		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	and the angle of the series of	lting that the assets held in donor advised	funde
	are the organization's property, subject to the organization's ex	clusive legal control?	Yes No
6	Did the organization informall grantees, donors, and donor adv	isors in writing that grant funds can be use	vina bi
	for charitable purposes and not for the benefit of the donor or c	lonor advisor, or for any other purpose cor	iferding
हः काराज्यसम्बद्धाः	impermissible private benefit?	De kall hij de karang kang kang kang kang kang kang kang k	Yes Ne
Pa	art II. Conservation Easements. Complete if the organ	lization answered "Yes" to Form 990, Part	IV, fine 7.
7	Purpose(s) of conservation easements held by the organization	(check all that apply).	
	Preservation of land for public use (e.g., recreation or edu	cation) Preservation of an histori	cally important land area
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		· · · · · · · · · · · · · · · · · · ·
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		and the second second second second second
			Held at the End of the Tax Year
٠ä	Total number of conservation easements	O Branco i en list tran a konkenta barritania esca kapatra esca de la lista de la companya esca.	2a
ь	Total acreage restricted by conservation easements	al films of almost any property and a second a second and	26
¢	 Number of conservation easements on a certified historic struct 	ure included in (a)	_2c
d	Number of conservation sesements included in (c) acquired after	or 8/17/06, and not on a historic structure	
	listed in the National Register	**************************************	2d
3	Number of conservation easements modified, transferred, release	sed, extinguished, or terminated by the org	enization during the tax
	year		
4	Number of states where property subject to conservation easen		***
5	Does the organization have a written policy regarding the period	ic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it ho	de?	Yes No
ß	Statt and volunteer hours devoted to monitoring, inspecting, and	t enforcing conservation easements during	i the vear 🕨
7	Amount of expenses incurred in monitoring, inspecting, and enfo	orcing conservation easements during the	year 🕨 \$
₿	Does each conservation easement reported on line 2(d) above s	atisfy the requirements of section 170(h)(4)(B)(j)
	and section 170(h)(4)(B)(ii)?	evaluation of the state of the	Vav Na
9	In Part XIV, describe how the organization reports conservation of	easements in its revenue and expense stat	ement, and balance sheet and
	include, if applicable, the text of the footnote to the organization	s financial statements that describes the o	organization's accounting for
1	conservation easements.		
Par	rt III Organizations Mainteining Collections of A	rt, Historical Treasures, or Other	r Similar Assets.
	Complete If the organization answered "Yee" to Form 990	, Part IV, line 6.	
‡a	If the organization elected, as permitted under SFAS 116 (ASC 9	58), not to report in its revenue statement	and balance sheet works of art.
	historical treasures, or other similar assets held for public exhibiti	on, education, or research in furtherence of	of public service, provide, in Part XIV.
	the text of the footnote to its financial statements that describes	these Items.	
Ь	If the organization elected, as permitted under SFAS 116 (ASC 9)	58), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, educa-	ition, or research in furtherance of public s	ervice, provide the following amounts
	relating to these Items:		The second secon
	(i) Revenues included in Form 990, Part VIII, line 1	ing magasabaga pangkanan i Sindah pangkan mbanja kaman menulipin kannan na mbahan sakanan kangan s	🕨 \$
_	ful yazara ircinden IU Lottii aan' Latt y		▶ #
2	if the organization received or held works of art, historical treasure	es, or other similar assets for financial gain	ı, provide
	the following amounts required to be reported under SFAS 116 (A	ASC 958) relating to these items:	* *
a	Revenues included in Form 990, Part VIII, line 1	is the mediturals was finite formation as some field a more finitely a some alternative programment and stage in extraction as a	***
b	Assets included in Form 990, Part X	· 1 音子學中地內不同性 (1) 新聞中心人 电心电影 (1) 电影	> \$
- 2: (-essexe)-			

		A CATTLE G					86-00	0229	0 Page 2
P	art III Organizations Maintaining	Collections of A	Art, Histor	rical Tre	esures, or Otl	ner Simil	ar Asse	ts (cont	inuedi
3		sion, and other reco	rds, chéck ar	ny of the f	ollowing that are a	significant	use of its	collectio	n items
	(check all that apply):								
	Public exhibition		d Los	n or exch	ange programs			,	
	Scholarly research		e Dtr						
- 4	Preservation for future generations			4-17-12-13-13			***************************************		
4	Provide a description of the organization's	collections and expl	ain hów they	further th	e oʻrganization'a ex	empt purp	ose in Par	t XIV.	
5	During the year; did the organization solicit	or receive donations	of art, histor	rical treas	ures, or other simil	ar assets			
No State	to be sold to raise funds rather than to be n	naintained as part b	the organize	ition's col	lection?		,,,,,, <u>,</u>	Yes	□ Ño
P	art IV Escrow and Custodial Arrai	igements. Comp	piete if the on	ganization	answered "Yes" t	o Form 990	, Part IV,	line 9, or	, , , , , , , , , , , , , , , , , , ,
	reported an amount on Form 990, Pi	art X, line 21.							
18	is the organization an agent, trustee, custoo	lian or other interme	ediary for con	itributions	or other assets no	of Included			, , , , , , , , , , , , , , , , , , ,
	on Form 990, Part X?	-Entimition ++ co coper, vry *** - i	***:******	, en a sala en en en este e en en	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u> </u>	Yes	□ No
t	If "Yes," explain the arrangement in Part XIV	and complete the f	ollowing tabl	e:		, jan 11 mary			
							·	Amount	
10	Beginning balance	*******************	<u>.</u>		*****************	1c			
Ç	Additions during the year	(\$\delta \. \. \. \. \. \. \. \. \. \. \. \. \.	s de dipor do anterope y aso de			1d			
Ë	Distributions during the year	ientumpospospingenekypigabon	************	, p.y., i . g	imar cempida aşirli eta ila esta as	1e			
f	Ending balance				and the known of the sample of the first of	11			
Ža	Did the organization include an amount on F	orm 990, Part X, Ilni	e 217	, i kć i so s mis • 1440	*******	errencius er eile	. 2.5.2123	Yes	No
1	<u>It "Yes," explain the arrangement in Part XIV</u>	<u> </u>							
	rt V Endowment Funds. Complete						······································		-1
	and the state of t	(a) Current year	(b) Prior	year	(o) Two years back	(d) Three y	ears back	(e) Four	years back
	Beginning of year balance		<u> : </u>						
b	franklight of the state of the								
C	Net linyestment earnings, gains, and losses	<			**************************************				
a	Grants or scholarships	j.	<u> </u>					0.000	
e	Other expenditures for facilities			- 1					
a	and programs	,	1				0.00-0-10		
.9 2	End of year balance		1						
-≪- -a	Board designated or quasi-endowment		35:	-				,	
b	Permanent endowment								rgan
, ,	Term endowment				·				
Ja.	Are there endowment funds not in the posse		لمت عدة أمدالة	Leann ac a	raženi kokoloveni provinci	a	- 12.00		
ų,	PAS.	sarou oi aus othenix	anon mar ere	s neio ano	aeministered for t	ne organiz	ation	· its	
	(i) unrelated organizations								Yes No
		ભાગત વેશભૂગા વચ્ચતું વેચન કે કાર્ય છે કે વેચનાં ફેસાફો 	************	*************	Paka 924 tinga Bulbak di tanak birin ka 854%.	kajake ke menga mpa d	edu karamen fik	3a(i)	
lb	(ii) related organizations If "Yes" to 3a(ii), are the related organizations	listed as required o	manamini, n Šabadula I	anaan babi Ti	1 1848 9 4 9 4 5 4 5 4 5 1849 18 18 18 18 18 18 18 18 18 18 18 18 18	en in what you en and wa	en bricht dans.	Ja(ii)	
4	Describe in Part XIV the intended uses of the	ornanivation's and	ustment fundi	FM reservations. Bi	***************	************	***********	36	<u></u>
*******	t VI Land, Buildings, and Equipm	ent. See Form 990	Part X line	10.		SPHRANITE CONTRACTOR OF THE		NAME OF TAXABLE PARTY.	<u> </u>
WALLEY AND A	Description of Investment	(a) Cost or o		b) Cost or	albar (a) A	ccumulate	- T	7.11 F3	
		basis (investo		basis (oti		ccurriolare preciation	-	(d) Book	Value
1a	Land					COLORING!			
	Buildings						0.000		****
	Leasehold improvements		713.	V.)		1,71	3.		0.
	Equipment			·····		35,23		7	,561.
	Other					ar we f the la		<u></u>	JUGIL
Total	. Add lines 1a through 1e. (Column (d) must eq	stal Form DOO. Dart	V onlyma 10	N 100	A t		>	ं न	,561.

Schedule D (Form 990) 2010

	edule D (Form 990) 2010 ARIZONA CATTLE GROWERS ASSOCIAT	ION	86-	0002290 Page 4
P	art XI Reconciliation of Change in Net Assets from Form 990 to Audite	d Financial Sta	temen	is
1	Total revenue (Form 990, Part VIII, column (A), Ilne 12)	4		474,277.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		515,495.
. 3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		-41,218
4	Net unrealized gains (losses) on investments	4	·	-41/210
.5	Donated services and use of feoilities	5	·	
8	Investment expenses	6		
7	Prior period adjustments	7		the same of the sa
8.	Other (Describe in Part XIV.)	8	i,,	Hill Hilly agreement to the same payment of th
9	Total adjustments (net). Add lines 4 through 8		***	No.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	9	******	0.
Pa	rt XII. Reconciliation of Revenue per Audited Financial Statements With	3 Dougnous	M	-41,218.
1	Total revenue, gains, and other support per audited financial statements	i ueaeune bet	return	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	A C B A R R P Y 1974 A 19 BB 100 A 1974	. 1	518,621.
a	Mark residence Residence and the second of t			
b				
ć	Donated services and use of facilities Becoveries of prior voor grants			• •
ď	A CONTRACT OF THE PROPERTY OF	* * * *		the state of the s
_	The state of the s	44,344	•	
3	Add lines 2a through 2d	 enska kakika ji jakun naman ya Mabiman aja	_2e	44,344.
	Subtract line 2e from line 1		3	474,277.
4	Amounts included on Form 986, Part VIII, Inc. 12, but not on line 1:			
20	Investment expenses not included on Form 990, Part VIII, line 7b			
.5	Offher (Describe in Part XIV.)			
O.	Add lines 4a and 4b		46	0
	Total revenue: Add ands 3 and 4c. Hins must edual from 900 Part Filing 10 1			A PH A PAREN
Par	Example With the content of the cont	a Evenence en	m Date	n
7	otal expenses and losses per audited financial statements		4	525,610.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
Ð	Donated services and use of facilities			
ù	Prior year adjustments 25			.*
o	Other losses:		*	"No.
ď	Other (Describe in Part XIV.)	10,115.		w# ·
e	Add lines 2a through 2d	The same of the sa	2e	in ite
3	Subtract line 2e from line 1	******************	3	$\frac{10,115}{515,495}$
. 79	Athonitis included on Furth and, Fart IA, line 20, but not on line 1:	je i i i i i i i i i i i i i i i i i i i		J. J. J. 4 9 D a.
â	Investment expenses not included on Form 990, Part VIII, line 75			
Ъ	Other (Describe in Part XIV.)		-	
ė	Add issands and the			6
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	49 + 100/24 2,4 kg i i min energi frii kai kg	4c	0.
rai	CAIX Supplemental Information		5	515,495.
Comp	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 a ar	J. 4. 15. 3. 10 16	T. Lina	***
439 BING	4) Francois und de Material Intelactuation and and Mart 201, unagived and the Alexander at the same	4.4 9.4		Part V, line 4; Part
PAR	T X, LINE 2: THE ASSOCIATION HAS EVALUATED ITS	ito provide any ad PAY D∧ C⊤m⊤	altional in	formation.
	· · · · · · · · · · · · · · · · · · ·			
CUR	RENTLY, THE TAX RETURNS OPEN AND SUBJECT TO EXAM	ሪ ሞችቸው ከተም ለሚት ተማ	-	
*******************************	TAME DOUBLE TO HAM	TIMELITON W	KL TI	1E 2008,
200	9 AND 2010 FISCAL YEARS BY THE INTERNAL REVENUE	Contracts a	at Order .	د هنده مندس
·······································	THE PART THE PART OF THE PART	DEKATCE W	ND E	E 2007,
200	8, 2009 AND 2010 FISCAL YEARS BY THE ARIZONA DEI	A DINTENING A	ारी किं य ांक	gramma and states
HOW	EVER, THE ASSOCIATION IS NOT CURRENTLY UNDER AUI	אנו פרוא יידו	e mer	1
			o inc	1
ASS	OCIATION BEEN CONTACTED BY ANY OF THESE JURISDIC	TIONS. B	ASED	ON THE
				Printered Company
*** V .F\$	CUATION OF THE ASSOCIATION'S TAX POSITIONS, MANA	GEMENT BE	LIEVE	S ALL TAX
POSI	TIONS TAKEN WOULD BE UPHELD UNDER EXAMINATION.	मिध्रकातावस्य	יינו יום	
	THE COLUMN THE PROPERTY OF THE	THEREFOR	***************	The state of the s
032054		*	sericonid	D (Form 990) 2010

Schedule D (Form 990) 2010 ARIZONA CATTLE GROWERS ASSOCIATION Part XIV Supplemental Information (continued)	86-0002290 Page 5
PROVISION FOR THE EFFECTS OF UNCERTAIN TAX POSITIONS HAVE	BEEN RECORDED
PAR THE VENDS ENDED TIME 20 2011 TO ALL	
	Shot short suggestion in
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
PROGRAM SERVICE REVENUE RECOGNIZED IN PREVIOUS PERIOD	250.
PROGRAM SERVICE REVENUE RECOGNIZED IN THE CURRENT PERIOD	35,859.
DIRECT EXPENSES FROM GAMING REPORTED ON FORM 990 PART VIII	8,235.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	44,344.
	+
PART XIII, LINE 2D - OTHER ADJUSTMENTS:	A Haberton and Annual A
EXPENSES RECOGNIZED FROM THE CURRENT PERIOD	1,880.
DIRECT EXPENSES FROM GAMING REPORTED ON FORM 990 PART VIII	8,235.
TOTAL TO SCHEDULE D, PART XIII, LINE 2D	10,115.
	4
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SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

2010

Open To Public Inspection

Schedule G (Form 990 or 990-EZ) 2010

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line Ba.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization Employer identification number ARIZONA CATTLE GROWERS ASSOCIATION 86-0002290 Fundralsing Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ fillers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundralsing events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes ∐n√o b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (III) Did lundraiser have custody or control of contributions? (v) Amount paid to (or retained by) fundraleer (i) Name and address of individual (vi) Amount paid (iv) Gross receipts (ii) Activity to (or retained by) or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

LHA Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

				t events with gross recel	3
		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
Φ		(event type)	(event type)	(total number)	- col. (c))
Revenue				**************************************	· · · · · · · · · · · · · · · · · · ·
ě	1 Gross receipts	· ·			-
	2 Less: Charltable contributions		: 		
	30 Ppg (9-21-1-9-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-				****
	3 Gross income (line 1 minus line 2)				
	4 Cash prizes				
	4 Ogalt plizoa www.mananananananananananananananananananan	·		William Control of the Control of th	
a	5 Noncash prizes				
2					
Š	8 Rent/facility costs			1: 	
Andre Cycleses	7 Food and beverages				
5					
	8 Entertainment				
	9 Other direct expenses	A Discourse to		1	<u> </u>
	10 Direct expense summary. Add lines 4 through 11 Net income summary. Combine line 3, colur	iu a iu comuu (a)	Kirit a Piaj i dini anaj e ng ppo abodynamy nagyong ng	. erende partiret until pertire de le perere	<u> </u>
Devel de		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ad col. (a) through col. (a
Ú	1. Gross revenue			41,843.	41,843
			4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -		
3	on Augustus				4
	2. Cash prizes		*		
2	Cash prizes Noncash prizes			8,235.	8,235
		- Andrews of the Control of the Cont		8,235.	8,235
Lillera Expenses	3 Noncash prizes 4 Rent/facility costs	- Andrews of the Control of the Cont		8,235.	8,235
	3 Noncash prizes	- Andrews of the Control of the Cont	6	Yes %	8,235
	3 Noncash prizes 4 Rent/facility costs		6 Yes %		8,235
	3 Noncash prizes 4 Rent/fadility costs 5 Other direct expenses	Yes 9		Yes %	8,235
	3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 throug	Yes 9 No h 5 in column (d)	No	Yes %	(8,235
	3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 throug 8 Net gaming income summary. Combine line	Yes 9 No h 5 in golumn (d)	No	Yes %	
	3 Noncash prizes 4 Rent/fadility costs 5 Other direct expenses 7 Direct expense summary. Add lines 2 throug 8 Net gaming income summary. Combine line Enter the state(s) in which the organization opera	Yes 9 No h 5 in golumn (d) I, column d, and line 7 tes gaming activities:	No No	Yès %	(8,235 33,608
2	3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 throug 8 Net gaming income summary. Combine line	Yes 9 No h 5 in column (d) column d, and line 7 tes gaming activities:	No No AZ	Yes %	(8,235 33,608
) a b	3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 throug 8 Net gaming income summary. Combine line Enter the state(s) in which the organization operate the organization licensed to operate gaming act if "No," explain: THE ORGANIZATION	Yes 9 No h 5 in column (d) , column d, and line 7 tes gaming activities: tivities in each of these TS TAX EXE	AZ states? MPT AND THERE	Yes % X No	(8,235 33,608 — Yes X No REQUIRED TO

Schedule G (Form 900 or 990-EZ) 2010 ARIZONA CATTLE GROWERS ASSOCIATION 86-0	1002:	290	Dana 2
11 Does the organization operate garning activities with nonmembers?		Yes	X No.
12 is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			110
to administer charitable gaming?	. 🔲 y	/es	X No
13: Indicate the percentage of gaming activity operated in:			
a The organization's facility	13a	1 n n	<u>.00 %</u>
b An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	[13b]	LUU	.00 %
Name KIM COE			
Address ► 1401 NORTH 24TH STREET, STE. 4 - PHOENIX, AZ 85008			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	, 🗀 Y	es	X No
b If "Yes," enter the amount of paming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$			
c If "Yes," enter name and address of the third party:			
Name >			
Address >			
16 Gaming manager information:			·
Name > DOC LANE			
Gaming manager compensation > \$ 0 .			*
Description of services provided > MANAGER OF THE RAFFLE.			
X Director/officer Employee Independent contractor	empete	~ · · · · · · · · · · · · · · · · · · ·	
17 Mandatory distributions:			
a is the organization required under state law to make charitable distributions from the gaming proceeds to			
retain the state gaming license?	☐ Y∈	is [X No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year.			• •
Part IV Supplemental Information. Complete this part to provide the explanations required by Part Library and Part L	ınd (v), a	and P	art III,
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	see Inst	tructio	жıs):
	············		
			
		, -	<u> </u>
	and the same of th		
		······································	***************************************
			

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

DMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number ARIZONA CATTLE GROWERS ASSOCIATION 86-0002290 FORM 990, PART VI, SECTION B, LINE 11: REVIEW AND ACCEPTANCE BY A RESOULTION AT A BOARD MEETING. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION ALLOWS FOR INSPECTION UPON REQUEST. THERE HAS BEEN NO CHANGE FROM PRIOR YEARS IN THE OVERSIGHT PROCESS AND SELECTION PROCESS.

Department of the Treatory Internal Revenue Service SCHEDULER (Form 990)

Related Organizations and Unrelated Partnerships

2010 Open to Public Inspection

OMB No. 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, Ime 33, 34, 35, or 37.

Attach to Form 990.

See separate instructions.

Employer identification number 86-0002290

Direct controlling

Ξ

End-of-year assets Ü Total income D Bart Indentification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, Ine 33.) Legal domicile (state of foreign country) Q ARIZONA CATTLE GROWERS ASSOCIATION Printing activity Name, address, and EIN of disregarded entity Name of the organization

Identification of Rélated Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related fax-exempt organizations during the tax year.) Partit

(5)(1(g)	No.									
(g) Section 5/2(ty)(13) Carificalled entity?	Yes		-	 			······	****		
(f) Direct controlling entity				- Manageria de la compansión de la compa						
(e) olic charity s (if sectio	901(c)(3))	· ·								
(d) (d) Full section statu										
(c) Legal domicile (state or foreign country)										
(b) Primary activity					-				**************************************	
(a) Name, address, and EIN of related organization		The second secon	The state of the s	And the second s	Name and the state of the state	THE PROPERTY OF THE PROPERTY O				

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

082181 12-21-10 LHA

Schedule R (Form 990) 2010

Schedule R (Form 990) 2010 ARIZONA CATTLE GRÖWERS ASSOCIATION

86-0002290 identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

Page 2

(a) Nane, address, and EIN of related organization	(b) (c) Primary activity Legal contest (state of state of	(c) Legal domicile (state or (areign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from fax under sections \$12-514)	(f) Share of total income	(9) Share of enchofyear assets	(h) Dispreportion- ets allocations/	(0) Code V-UBI amount in box 20 d's chedule		General or Percentage managing ownership
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		-		T			-			America de la companya de la company
			The state of the s							
Name, address, and EIN Printed Stands and EIN Printed Stands Stand Stand Stand Stands Stand S	Soration or trust during	of the tax	ration or Trust (Comp feat.) (b) Primary activity	nplete if the organ (c) ty Legal dom	Zation answered "Yes (d) de Direct controlling	to Form 990, Par (e) Type of entity	t IV, line 34 b	ecause it had one o	a or more	related (N
ARIZONA CATTLEMEN'S ASSOCIATION 1401 NORTH 24TH STREET SITTE 4	INC, + 86-0543753	75.3		(Ajungo ubjavoj ubjavoj		(C corp., S corp., or thist)	Income			ownership
2 85008			MANAGEMENT SERVICES	CES AZ	N/A	C CORP	N/A	N/A	en!	N/A
032162 [2-21-10			mananamili ili daga para da	O.E.		- tri-nyminonomous		Schadula B (Form 000) 900	L Corte	904.0
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Page 3

Schedule R (Form 990) 2010 ARIZONA CATTLE GROWERS ASSOCIATION

Bert.V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36)

Schedule R (Form 990) 2010 ם Ö E C. 0 ä Loans or loan guarantees by other organization(s). Lease of facilities, equipment, or other assets to other organization(s) Other transfer of cash or property to other organization(s) Method of determining amount involved 2 if the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. Sharing of facilities, equipment, mailing lists, or other assets Gift, grant, or capital contribution from other ciganization(s) Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts IHV? (c) Amaunt Involved Reimbursement paid by other organization for expenses. (b) Transaction type (a-t) Purchase of assets from other organization(s) (V): Performance of services of membership or fundraising solicitations for other organization(s) Performance of services or membership or fundraising solicitations by other organization(s) Giff, grent, or capital contribution to other organization(s) Lease of facilities, equipment, or other assets from other organization(s) Other transfer of cash or property from other organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule... Sale of assets to other organization(s) Loans or loan guarantees to or for other organization(s) (a) Name of other organization Sharing of paid employees Exchange of assets **(公2:163 12-21-10** (t) 'n מ £ Ε Ď. ø, **6**, Ξ Ø 0 3 回 9

86-0002290

Schedule R (Form 990) 2010 ARIZONA CATTLE GROWERS ASSOCIATION

Part VI Unrefated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

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of entity	Primary activity	Legal domicite (state or foreion	Are all partners section 507(c)(3)	Share of end-of-	Dispropor- tionate	Code V-UBI	.8 €
		country)	Yes No	Ted pages	Vac No.	of Schedule K-1	
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Schedule R (Form 990) 2010

TAX RETURN FILING INSTRUCTIONS

ARIZONA FORM 99

FOR THE YEAR ENDING

June 30, 2011

· · · · · · · · · · · · · · · · · · ·
Mr. Doc Lane Arizona Cattle Growers Association 1401 North 24th Street Phoenix, Arizona 85008
Wallace, Plese + Dreher, LLP 3933 S. Mcclintock Dr., Ste 500 Tempe, AZ 85282
No payment required
Not applicable
Arizona Department of Revenue PO Box 52153 Phoenix, AZ 85072-2153
November 15, 2011
The return should be signed and dated by an authorized individual. We recommend that you send the return to the taxing authority by U. S. Post Office date stamped certified mail with a request for a return receipt. Please retain the receipt as a proof of filing.

-		1 OF THE CONTROL ASSESSMENT OF TAXABLE HONDY ASSESSMENT DEBINISHING	<i>y 3 3</i>	отуто алоеп	បានធ្វើ	007	90/ IJ	L .		
CHE	CK O	VE: E Name				Employ	or Idan Hilos	tlań number (B	TSL N	
Orlginal X	_	1,1,	SOC	IATION		embio).	er marithmen	ana andunas (c	SIN):	
		Number and street or PO Box					86-0002290			
Business tèle	phon				Ì			rivilege tex :	numbas	
	•.	Gity or town, state and ZIP code		·		A	ionotibli bi	HANDAR PAY !	ាក់មហភិព	
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				82 Return filed u	nder	82 C		82 F 🔲	4.5%	
A Date Ariz	ona	operations began 12/01/1924		REVENUE USE OF	VLY.				ARFA.	
									it	
B Nature of	Ariz	one activities MEMBERSHIP								
•				- ·						
C Check fe	dera	form filed: X 990 990 EZ Other (specify)								
Én	alaei	a copy of the organization's federal return.		81		ا ا	6		·	
Marian Company of the	D+0-01					112	21			
Sources	1	Gross sales or receipts from business activities	1	41,843	00					
of	2		. 2		00					
Income	3	in an interest the second of t	3	41,843						
	4	and that a substant or a supplemental and a substant or a substant of the subs	4	31	00					
	5	. To the transfer of the state	. 5		00					
	6	Rents and royalties	6		00					
	7	Gain or (loss) from sales of assets, excluding inventory items	7	-	00					
	8	Reddings Committee Committ	a	193,968	00					
	9	444461564994	9		00					
	10		10	55,455	00					
	11		11	191,215	00	S.	LATEN	ENT 1		
	12	Total Income • add lines 3 through 11	15:44 11:44	reini problemo juntas carajo distas esperas.	, j	12	4	82,51	2 00	
Administrativo	13	Compensation of officers, directors trustees, etc.	423		00		7,000		'متبسبنین''	
Expenses	14	Salaries and wages other than amounts included on line 2.2	1		00					
	15	Interest	1184	D 18	00					
	16	Taxes	16	1	00					
	17	Rent expense	17		ÓO					
	18	Depreciation - attach schedule	18		00					
	19	Miscellaneous expenses - attach ftemized statement	19		00				14 Jan 2	
April 10 and 10	20	Total expenses - add lines 18 through 19		**************************************		20			00	
Disbursements		Dues, assessments, etc., to affiliated corporations	21		00				Sucingations.	
From Current Income for the.	22	and the state of t	22		00					
Organization's	23	Benefit payments to or for members or their dependents:	·	·	yy					
Example		a. Death, sickness, hospitalization, disability, or pension benefits	23a		00					
Purposes		b. Other banefits	23b		00					
	24	Dividends and other distributions to members, shareholders, or depositors	24		00					
	25	Other	25	523,730	00			ENT 2		
	26	Total - add lines 21 through 25		*************************		26	5	23,730	0 00	
Disbursements From Principal	27	Dues, assegaments, etc., to affiliated corporations	27		00				v	
for the	28	Contributions, gifts, grants, etc., paid	28	***	00					
Organization's	29	Benefit payments to or for members or their dependents:	***************	· · · · · · · · · · · · · · · · · · ·)					
Exempt		a. Death, sickness, hospitalization, disability, or pension benefits	29a		00					
Purposes	7974	b. Other benefits	29b	Meliciniania	00					
	30	Dividends and other distributions to members, shareholders, or depositors	30		00					
	31	Other	31		00			·		
Miles	32	Total add lines 27 through 31	*******	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		32			00	
Other Accumulation	33	Other disbursements not itemized above - attach schedule	3 5 4 5 4 4 1			33		3 3	00	
Accumulation of Insome	34	Accumulation of income in current year - line 12 less the sum of line	s 20,	25, 32, and 33	[.:	34		41,218		
037971 11-29-10	35	Accumulation of income at beginning of year	****			35		49,093	3 00	
11-29-10 Penalty		Accumulation of income at end of year - add lines 34 and 35				36	2(07,875		
ADOR 10418 (10)	U.S	Penalty for late filing or incomplete filing - See Instructions THE EXEMPT ORGANIZATION IS SUBJECT TO A PENALTY IF THIS RETURN	وخودو مرز . د دو د ورز .	ren i Amerika da da arabara esta esta esta esta esta esta esta est		37	40		00]	
-regions will be 01st	N-314". A	- DIGGERSON I DAMAMACANIDA NI GIZOJEVI III A KEMALITY IK UMIS MRTIHAN	10.51	MELLER EN LINCLES PARTITIONED	HIE ₽	AUN E /	ハンきょくりぎんん	1		

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A2a Account b Less: c Line A A3a Other no b Less: c Line A A4 Inventor A6 Investme A7a Land, bu b Less: c Line A A8 Other as: A9 Total as: A10 Accounts A11 Mortgage A12 Other lieb A13 Total list A14 Capital st A15 Pald in or A16 Retained	Assets a receivable allowance for doubtful accounts A2a less line A2b. Enter difference in column oftes and loans receivable - attach schedule allowance for doubtful accounts A3a less line A3b. Enter difference in column oftes ants (accurities) - attach schedule ants (other) - attach schedule accumulated depreciation - attach schedule A7a less line A7b. Enter difference in column oftes describe Sets - add lines A1 through A8 Liabilities a payable and accued expenses and other notes payable - attach schedule Silities - describe Silities - describe	A2a	38,511 oc 36,950 oc	250 17,500 2,433 249,442	9 00 A1 00 A2 00 A3 00 A4 00 A5 00 A6	17,123 oc 17,123 oc 1
A2a Account b Less: c Line A A3a Other no b Less: c Line A A4 Inventor A5 Investme A7a Land, bu b Less: c Line A Other as: A8 Other as: A9 Total as: A10 Accounts A11 Mortgage A12 Other liet A13 Total list A14 Capital at A15 Pald in or A16 Retained	is receivable callowance for doubtful accounts A2a less line A2b. Enter difference in column ates and loans receivable • attach schedule callowance for doubtful accounts A3a less line A3b. Enter difference in column i ales ents (securities) • attach schedule ents (other) • attach schedule ents (other) • attach schedule caccumulated depreciation • attach schedule A7a less line A7b. Enter difference in column (sets • describe sets • add lines A1 through A8 Liabilities s payable and account expenses and other notes payable • attach schedule	A2a	38,511 oc 36,950 oc	250 17,500 2,433 249,442	00 A2c 00 A3c 00 A4 00 A5 00 A6	17,123 00 1 00 1 00 17,500 00 1,561 00 7,480 00
A2a Account b Less: c Line A A3a Other no b Less: c Line A A4 Inventor A5 Investme A7a Land, bu b Less: c Line A Other as: A8 Other as: A9 Total as: A10 Accounts A11 Mortgage A12 Capital at A14 Capital at A15 Pald in or A16 Retained	is receivable callowance for doubtful accounts A2a less line A2b. Enter difference in column ates and loans receivable • attach schedule callowance for doubtful accounts A3a less line A3b. Enter difference in column i ales ents (securities) • attach schedule ents (other) • attach schedule ents (other) • attach schedule caccumulated depreciation • attach schedule A7a less line A7b. Enter difference in column (sets • describe sets • add lines A1 through A8 Liabilities s payable and account expenses and other notes payable • attach schedule	A2a	38,511 oc 36,950 oc	250 17,500 2,433 249,442	00 A2c 00 A3c 00 A4 00 A5 00 A6	17,123 00 1 00 1 00 17,500 00 1,561 00 7,480 00
b Less:	allowance for doubtful accounts AZa less line AZb. Enter difference in column of the same loans receivable - attach schedule - allowance for doubtful accounts AZa less line AZb. Enter difference in column of the same line AZb. Enter difference in column of the same line AZb. Enter difference in column of the same line accumulated depreciation - attach schedule sets - describe Sets - add lines AT through AB Liabilities s payable and accrued expenses and other notes payable - attach schedule	A2b	38,511 oc 36,950 oc	250 17,500 2,433 249,442	00 A3c 00 A4 00 A5 00 A6	1,561 or 7,480 or 7,480 or
A3a Other no h Less: c Line A4 Inventoria Investme A7a Land, bu b Less; c Line A Citier as: Total as: A10 Accounts A11 Mortgage A12 Other list A13 Total list Pald in or his Retained	A2a less line A2b. Enter difference in column ofes and loans receivable - attach schedule - allowance for doubtful accounts A3a less line A3b. Enter difference in column of the second schedule - attach schedule - attach schedule - attach schedule - accumulated depreciation - attach schedule - A7b. Enter difference in column of the sets - describe - Sets - add lines A1 through A8 - Liabilities Exaction - attach schedule	A3a A3b b) A7a A7b b) EE ST/	38,511 00 36,950 00	27,500 2,433 249,442	00 A3c 00 A4 00 A5 00 A6	1,561 or 7,480 or 7,480 or
A3a Other no h Less: c Line A4 Inventoria Investme A7a Land, bu b Less; c Line A4 Other as: A10 Accounts A11 Mortgage A12 Other liet A13 Total list A14 Capital at A15 Pald in or A16 Retained	otes and loans receivable - attach schedule allowance for doubtful accounts A3a less line A3b. Enter difference in column (les ents (securities) - attach schedule ents (other) - attach schedule excumulated depreciation - attach schedule extra less line A7b. Enter difference in column (sets - describe Sets - add lines A1 through A8 Liabilities s payable and accrued expenses es and other notes payable - attach schedule	A3a	38,511 oo 36,950 oo	17,500 2,433 249,442	00 A3c 00 A4 00 A5 00 A6	1,561 or 7,480 or 7,480 or
h Less: c Line A A4 Inventori A5 Investme A6 Investme A7a Land, bu b Less: c Line A A8 Other as: A9 Total as: A11 Mortgage A12 Other lieb A13 Total list A14 Capital st A15 Pald in or A16 Retained	Allowance for doubtful accounts A3a less line A3b. Enter difference in column (les ents (securities) - attach schedule ents (other) · attach schedule ents (other) · attach schedule elidings, and equipment; basis accumulated depreciation - attach schedule extra less line A7b. Enter difference in column (sets - describe Sets - add lines A1 through A8 Liabilities s payable and accrued expenses es and other notes payable - attach schedule	A3b	38,511 oo 36,950 oo	17,500 2,433 249,442	00 A4 00 A5 00 A6 00 A7c 00 A8	1,561 or 7,480 or 7,480 or
A4 Inventor A5 Investme A6 Investme A7a Land, bu b Less; c Line A A8 Other as: A9 Total as: A11 Mortgage A12 Other liet A13 Total list A14 Capital st A15 Pald in or A16 Retained	A3a less line A3b. Enter difference in column (les ents (securities) - attach schedule ents (other) · attach schedule ents (other) · attach schedule elidings, and equipment; basis eccumulated depreciation - attach schedule extra less line A7b. Enter difference in column (sets - describe sets - add lines A1 through A8 Liabilities es payable and accrued expenses es and other notes payable - attach schedule	A7a A7a A7b	38,511 00 36,950 00 ATEMENT 3	2,433 249,442	00 A4 00 A5 00 A6 00 A7c 00 A8	1,561 or 7,480 or 7,480 or
A4 Inventorial Investment A6 Investment A78 Land, but b Less; c Line A Other ass A9 Total ass A11 Mortgage A12 Other list A13 Total list A14 Capital at A15 Pald in or A16 Retained	les ents (securities) - attach schedule ents (other) - attach schedule	A7a A7b D)	38,511 00 36,950 00 ATEMENT 3	2,433	00 A4 00 A5 00 A6 00 A7c 00 A8	1,561 or 7,480 or 7,480 or
A5 Investme A6 Investme A7a Land, bu b Less; c Line A A8 Other as: A9 Total as: A10 Accounts A11 Mortgage A12 Other lieb A13 Total lief A14 Capital st A15 Pald in or A16 Retained	ents (securities) - attach schedule ents (other) - attach schedule ents (other) - attach schedule elidings, and equipment; basis accumulated depreciation - attach schedule Valless line A7b. Enter difference in column (sets - describe sets - add lines A1 through A8 Liabilities s payable and accrued expenses es and other notes payable - attach schedule	A7a A7b b)	38,511 00 36,950 00 ATEMENT 3	2,433	00 A5 00 A6 00 A7c 00 A8	1,561 or 7,480 or
A6 Investme A7a Land, bu b Less; c Line A A8 Other as: A9 Total as: A10 Accounts A11 Mortgage A12 Capital at A13 Total list A14 Capital at A15 Pald in or A16 Retained	ents (other) · attach schedule illdings, and equipment; basis accumulated depreciation · attach schedule Ya less line A7b. Enter difference in column (sets · describe S sets · add lines A1 through A8 Liabilities s payable and accrued expenses es and other notes payable · attach schedule	A7a A7b b)	38,511 00 36,950 00 ATEMENT 3	2,433	00 A6 00 A7c	1,561 or 7,480 or
A7a Land, bu b Less; c Line A A8 Other as: A9 Total as: A10 Accounts A11 Mortgage A12 Other list A13 Total list A14 Capital st A15 Pald in or A16 Retained	illdings, and equipment; basis accumulated depreciation - attach schedule Valess line A7b. Enter difference in column (sets - describe Sets - add lines A1 through A8 Liabilities s payable and accrued expenses es and other notes payable - attach schedule	A7a A7b b) EE ST)	38,511 00 36,950 00	2,433	00 A7c	1,561 00 7,480 00
b Less; c Line A A8 Other as: A9 Total as: A10 Accounts A11 Mortgage A12 Other list A13 Total list A14 Capital st A15 Pald in or A16 Retained	accumulated depreciation - attach schedule Valess line A7b. Enter difference in column (sets - describe Sets - add lines A1 through A8 Liabilities s payable and accrued expenses es and other notes payable - attach schedule	A76 b)	36,950 00	2,433	00 A8	7,480 00
C Line A A8 Other as: A9 Total as: A10 Accounts A11 Mortgage A12 Other list A13 Total list A14 Capital st A15 Pald in or A16 Retained	A7a less line A7b. Enter difference in column (sets - describe S sets - add lines A1 through A8 Liabilities s payable and accrued expenses es and other notes payable - attach schedule	b) general by the second secon	ATEMENT 3	2,433	00 A8	7,480 00
AS Other as: AS Total as: AS Total as: AS Total as: AS Total list AS Total list AS Total list AS Pald in or AS Retained	sets - describe S sets - add lines A1 through A8 Liabilities s payable and accrued expenses es and other notes payable * attach schedule	EE STA	ATEMENT 3	249,442	00 A8	7,480 00
A10 Accounts A11 Mortgage A12 Other list A13 Total list A14 Capital st A15 Pald in or A16 Retained	Liabilities Liabilities payable and accrued expenses and other notes payable * attach schedule	kasumpenisaa julii gijad kasumpenisaa kasumpenisaa kasumpenisaa	Pridatines (1,2) (4,5) (2,4)		00 A9	268,638 00
A10 Accounts A11 Mortgage A12 Other list A13 Total list A14 Capital st A15 Paid in or A16 Retained	Liabilities s payable and accrued expenses se and other notes payable attach schedule	t İs≨iika Dukibay yayıy N∃işkikirin kayıngı				
A11 Mortgage A12 Other lieb A13 Total list A14 Capital st A15 Pald in or A16 Retained	s payable and accrued expenses	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		·		
A11 Mortgage A12 Other lieb A13 Total list A14 Capital st A15 Pald in or A16 Retained	es and other notes payable attach schedule	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	In 1888 th 1888 1888 1988 the work for the contract of the c			•
A11 Mortgage A12 Other lieb A13 Total list A14 Capital st A15 Pald in or A16 Retained	es and other notes payable attach schedule	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		349	00 A10	59,869 00
A12 Other list A13 Total list A14 Capital st A15 Pald in or A16 Retained	S. S	THE STATE OF THE STATE OF			00 A11	The state of the s
A13 Total list A14 Capital st A15 Pald in or A18 Retained		EE ST7	TEMENT 4		00 A12	
114 Capital st 115 Pald-in or 118 Retained	bilities - add lines A10 through A12			349	00 A13	60,76300
415 Pald-in or 416 Retained					1,771,777	
A15 Pald in or A18 Retained	Net Assets					
A15 Pald in or A18 Retained	tock or trust principal	***********			00 A14	1 00
416 Retained	capital surplus		Stanpesytus fu csillinda qili qaliba is		00 A15	00
A17 Total net	earnings or accumulated income	# 1:3 p p + + 2, j : + + 5 4 + 24 4		249,093	00 A16	207,875 00
	assets - add lines A14 through A16	*3>**************	i nik dawai kibun kempak ang manggal	249,093	00 A17	207,875 00
18 Total liab	illties and net assets - add lines A13 and A	17	tedwałes dannen beside er de Angrese	249,442	00 A18	268,63800
De	Inder penalties of perjury, I declare that I have est of my knowledge and bellef, it is a true, ed the income fax laws of the State of Arizona.	examined rect and c	his reture, including emplete return, mad	accompanying sched o in good faith, for the	ules and s taxable ye	statements, and to the ear stated pursuant to
leasa			*			
Sign Here Offi	icur's signature	T	Date		Title	
'aid	Mullillo Han	n DA	1 v	· Tim tu		
reparer's	f fullace the f	CPA_		<u> 1 /(D /B </u>	· · · · · · · · · · · · · · · · · · ·	
ise Only Pré	parèr's signature		Date	, / /	Preparer*	's EIN, PTIN or SSN
W	ALLACE, PLESE + DREHER,	LLP			86-0	841383
Fim	n's name (or preparer's, if self-employed)		SC WAS VIEW WILL	N(FW), daig	Company of the Compan	X EIN or SSN
	933 S. MCCLINTOCK DR.,	STE 5	6.	ω ν. Αν ν	ge ga takan tan	. managaran
	EMPE, AZ	· · · · · · · · · · · · · · · · · · ·	8 <u> </u> ZIP (5282	(480) 345~0500

AZ 99	OTHER INCOME		STATEMENT 1
DESCRIPTION			TRUOMA
OTHER REVENUE MEETINGS, CONVENTIONS, NEWSLETTERS AND CALEND			81,705. 56,372. 53,138.
TOTAL TO FORM 99, PAGE 1	, LINE 11		191,215.
AZ 99	OTHER EXPENSES		STATEMENT 2
DESCRIPTION			TNÜOMA
DIRECT EXPENSES OF GAMING LEGAL FEES ACCOUNTING FEES TRAVEL CONFERENCES AND CONVENTION DEPRECIATION, DEPLETION MANAGEMENT FEES PRINTING & PUBLICATIONS STAFF EXPENSE CONTRACT LABOR MEMBERSHIP DUES ALL OTHER EXPENSES	ONS AND AMORTIZATION		8,235. 16,746. 7,070. 5,292. 76,592. 872. 204,629. 56,275. 55,073. 32,529. 22,040. 38,377. 523,730.
AZ 99	OTHER ASSETS		STATEMENT 3
DESCRIPTION		BEG OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFE	erred Charges	0 .	7,480.
TOTAL TO FORM 99, PAGE 2,	LINE A8	0 .	7,480.

AZ 99 OTHER LIABILITIES		STATEMENT 4
DESCRIPTION	BEG OF YEAR	END OF YEAR
DEFERRED REVENUE	0.	894.
TOTAL TO FORM 99, PAGE 2, LINE A12	0:-	894,

A COPY OF THE FEDERAL INCOME TAX RETURN WAS ATTACHED TO THIS STATE RETURN

EXTENSION GRANTED TO FEBRUARY 15, 2011 Return of Organization Exempt From Income Tax

Under section 501(a), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

Department of the Treasury internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public

A	Fort	the 2009 calendar year, or tax year beginning JUL 1, 2009 and endir	g JUN 30, 2010	1 Hopevioi
	Check applica		D Employer identif	The state of the s
г	Add	USO REST		
<u> </u>		nge print of ARIZONA CATTLE GROWERS ASSOCIATION nge type Doing Susiness As		
F	isna initi retu	al		0002290
F	Ten	min- Greeting a A a service of the s		
F	atec	ended! tions:		<u>-267-1129</u>
Ė	ratu App	Mon 1 harconarry are orono	G Gross tacelple \$	584,560.
5,000	Lion pen	F Name and address of principal officer:MR. DOC LANE	H(a) is this a group r	
		1401 NORTH 24TH STREET, PHOENIX, AZ 8500	for affiliates?	Yes X No
.[Tax-e	xempt status: X 501(c) (5) ◀ (insert no.) 4947(a)(1) or 527		
		site: N/A	it "No," attach a	illst. (see instructions)
			H(c) Group exemption Year of formation: 1924	on number >
	art l		1681 01 (01) (10) (10) (11) (11) (12) (13) (13)	Al State of legal nomicile; AZ
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO PROV. CATTLE INDUSTRY.	IDE EDUCATION	ABOUT THE
E.	2	Check this box if the organization discontinued its operations or disposed of	more than 25% of its net a	eate
5	3	Number of voting members of the governing body (Part VI, line 1a)	19	26
නේ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4.	26
es	5	lotal number of employees (Part V, lihe 2a)	15	0
ivit.	8	rotal number of volunteers (estimate if necessary)	. 6	0
Š	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	79	184.
مستند	b	Net unrelated business taxable income from Form 990-T, line 34		Û,
		Philosophy Control of the Control of	Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII lege 1h)	109,514.	215,119.
	10	Program service revenue (Part VIII and and VIII)	279,815.	200,210.
	10	Program service revenue (Part VIII, In 2) Investment income (Part VIII, column (A), lines 3, 4 and 4) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10cflan 1) Total revenue, add lines 8 through 11 (one) of all Part VIII and 1	1,832.	184.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	153,856.	161,946.
~~~~	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	545,017.	577,459.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
ø	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	29,910.	
Sasuedxa	16a	Professional fundraising fees (Part IX, column (A), line 11s)		
O.	b	Total fundralsing expenses (Part IX, column (D), line 25)		
ili	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	502,032,	587,325.
	18	Total expanses. Add lines 13:17 (must equal Part IX, column (A), line 25)	531,942	587,325.
	19	Revenue less expenses. Subtract line 18 from line 12	13,075.	-9,866.
S OF			Beginning of Current Year	End of Year
SSE	!	Total assets (Part X, line 15)	301,569,	249,442.
Net Assets Fund Baland		Total liabilities (Part X, line 26)	42,610.	349,
	22 	Net assets or fund balances. Subtract line 21 from line 20	258,959.	249,093.
. 8 - 61	11 7 19	1		
		Under panalties of perjury, I declare that I have examined this return, including accompanying schedules and stateme and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	inte, and to the best of my knowledge edge.	e and belief, it is true, correct.
8ign	1		İ	
Here		Signature of officer	Date Date	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
		MR. DOC LANE	DIN	
		Type or print name and title Preparer's Date	Chaole II	
Paid		signature fight for the 2-9-11	Check if Prepares	'a identifying number rustions)
	arer's	Firm's name for WATTAVE DIFFOR TO THE PARTIES TO THE	employed > [	William III
Use (	Uniy	self-employed), 1933 S. MCCT, TMPDCK DD CTTTTE EAG	EIN 🛌	
<b></b>		TEMPE, ARIZONA 85282	Ohannan Ne. //	
Vlay	the IF	S discuss this return with the preparer shown above? (see instructions)	Phone no. ▶ (4	
-1-sine as		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		LX Yes No

	990 (2009) ARIZONA CATTLE GROWERS ASSOCIATION 85-0	002290	Page 2
1	rt III   Statement of Program Service Accomplishments  Briefly describe the organization's mission:		
	TO PROVIDE EDUCATION ABOUT THE CATTLE INDUSTRY.		······································
2:	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Vae	X No
	If "Yes," describe these new services on Schedule O.		
:3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule O.	Yes	XNo
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants an allocations to others, the total expenses, and revenue, if any, for each program service reported.	ą.	
4a	(Gode: )(Expenses \$ including grants of \$ )(Revenue \$ PROVIDED EDUCATIONAL AND PROMOTIONAL INFORMATION TO CATTLE GOTHE GENERAL PUBLIC:	RÓWERS	AND
		4)	
4b	(Gode: ) (Expenses \$ including grants of \$ ) (Revenue \$ SPONSORED MEETINGS AND SEMINARS FOR CATTLE GROWERS AND THE GPUBLIC.	ENERAL	}
			***************************************
	(Code: )(Expenses \$ including grants of \$ )(Revenue \$ PROVIDED PUBLICATIONS TO CATTLE GROWERS AND THE GENERAL PUBLICISSEMINATE INFORMATION PERTINENT TO THE CATTLE INDUSTRY.	C TO	)
		· · · · · · · · · · · · · · · · · · ·	
			***************************************
			······································
	Other program services. (Describe in Schedule O.)  Expenses \$ including grants of \$ ) (Revenue \$ 1		

	In the opinion deposits of the property of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second seco		Yes	No
1	ls the organization described in section 501(e)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A			
2	is the organization required to complete Schedule B, Schedule of Contributors?	7	<del> </del>	X
.3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2		X
	public office? It "Ves," complete Schedule C, Part I		1	ا ا
4	Section 501(c)(3) organizations, Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part'il		4	X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations is the organization subject to the section 6033(e) notice and	4	<del> </del>	
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III			
6	Did the organization maintain any denor advised funds or any similar funds or accounts where denors have the right to	5	X	-
-	provide advice on the distribution or lovestment at a second strain and is such a second where donors have the right to			
7.	provide advice on the distribution of investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive of hold a conservation easement, including easements to preserve open space.	6	<u></u>	X
,	the environment, historic land, among the best and a house and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a series and a serie			
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
.0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schadule D. Part III			يزن
9	Dig the organization report an attribute in Part X, 100 21; serve as a custodian for amounts not liefact to Dart Vint Souths	8		X.
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	1_		
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	9	<u> </u>	X
	If "Yes," complete Schedule D, Part V.			
11.	is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, IX, or X	10		X
	as applicable		ندند	
•	as applicable  Did the organization report on amount for land, buildings, and equipment in Part X, line 107 if "Yes," complete Schedule D,	11.	X	<u> </u>
	Purt VI:			
15	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 169 if "Yes," complete Schedule D, Part VIII,			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII.		:	
•	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		1	
	Part X, line 167 if "Yes," complete Schedule Q Part IX.			
•				•
·~ <b>)(3)</b>	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 487 if "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.			
424	White the same To the hard to the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and t	12	X	<del></del>
1 - 1.4	II "When Extraord Affice Contract do To the size for the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of t		]	:
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			
	Did the organization maintain an office, employees, or agents outside of the United States?	13		X
ħ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		X
-	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	.		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		X
.,	or entity located outside the United States? If "Yes," complete Schedule F, Part II	1		
16	Did the organization report on Part IX, solumn (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		X
, , ,	located builtide States if "Yes 1 convolate Sensitivity Device."			
17	located outside the United States? If "Yes," complete Schedule F, Part III.	16		X
-9 · 10 · 1	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4	.	•
18	column (A), lines 6 and 1 197 if "Yes," complete Schedule G, Part I	17		X
444	Did at a sugarification report friend that a rational following and printing and printing and part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of		1	
19	to and 8a? If "Yes," complete Schedule G. Part II	18		X
हर्ताः	The are signification report there are to topological properties of Part VIII. The 9a2 if Type in	1		
20	complete Schedule G; Part III  Did the organization operate and by page benefitsie? If "Your " page the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole and the Cole	19	X	
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

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contributions? If "Yes," complete Schedule M  30	l	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s			
United States on Part IX, column (A), the 17 if "Yes," complete Schedule", Parts tand II and properly table report increases the second of grains and other assistances to individuals in the United States on Part IX, column (A), the 27 if "Yes," complete Schedule", Parts I and III and I a	21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		Yes	αИ
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 3, 1 / Yes, "complete Schedule I, Parts I unit III Sabout, corporates schedule I, Parts I unit III Sabout, corporates schedule I, Parts I unit III Sabout, corporates schedule I, Parts I unit III Sabout, corporates schedule III the organization amover "Yes" and Part IVI, Section A, line 3, 4, or 5 about corporates and interest organization have a tax-exempt bent Issue with an outstanding principal amount of more than \$100,000 as of the last tay of the year, that we issued after becambe 31, 2002 III "Yes," answers as before the schedule IX III Yes, "as a series as a series of the part I yes," and the schedule IX III Yes, "as a series as a series of the part I yes," and the schedule IX III Yes, "as a series as a series of the part I yes," as a series of the part I yes, "as a series of the part I yes," as a series of the part I yes, "as a series of the part I yes," as a series of the part I yes, "as a series of the part I yes," as a series of the part I yes, "as a series of the part I yes," as a series of the part I yes, and that the strength bent I yes organization and the series of the part I yes," and that the strength parts of the part I yes, "acceptable Schedule IX, Part I yes," acceptable Schedule IX, Part I yes, "acceptable Schedule IX, Part II yes, "acceptable Schedule IX, Part II yes," acceptable Schedule IX, Part II yes, "acceptable Schedule IX, Part II yes," acceptable Schedule IX, Part II yes, "acceptable Schedule IX, Part II yes," acceptable Schedule IX, Part II yes, "acceptable Schedule IX, Part II yes," acceptable Schedule IX, Part II yes, "acceptable Schedule IX, Part II yes," acceptable Schedule IX, Part II yes, "acceptable Schedule	***	United States on Part IX, column (A), line 17 // "Yes." complete Schedule I. Parted and II	10.4		7,7
column (A), line 22 if "Yes," complete Schedule I, Parts I and III  22	22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Deally	<	<del> </del>	-47-
23 IX  24a Did the organization answer "Yes" to Plant VII, Section A, line 3.4, of 3 should compensation of the organization surrent and former officers, directors, trustees, key employees, and fibriheast compensated employees. "I "Yes" complete Schedule I. "Not 7 got time 22 is a standard organization have a taxeewampt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," arrawer kines 24b inrough 24d and complete Schedule I. I" Not 7 got time 22 is a standard principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," arrawer kines 24b inrough 24d and complete Schedule II. I'vite 7 got time 22 is a standard principal amount of more than \$10,000 as of the last day of the year, that was issued after than a refunding escow at any lime during the year? 24d of 10 in the organization and 10 inches 24d of 10 in the organization and 10 inches 24d of 10 in the year of 10 in the organization and 10 inches 24d of 10 in the year? If "Yes," complete Schedule I. Part I  25a Section 50 (10/3) and 50 (10/4) organizations. Did the organization engage in an excess barrell transaction from 10 in the presentation of 10 in the organization are a principal and 10 in the organization warm that it ensaction has not been reported on any of the organization with a discussified person in a prior year, and that the transaction has not been reported on any of the organization with a discussified person in a prior year, and that the transaction warm to orange of 10 in any orange 20 in 10		column (A), line 27 If "Yes." complete Schedule I. Parts Land III	an		32
and former differs, Ulrischors, fundacions, fundaces, key employees, and highest compensated employees? If "Yes," complete Schedule J.  24a Did the organization have a toxessempt bond issue with an outstanding priharpal 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 pite intrough 24d and complete Schedule K. If No.", got a time 25.  5 Did the organization invest any proceeds of texcerempt bends beyond a temporary period exception?  5 Did the organization invest any proceeds of texcerempt bends beyond a temporary period exception?  5 Did the organization next as an "on exhalf of Issuer for bonds critically against any time during the year to defease any tax-except bonds?  6 Did the organization next as an "on exhalf of Issuer for bonds critically against the during the year to defease any tax-except bonds?  6 Did the organization next as an "on exhalf of Issuer for bonds critically against the during the year to defease any tax-except bonds?  7 Did the organization next have the inagender in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  8 Did the organization has not been reported on any of the organization's prior Forms 980 or 990-EZ? If "Yes," complete Schedule L, Part II  9 Was a boar to or by a current or former officer, director, trustee, key employed, highly compensated employee, and chaptain contributor, or a grant selection committee mainteer, or to a paracin related to such an individual? If "Yes," complete Schedule L, Part IV  9 Did the organization party to a business transaction with one of the Schedule L, Part IV  9 Is the stimulation of the paral selection committee mainteer, or to a paracin related to such an individual? If "Yes," complete Schedule L, Part IV  9 Is the Armyly member of a current or former officer, director, trustee, or key employees? If "Yes," complete Schedule L, Part IV  9 Is the organization power or party in a Schedule and exceptions?	23	Did the organization answer "Yes" to Part VII, Section A. line 3, 4, or 5 about compensation of the organization's current	-6-		
Schedule J  23 X  24b 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 "Yea," answer lines 24b through 24d and complete Schedule K. If "No", go to sing 25  25 Did the organization have any proceeds of tex-exempt bendis beyond a temporary period exception?  25 Did the organization received any proceeds of tex-exempt bendis beyond a temporary period exception?  26 Did the organization received any proceeds of tex-exempt bendis beyond a temporary period exception?  27 Did the organization and a management of the second secretary tex-exempt bendis?  28 Section 501(c)(3) and 501(c)(4) organizations. Did the enganization engage in an excess bendit transaction with a disqualified person during the year? If "Yea," complete Schedule L, Part I  28 Was a loan to or by a current or former officer, director, frustee, key employed; highly companisated employee, or disqualified person during the process of the organization and period or the organization provide a grant or other assistance to an efficer, director, frustee, key employed; highly companisated employee, or disqualified person or a grant selection committee member, or to a pract if metod, investee, key employed; highly companisated employee, or disqualified person or a grant selection committee member, or to a pract if we see the organization and invividual? If "Res," complete Schedule L, Part IV institutions for applicable from or promise schedule and individual? If "Res," complete Schedule L, Part IV institutions for applicable for promise software or to the organization or promise schedule in the promise schedule in the process of the organization for a facility in the organization as party to a business transaction with one of the following parties, see Bichedule II, Part IV institutions for applicable process of the organization for a facility in the companization of the proper party of the programation of the process of the p		and former officers, directors, trustees, key employees, and highest compensated amployees? If "Yes" complete	-		
249 Did the organization have a tax-exempt bond issue with an obstanding principal emount of more than \$100,000 as of the last day of the year, that we issued after December 31, 2002 if "Yes," respect imas 240 through 24d and complete Schedule K. If "No." go to ima 25		Schedule J	200		107
is st day of the year, that was issued after December 31, 2002? If "Yea," answer lines 24b through 24d and complete Schedule K. If "No", go to time 25  Did the originization invest any proceeds of taxewampt bords beyond a temporary period exception?  24b  Did the originization invest any proceeds of taxewampt bords beyond a temporary period exception?  24c  Did the originization invest any proceeds of taxewampt bords beyond a temporary period exception?  24d  Did the originization act as an "on behalf of lester for bonds outstanding except any taxe-exempt bonds?  24d  Did the originization act as an "on behalf of lester for bonds outstanding except any time during the year?  24d  Did the originization was that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction was that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction was 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 originization's by origin for Forms 960 or 460-52? If "yes," complete Schedule L, Part II  Was a loan'to or by a current or former officer, director, frustee, key employes, highly companied originized or dequalified person in a prior year, and that the transaction provide a grant or other assistance to an officer, director, frustee, key employes, experimental confliction, or a grant selection committee emplate, or to a pierson related to such an individual? If "Yes," complete Schedule L, Part IV  28d Was the originization a party to a business transaction with one of the following parties, (see Schedule L, Part IV  28d A current or former officer, director, trustee, or key employee of the originization for a family membrol as accurant or former officer, director, trustee, or key employee of the originization for a family membrol was an officer, director, trustee, or director indirect owner? If "Yes," complete Schedule L	24a	Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100 non as of the	- 25		
Schodule K. If "No", go to line 25		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
b Unit or organization invest any processes of taxexempt boards beyond a tamporary period exception?  240  Did the organization act as an "on behalf of lisator for bonds cutstanding at any time during the year to defease any tax-exempt bonds?  25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person aware that it engaged in an excess benefit transaction with a disqualified person as prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction are not been reported or any of the organization's prior Forms e80 or e905-E21 ft *Yes,* complete Schedule L., Part II  26b Was a loan to or by a current or former officer, director, frustee, key employee; highly compensated employee, or disqualified person outstanding as of the end of the preganization's tax year? II *Yes,* complete Schedule L., Part III  27c Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, substantial contributor, or a grant selection committee martitor, or to a person related to such an individual? If *Yes,* complete Schedule L., Part IV  28c Schedule L., Part III  28c Was the organization a party to a business transaction with one effite following parties, (see Schedule L., Part IV  29c A rainty of which a current or former officer, director, trustee, or key employee? If *Yes,* complete Schedule L., Part IV  29c A rainty of which a current or former officer, director, trustee, or key employee? If *Yes,* complete Schedule L., Part IV  29c Did the organiz		Schedule K. If "No", go to line 25	ndn.		<b>'U</b>
c Did the organization meintain an escrow account other than a mofunding escrow at any time during the year to delease any tax exempt bende?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  246  25a Section 801(c)(3) and 501(c)(4) organizations. Did the arganization engage in an excess benefit transaction with a disqualified person during the year? "************************************	b	Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?	***************************************		- 22
any tax exempt bonde?  d Did the organization act as en "on behalf of" issuer for bonds outstanding at any time during the year?  248 Section 901(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I  b is the proprization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction have not been reported on any of the organization's prior Forms 900 or 900-E27 if "Yes," complete Schedule I, Part I  259 Was a loant foor by a current or former officer, director, frustes, key employee; highly compensated employee, or disqualified person outstanding as of the end of the pregnization's tax year? If "Yes," complete Schedule I, Part II  260 Was a loant toor by a current or former officer, director, frustes, key employee; highly compensated employee, or disqualified contributor, or or grant selection committee member, or to a person related to such an individual? If "Yes," pomplete Schedule I, Part IV  270 But the organization a party to a business transaction with one of the following parties, (see Schedule I, Part IV instructions for explications filling thresholds, conditions, and exceptions):  a A current or former officer, director, trustes, or key employee? If "Yes," complete Schedule I, Part IV instructions for explication filling thresholds, conditions, and exceptions?  b A remitty of which e current or former officer, director, trustes, or key employee? If "Yes," complete Schedule I, Part IV instructions? If "Y	C	Did the organization maintain an escrew account other than a refunding escrew at any time dudge the year to defease	840		
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Schedule N, Part II  32 X  33 Did the organization own 100% of an antity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I  34 Was the organization related to any tax-exempt or taxable entity?  35 If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1  36 Section 501(c)(3) organizations, Did the organization make any transfers to an exempt non-charitable related organization?  36 If "Yes," complete Schedule R, Part V, line 2  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, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule C for Part VI, lines 11 and 19?  Note, All Form 990 filers are required to complete Schedule O.	7	If "Yes." complete Schedule N. Part I	75.4	. ]	ijġ.
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33 Uid the organization own 100% of an entity disregarded as separate from the organization under Regulations.  34 Sections 801.7701-2 and 801.7701-37 if "Yes;" complete Schedule R, Part I  35 Was the organization related to any tax-exempt or taxable entity?  36 If "Yes," complete Schedule R, Parts II, III, IV, and V; line 1  37 If "Yes," complete Schedule R, Part V, line 2  38 Section 501(c)(3) organizations, Did the organization make any transfers to an exempt non-charitable related organization?  36 If "Yes," complete Schedule R, Part V, line 2  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 fecteral income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  38 Note, All Form 990 filers are required to complete Schedule O.	. 1277		ne	. 1	بويتد
sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity?  If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1  34 X  35 Is any related organization a controlled entity within the meaning of section 312(b)(13)?  If "Yes," complete Schedule R, Part V, line 2  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 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, Part VI  37 X  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note, All Form 990 filers are required to complete Schedule O.	33	Did the organization own 100% of an antity distregarded as separate from the organization under Repulations	36		37.
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If "Yes," complete Schedule R, Part V, line 2  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  35  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, Part VI  38  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note, All Form 990 filers are required to complete Schedule O.			24	v	
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Section 501(5)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule B, 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 B, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O.  38 X		If "Yes." complete Schedule R. Part V. line 2	ne l	1	4
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and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule Fi, Part VI  37 X  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O.  38 X	37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	. 100		
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note, All Form 990 filers are required to complete Schedule O.  38 X		and that is treated as a partnership for federal income tax numbers 7 if "Yas." complete Scharlite D. Dart VII	27.2		37
Note. All Form 990 filers are required to complete Schedule O. 38 X	3B	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI. Ilinas 11 and 162	121	<del></del>	4
			20	Y	
	,	THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY O	The second second second		ntrii

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Form 990 (2009)

'Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- # not applicable 6 B Enter the number of Forms W-2G included in line 1a. Enter-0-if not applicable 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (gambling) winnings to prize winners? X 10 Za Enter the number of employees reported on Form W-3, Transmittal of Waye and Tax Statements, filed for the calendar year ending with or within the year povered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines To and 2a is greater than 250, you may be required to e-file this return. (see instructions) Sa Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? X b if "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 35 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X b If "Yes," enter the name of the toreign country: See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Ż Бa b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to line 5a or 5b, did the organization file Form 8686-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? Sc 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solleit any contributions that were not tax deductible? X бa If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Ġb. Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services. provided to the payor? 7a X If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 82827 X 7c d If "Yes," Indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contracts 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 71 For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g h. For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 711 Sponsoring organizations maintaining donor advised funds and section 500(a)(3) supporting organizations. Did the B. supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 49667 ga b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources (Do not not amounts due or paid to offer sources against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a

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

Form 990 (2009) ARIZONA CATTLE GROWERS ASSOCIATION 86-0002290 Page

[Part VI] Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No." response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See Instructions.

Se	ction A. Governing Body and Management		***************************************	<del>(</del>
			Yes	No
1a		i		
Ŀ	Enter the number of voting members that are independent			
2	old any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	]		
	officer, director, trustee, or key amployee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		1	
	of officers, directors or trustees, or key employees to a management company or other person?	3	1.	X
4.	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
ß	Does the organization have members or stockholders?	6		Х
7 <b>9</b>	poes the organization have members, stockholders, or other persons who may elections or more members of the			
	governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, steckholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held of written actions undertaken during the year			
	by the following:			
Ð	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	d8	X	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	ģ		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	Nø
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
þ	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates.			-
	and branches to ensure their operations are consistent with those of the organization?	106		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If *No, * go to line 13*	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			1.5
À	to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b		<del></del>
1,0	In Schedule O how this is done	Torrage to		
13	Does the organization have a written whistleblower policy?	12c	1007	76.94
14	Does the organization have a written document retention and destruction policy?	18		X
15	Did the process for determining compensation of the following persons include a raylew and approval by independent	14		
,	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official			70
h	Other officers or key employees of the organization	18a		$\frac{\mathbf{x}}{\mathbf{x}}$
_	If "Yes" to line 15g or 15b, describe the process in Schedule C. (See instructions.)	15b		<u> </u>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
, ,	taxable entity during the year?			ъř.
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	16a		X
7.	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's		ı	
	exempt status with respect to such arrangements?	166		
ec	ion C. Disclosure	100-1	<u>1.</u>	······································
17	List the states with which a copy of this Form 990 is required to be filed AZ	·	···········	<del></del>
	Section 6104 requires an organization to make its Forms 1023 (of 1024 if applicable), 990, and 990 T (501(c)(3)s only) available	or		<del></del>
	public inspection, indicate how you make these available. Check all that apply,	··		
	Own website Another's website X Upon request			
9	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, an	d finar	rclal	
	statements available to the public.			
O.	State the riame, physical address, and telephone number of the person who possesses the books and records of the organizati	on: ➤		
	ARIZONA CATTLE GROWERS' ASSOC., INC - 602-267-1129	: #"	**************************************	
	1401 N. 24TH ST., PHOENIX, AZ 85008		,	
			3 N.O.	

Form 990 (2009) ARIZONA CATTLE GROWERS ASSOCIATION 86-0 (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

ta 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. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensations Enter O in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. 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 of directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons. X Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per	(c		(I Pos	C) itlor	*********		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	wook	Rdividual truster or director	institutional trustee	Oğlcer	Key employoe	High est com pensated omployee	Former	from the prganization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
STEVE BROPHY	-						<u> </u>			distribution of the second
PRESIDENT	1.00							.O.4	0.	0.
ANDY GROSETA									· · · · · · · · · · · · · · · · · · ·	4 44
1ST VICE PRESIDENT	1.00							0.	.0.	0.
DAN BELL								, , , , , , , , , , , , , , , , , , , ,		
2ND VICE PRESIDENT	1.00			j				0	0.	0,
C.B. 'DOC' LANE			·					-		i i i i i i i i i i i i i i i i i i i
EXECUTIVE VICE PRESIDENT	15.00							0.4	0.	0 .
GRANT BOICE										, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
TREASURER	1.00				لنہ			0.,	0	. 0 .
JIM O'HACO								· ·		
MEMBER-AT-LARGE	1.00				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			0.	0.	0.
GARY THRASHER					_	- 1				
MEMBER-AT-LARGE	1.00			[				0.	0.	0.
TOM CHILTON		1					. 1		1	, <del>(1)</del>
IMMEDIATE PAST PRESIDENT	1.00						•	0.	0.0	. 0.
PAM ZAWACKY		Ì		1						
COMBELLE PRESIDENT	1.00			[				0.	0.	0,
LANCE KNIGHT										***************************************
DIRECTOR - APACHE	1.00							<u> </u>	0.	0
DAVID JOHNSON				- 1						
DIRECTOR - ARIZ STRIP	1.00				_			0.	0.	<b>O</b> :.
DENNIS MORONEY				Į		1				
DIRECTOR - COCHISE	1.00			-4	_			0.	0.	0.
DUANE COLEMAN				1	ŀ				]	
DIRECTOR - COCONINO	1.00			_	_	-		0.	0.	0.
DAVID COOK	*	į			ŀ	ı				
DIRECTOR - GILA	1.00		-					0,	0.	Ö.
MIKE WEAR	2 22		-1		1		1			
DIRECTOR - GRAHAM ROCKY MANUZ	1.00			_				0	0,	0.
DIRECTOR - GREENLEE	4 00				-		1			
DWAYNE DOBSON	1.00	+						0.	0.	0.
DIRECTOR - MARICOPA	1.00					-	f	.	_	
DITTOLUN MANAGORA	<u> </u>							0.	1,0	0.

Form 990 (2009)

	m 990 art VI	(2009) ARIZONA CATTI	E GROWER	S ASSOCIAT	ION	86-0002	290 Page 9
Section 1				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenus	(D) Revenue excluded from tax under sections 512, 513, or 514
at st	1 =	************					
E 5	.jb	Membership dues	171,475.				
13 E	ı¢.	Fundraising events		:			
괡	ε	Related organizations 1d			1		
gΕ	e	Government grants (contributions) te	Market Market Waller		1		
ortio Se	- #	All other contributions, giffs, grants, and					
in in		similar amounts not included above 11	43,644.	•	1		
Contributions, gifts, grants and other similar amounts	g	Noncesh contributions included in lines 1s-10:\$					
<u>8</u> 0	h	Total: Add lines 1a:1f		215,119.			
			Business Code	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		THE THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON O	······································
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PAT.	e					***************************************	······································
ď.	f	All other program service revenue					S. C.
. 1	a	Total. Add lines 2a-2f		200,210			
	3	Investment Income (including dividends, intere		ayo, bay,			7/14-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-
1		other similar amounts)		184.		184.	
ŀ	A	income from investment of tax-exempt bond p	roceeds	4 2.0		3.04.	
	-5	Royaltles					
	•	(I) Real	(ii) Personal				
İ	ва	Gross Rents	(ii) i diseitai		1		
		Less rental expenses					
ŀ	C	Rental income or (loss)	<del></del>			-	
1	- 1						
		Net rental income or (loss)  Gross amount from sales of (I) Securities					
	ТД	paration and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	(ii) Other		ľ		
1	í.	assets other than inventory  Less: cost or other basis					
- 1	D			•			
		and sales expenses					
1	C	Gain or (loss)	<b></b>		-		
		Net gain or (loss)		<u> </u>		·····	······
Other Revenue	8 8	Gross income from fundraising events (not including \$ of	ļ			-	
ě		contributions reported on line 1c). See	·				
CC		Part IV, line 18a		-			
Ĕ.	b	Less: direct expenses					
U		Mad terror of the set the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second seco					
		Gross income from gaming activities. See	344 <u>3</u>	······································			
			48,146.			i e	
	b	Less direct expenses b	7,101.				
				41,045.	41,045.		
- 1	10 a	Gross sales of inventory, less returns					N-191
	•	and allowances		Ì			
	ь	Less: cost of goods sold b					
		Net income or (loss) from sales of inventory				1	
F			Susiness Gode				The Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Printer of the Pr
F	11 a		110000	120,901.	120,901.		
	ь						
	.c	·		····			
		All other revenue			o-		
	u ė	Total. Add lines 11a/11d		120,901.			***************************************
	12	Total revenue. See instructions.		577,459.	362,156.	77	9%
932009		r part ; w ; with we work structure at a Platetie.	nariania 💌 📗	2///903.	JUA, IDO.	184.	0 . Form <b>990</b> (2009)

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). Do not include amounts reported on lines 6b, (A) Total expenses (B) Program service (C) Management and general expenses (D) Fundraising expenses 75, 85, 95, and 105 of Part VIII. expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, fine 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 15 Benefits baid to or for members Compensation of current officers, directors; trustees, and key employees Dompensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits Payroll taxes 10: 11 Fees for services (non-employees): Management ..... Legal b 23,345, Accounting 4,839. Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees f Other ..... 6,100. Advertising and promotion 12 Office expenses 13 280, Information technology 14 Royalties 15 Occupancy _____ 16 17 Travel property and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second 9,758 Paymonts of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 101,595, Interest 20 Payments to affillates 21 Depreciation, depletion, and amortization 22 948 23 Insurance Other expenses, Itemize expenses not covered 24 above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) a MANAGEMENT FEES 196,571. STAFF EXPENSE 57,252. PRINTING & PUBLICATIONS ~0 <u>55,472.</u> ď DUES 51,056. CONTRACT LABOR 40,434. All other expenses 39,675. Total functional expenses. Add lines 1 through 24f 587,325. SOF 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined

educational campaign and fundralsing solicitation

P	art X	Balance Sheet	PA 64-14				
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	1	Cash - non-interest-bearing ,	· p· pogas gagtādābā:	**************	267,784.	1	229,259
	2	Savings and temporary cash investments	**;;***********************************	*******************	· · · · · · · · · · · · · · · · · · ·	2	
	3	Pledges and grants receivable, net	**********	****************		3	
	4	Accounts receivable, net	ing dikantipla sigligi	to independent or experience.	3,908.	4	250
	5	Receivables from current and former officers, d	irectors, tru	stees key			
	-	employees, and highest compensated employe					
		of Schedule L	. is a kind branches veg	***********		5	
	6	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s					
		4958(f)(1)) and persons described in section 49 Part II of Schedule L					
40	7	Notes and loans receivable, net	6-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	#1 19.0980 1 con Co dal for 12 for 12 on 1		6	
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AS	9	Prepaid expenses and deferred charges	****************	64°14 + 66°44 × 400 1 % 1 4 1/2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.002	8	
		Land, buildings, and equipment: cost or other		************************	8,996.	9	the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
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	1 .	basis. Complete Part VI of Schedule D Less: accumulated depreciation	tot	36,078.	் வி. வி.வி.க		<u> </u>
	1	properties and participation of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	Line	30,018*	3,381.	The same of the same	2,433.
	12	Investments - publicly traded securities	ek jez idele sa carace. Lete			11	
	13	investments - other securities. See Part IV, line Investments - program-related. See Pert IV, line	ار در در المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظ المنظمة المنظمة		4.8 500	12	
	14	magainaine . Brolisminamian, one Latt IA' alle	41.	iajkasinin erke éső töletésin ran ras és 🗼	17,500.	13	17,500.
	15	Intangible assets	***********	anga fikena alah di bigan ang jalang kilala		14	
	16	Other assets. See Part IV, line 11	alieliakas erienies militimis erieli			15	
	17	Total assets. Add lines 1 through 15 (must equ	ai iiii <b>e</b> 34) ,	**************************************	<u>301,569.</u>	16	249,442.
	18	Accounts payable and accrued expenses	***************	ardrinenski esint (4 a cht syd mekicen	42,610.	17	349.
	19	Grants payable	i.oziistu puggulgireku	41.500.000.000.000.000.000.000.000.000.00		18	
	20	Deferred revenue	ka Maédakkuns tauf	422.524.624.644.441.442.454.644.879.		19	
: ta.	21	Tax exempt bond liabilities  Escrow or custodial account liability. Complete F	kinistraturasiya Tarab (K.C., d. 196)			20	The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa
Liabilities	22	Payables to current and former officers, director	antivoras	Description D	- Line and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	21	
Ę.	22	highest compensated employees, and disqualifi-					
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	23	of Schedule L Secured mortgages and notes payable to unrela	er Armitan van en egeboren. Komunik ikke bosel i se se	Participation of the property of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation		22	****
	24	Unsecured notes and loans payable to unrelated	way uning pe	ILLIGE		23	CPROVINGE CONTRACTOR OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PROVINCE OF THE PR
	25	Other liabilities. Complete Part X of Schedule D	. វាមហ ឯងមេ	\$8 . ***********************************		24.	
	26	Total liabilities, Add lines 17 through 25	randro carána onde	ioena sirjana ranki ta kahar sirawan	10 010	25	
<del> </del>	20	Organizations that follow SFAS 117, check he	- I	Flastinia de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compans	42,610.	26.	349,
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5	.27	Unrestricted net assets			47 005 T		4 8 8
alar a	28	Temporarily restricted net assets	*********		41,892.	27	183,746.
ξÖ D		Permanently restricted net assets	*************	***********	217,067.	28	65,347,
Š		Organizations that do not follow SFAS 117, ch	onerrana. Sola Bário	garaga sa <u>nar m</u> aixo hagarras	(00)-00-00-00-00-00-00-00-00-00-00-00-00-	29	
14. 15.		complete lines 30 through 34.	eck time	Land	Ī	1	
32	30	Capital stock or trust principal, or current funds					
Net Assets or Fund Balance		Paid in or capital surplus, or land, building, or equ	ingergerähering Einemanik diem	ol		30	
₹	32	Retained earnings, endowment, accumulated inc	eta esta esta esta esta esta esta esta e	portunda		31	
Ž.	33	Total net assets or fund balances	nino) ĉir SIU	en di log	260 250	32	040 54
	34	Total liabilities and net assets/fund balances	8×30 65 4+5 (11/4 / 24 / 2		258,959. 301,569.	33	249,093.
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			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	if the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
28	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Weré the organization's financial statements audited by an independent accountant?	2b	X	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit.			*************
	review, or compliation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule Q.			
đ	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both:	,		
	X Separate basis Consolidated basis Both consolidated and separate basis			
a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A 1339	3a		Х
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	ua .	-	43
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

#### 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

2009

OMO No. 1945-0047

Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Schedule C (Form 990 or 990-EZ) 2009

 Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line S, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. De 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 argenization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

Alama of nearing tion	ations: Complete Part III.	***		
Name of organization			E	mployer Identification number
ARIZON	A CATTLE GROWERS	<u>ASSOCIATIO</u>	<u> </u>	86-0002290
	ganization is exempt un			7 organization.
1 Provide a description of the organ	rization's direct and indirect polit	lical campaign activitie	s in-Part IV.	
2 Political expanditures	***************************************	*****************		<b>&gt;</b> \$
3 Volunteer hours	Pojeka je name projeka je namena naja nimenja na dvora pova sa je namenima nada sa dia vika.	*****************************	labrawian in dang pangkanini kalandari engen	
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Part I-B   Complete if the or	ganization is exempt un	der section 501(c	)(3),	
1 Enter the amount of any excise ta	x incurred by the organization up	nder section 4955	······································	> \$
2 Enter the amount of any excise to	x incurred by organization mana	gers under section 495	55 <b>)</b>	<b>≻</b> \$
<ul> <li>3 If the organization incurred a secti</li> </ul>	on 4955 tax, did it file Form 472	0 for this year?		Ves No
4a Was a correction made?	idujea obsisionida movan sisamisvaitigalisea kaavattipaisijojeji	********		Yes No
S. If "Voe " ricerring in Dart IV				· · · · · · · · · · · · · · · · · · ·
Part I-C Complete if the or	ganization is exempt un	der section 501(c	), except section 5	01(c)(3);
1. Enter the amount directly expende	ed by the filing organization for a	ection 527 exempt fun	ction activities	<b>5</b>
2 Enter the amount of the filing orga				
exempt function activities	÷>++++++++++++++++++++++++++++++++++++	engentenne en permiserantische auch	ekskikhindeserikenkoskussenisteri	*\$
3 Total exempt function expenditure				
linà 176	ez e nemaranen ezare es eren en bênî en bêsirî ben arin. Ben arin bên û bena bê û în a	an the a green bette held to have the extenses		<b>S</b>
<ul> <li>4 Did the filling organization file Form</li> </ul>	and ACO. HOLE Consider a second			
- Pic tue mitte olderstradit me Lett.	1 1120*POL for this year?	**************************************	Casumuan esh sainadins rin ana an Crigo Mhijeiri (Siri) Lan an Linian Landins an Anna an Anna Anna Anna Criston	Yes No
<ul> <li>5 Enter the names, addresses and e</li> </ul>	mployer identification number (E	IN) of all section 527 c	citical organizations to v	bleh navnients were made
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D32041 02-04-td

LHA

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ,

Schedule C (Form 990 or 990 EZ) 2000  Part II-A   Complete if the or	ganization is exc	ATTLE GROWE empt under secti	RS_ASSOCIATION 501(c)(3) and file	<u>DN 86-</u> ed Form 5768	0002290 Page 5
(election under se	ction 501(h)). ation belongs to an a	fillintad arous			
	ation checked box A	and "limited control" p	rovisions apply,		
Lin	nits on Lobbying Exp aditures" means amo	enditures		(a) Filing organization's fotals	(b) Affiliated group
Ta Total lobbying expenditures to in	fluence public opinion	(grass roots lobbying	-2	***************************************	
<ul> <li>b Total lobbying expenditures to in:</li> </ul>	luence a legislative bo	dv (dírect lobbyina)			
<ul> <li>Total lobbying expenditures (add di Other exempt purpose expenditu</li> </ul>	ines la and lb)	ቀም ያለው ቃ የተቀያ ከተከቂ ዘብመን ተለዝ ቆቪት ያብ ይቃሂ ላው			
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<ul> <li>Lobbying nontaxable amount. En</li> </ul>	ter the amount from th	e following table in bo	oth columns.	www.mapa.co.	
If the amount on line 1e, column (a)	or (b) is: The lol	bying nontaxable ar	nount is:	· · · · · · · · · · · · · · · · · · ·	
Not over \$\$00,000	20% of	the amount on line 1	9,		
Over \$500,000 but not over \$1,000 Over \$1,000,000 but not over \$1,000,000 but not over \$1,000,000 but not over \$1,000 but not		00 plus 15% of the ex			
Over \$1,500,000 but not over \$17		00 plus 10% of the ex	cess over \$1,000,000.		
Over \$17,000,000	ess over \$1,500,000.				
	\$1,000				
g Grassroots nontaxable amount (e.		*******************	The second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of th		<u>.</u>
h Subtract line 1g from line 1a. If zer	ro or less, enter -0-				
I Subtract line of from line to, if zer	o or less, enter-0-	reş beynera edira şû mêjdê kanayardû ka ke çês. Bir	Pressurant and and and and and and and and and and		
If there is an amount other than ze reporting section 4911 tax for this				F	
The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		raging Period Under	Saction 504/6	(1843) \$ (000) + 1 00 1 (00) \$ 5 2 0 1	Yes No
(Some organiz	ations that made a s	ection 501(h) electio	n do not have to comple es 2a through 2f on pag	ete all of the five	
			ar Averaging Period	e ay	
Celendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))		No. of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of			· · · · · · · · · · · · · · · · · · ·
c Total lobbying expenditures	27 <u>-111-6-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-</u>			with the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of t	
d Grassroots nontaxable amount		·			· · · · · · · · · · · · · · · · · · ·
e Graseroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures	and a superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior				
			Š	chedule C (Form 9	90 or 990-EZ) 2009

				(b)
	Yes	No	Án	rount
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	1			
or referendum, through the use of:		1		
a Volunteers?	. L	1		
<ul> <li>b Paid staff or management (include compensation in expenses reported on lines 1c through 1)?</li> </ul>				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				***************************************
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?			1	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
1 Other activities? If "Yes," describe in Part IV				
j Total. Add lines 1e through 1				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
art III-A Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).	ion 501(c)	)(5), or s	ection	
			7	1
			Yes	1 .1
Were substantially all (90% or more) dues received nondeductible by members?	P F P S B b 5 7 E 1 V 2 W 2 Kips p 2		Yes	
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
Were substantially all (90% or more) dues received nondeductible by members?	ion 501(c	3 (5), or s	X X ection	
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  art III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, Dues, assessments and similar amounts from members	ion 501(6) art III+A, li	2 3 (5), or some 3 is a	X X ection	
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  art III-B   Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OB if Part Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures (do not include amounts of political expenditures (do not include amounts of political expenditures)	ion 501(6) art III+A, li	2 3 (5), or some 3 is a	X X ection	
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#### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

Open to Public Inspection

Na	ne of the organization	the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	Employer Identification number
-	ARIZONA CATTLE GRO	WERS ASSOCIATION	96_0000000
P	art I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization enswered "Yes" to Form 990, Part IV, Iln	<b>₽ 6</b> ,	
		(a) Donor advised funds	(b):Funds and other accounts.
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4.	Aggregate value at and of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donocadvis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the denor of	or donor advisor, or for any other purpose	conferring
П.	impernissible private benefit?	2.441 (a.v.)[3.a.].engerranda.1856 (a.v.).engerranda.1856 (a.v.).engerranda.	Yes No
<del> </del>	int it   Conservation Easements, Complete I the org	janization answered "Yes" to Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easiments held by the organization		
	Preservation of land for public use (e.g., recreation or p		storically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure.
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	led conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
a	Total suisible of suchanings and analysis		Held at the End of the Tax Yeer
b	Ata con end x ebunda e para en a la contra en a la contra en al x ebunda e de piere el 1 e para en al x ebunda e de piere el 1 e para en a la contra en la contra en a la contra en a la contra en a la contra en a la c		
r.	Number of conservation easements on a certified historic str.	ra ne ne il primero di mengili bajangan jaga negorama mangalaga ga gangya sayaga Tangan mani ili mana kanalaga iliki hari dang	2b
d	Number of conservation easements included in (c) acquired a	renie ilchided ili (a).	26
:3	Number of conservation easements modified, transferred, rele	and of 14 MD.	, _{22,34} . 2d
	year	egapar, extriñariotica, or terrifitatea fil tute	organization during the tax
4	Number of states where property subject to conservation eas	ement is locator).	
5	Does the organization have a written policy regarding the peri	odle monitoring inspection benefiting of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
:6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements di	uildo the vear
7	Amount of expenses incurred in monitoring, inspecting, and a	inforcing conservation easements during	the year > \$
Ŗ	Does each conservation easement reported on line 2(d) above	e setisfy the requirements of section 170/	h)(4)(B)(f)
	and section 170(h)(4)(B)(li)?	siida Saadahaa waxaa daa ahaa ahaa ahaa ahaa ahaa ahaa a	Vac Na
9	in Exit via a prome now are diffigurestion teboute cousely stic	in easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes t	he organization's accounting for
	conservation easements.		
ra	1 III Organizations Maintaining Collections of	Art, Historical Treusures, or Ot	ther Similar Assets.
	Gomplete if the organization answered "Yes" to Form 5	190, Part IV, line 8.	
d a	4F this was a fill that a bit at all a second of the second as a second of the second as a second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of		
181	If the organization elected; as permitted under SPAS 116, not	to report in its revenue statement and ba	lance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edit	ication, or research in furtherance of pub	lic service, provide, in Part XIV, the text of
h	the footnote to its financial statements that describes these its		*
14	If the organization elected, as permitted under SEAS 116, to re	eport in its revenue statement and balance	ie sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, or these items:	research in jurinerance of public service,	provide the following amounts relating to
			Since America
	(i) Revenues included in Form 990, Part VIII, line 1	eness temant-efficanteegypp ⁱ erroras in com confinan six es en el il indicator de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la compaña de la	Specieta S A manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura manufactura ma
2	(ii) Assets included in Form 990, Pari X  If the organization received or held works of art, historical treas	Suras of titles similar again the the	iveran P 5
	the following amounts required to be reported under SFAS 110	h relative to these figures.	Svar hvolige.
a	Revenues included in Form 990. Part VIII. line 1	o a svienn All roa minopo statill?"	<b>10</b>
b	Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X	Nem Kita na hang da ha kitigana Koging manangung akan panggapagapang ng pulaunau ngunggang.	description of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of t
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Schedule D (Form 990) 2009 ARIZONA CATTLE GROWERS ASSOCIATION 86-0002290	7 aut 2
Fart in   Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets feedbase	~1)
3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection its	ma
(check all that apply):	1713
a Public exhibition d Loan or exchange programs	
b Scholarly research e Other	
c Preservation for future generations	<del>~~~</del>
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.	
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets	
to be sold to raise funds within to be implicated as not of the executive and any of other similar assets.	<del></del>
to be sold to raise funds rather than to be maintained as part of the organization's collection?  [Part IV] Escrow and Gustodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or	No.
reported an amount on Form 990, Part X, line 21.	
ta is the organization an agent, trustee; custodian or other intermediary for contributions or other assets not included	_;
on Form 960, Part X?	No
b. If "Yes," explain the arrangement in Part XIV and complete the following table:	
Amount	
E Beginning balanceto	***************************************
d. Additions during the year	
e Distributions during the year	
f Ending balance	
2a Did the organization include an amount on Form 990, Part X, line 21?	] No
b .lf "Yes." explain the arrangement in Part XIV.	
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.	,
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four year	s hack
1a Beginning of year balance	<u> </u>
b Contributions	
c Net Investment earnings, gains, and losses	
d Grants or scholarships	***************************************
e Other expenditures for facilities	
and programs	
f Administrative expenses	vices and the country
g End of year balance	<del>( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (</del>
Provide the estimated percentage of the year and balance held as:	·
a Board designated or quast-endowment	
b Permanent endowment > %  Term andowment > %	
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization	سيتبس
by: Yes	No.
(i) Unrelated organizations and approximation of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of th	-
(ii) related organizations	1
b If "Yes" to 3a[iii), are the related organizations listed as required on Schedule R?	
4 Describe in Part XIV the Intended uses of the organization's endowment funds.	
Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10:	
Description of investment (a) Cost or other (b) Cost or other (c) Accumulated (d) Book values basis (Investment) basis (other) depreciation	16
ta Land	***************************************
b Buildings	<del></del>
c Leasehold improvements 1,713.	0.
	33.
e Other	44
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)	33

Schedule D (Form 900) 2009

Schedule D (Form 990) 2009 ARIZONA CA!  Part VII Investments - Other Securities. Si  (a) Description of security or category			- W.	-0002290 Pag
(including name of security)	(b) Book value	( Cost	c) Method of valua or end of year mar	tion: ket value
inancial derivatives				
3losely-held equity interests		the Ways and the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Cont		
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otal. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related. s	ee Form 990, Part X, line †3	4	······································	
(a) Description of Investment type	(b) Book value		a) Method of value	
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otal. (Col (b) must equal Form 990, Part X, col (B) line 13.)	17,500.	· · · · · · · · · · · · · · · · · · ·		
Part IX Other Assets. See Form 990, Part X, line				
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		-		
tal. (Column (b) must equal Form 990, Part X, col (B) line 2	25.)		•	
FIN 48 Footnote, in Part XIV, provide the text of the footn		ancial statements the	t raparts the	South In Statement
		- com oughblights the	a arconte dos AMA	

	edule D (Form 990) 2009 ARIZONA CATTLE GROWERS ASSITE XI Reconciliation of Change in Net Assets from Form 990 to	OCIATION Audited	ON Financial Sta	86-1	0002290 Page 4
1			<del></del>	1001110111	
. 2	And the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last				<u>577,459.</u>
3	Excess or (deficit) for the year, Subtract line 2 from line 1	ere berende republikan ber		····	587,325.
4	Naturificalized roing floress on investments	chatebi kan baharani	3	· · · · · · · · · · · · · · · · · · ·	-9,866.
5	Net unrealized gains (losses) on investments	***********	4	With	
6	Donated services and use of facilities	arani in kasabilgan da	5		· · · · · · · · · · · · · · · · · · ·
	Investment expenses	d sa dag ana ing kadawa	6	·	
	Prior period adjustments	والمعاشوة وحداديه الأفاه وواد	7		
8	Other (Describe in Part XIV.)	**************	8		
.9	Total adjustments (net). Add lines 4 through 8	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	., 9		0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	19		clapana, major	-9,866.
	t XII Reconciliation of Revenue per Audited Financial Stateme	nts With I	Revenue per	Rețurn	
1	Total revenue, gains, and other support per audited financial statements	************	*******	. 1	538,507.
2	Amounts included on line 1 but not on Form 990, Part Vill, line 12:	1 1.			
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	25		<b>-</b>	
¢	Resoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d	3,908		
e	Add lines 2a through 2d	***************************************		2e	3,,908.
3	Subtract line 2e from line 1			3	534,599.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		· · · · · · · · · · · · · · · · · · ·	*	JJ41JJJ4
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			•
b	Other (Describe in Part XIV.)	7FG	42,860		
	Add lines 4a and 4b	U-99.L			10 000
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	************		4c	42,860.
	t XIII Reconciliation of Expenses per Audited Financial Stateme	nto Mitte	Erenőmine	51	577,459.
4	Total avanage and larger action directed statement	HITO AALTH	exheuses he	rnetur	
	Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:	**************	майсянандый £52 коспай, 44% в		578,329.
		1 1			•
ä	Donated services and use of facilities	2a			
.છ.	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
e.	Add lines 2a through 2d	en solve venta i si i give i se.	ing figures a secular factors and all the page.	2e	0.
3	Subtract the 2e from the 1	ringeri bankai kulukeri	\$#7\$0 \$9\$#0%\$°20\$\$4≠\$≪\4↓~	3	578,329.
-4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	investment expenses not included on Form 990, Part VIII, line 7b	-4a			
	Other (Describe in Part XIV)	4b	8,996		
	Add lines de and 4b				8,996.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	(1 m d v d i n m n i i i i i i i i i		5	587,325.
Par	XIV Supplemental Information		***************************************	and " Mingilian	
Comp	late this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	lines 1a and	I 4; Part IV, Imes	15 and 25	r, Part V, Ilne 4; Part
x, ine	2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple	ite this part	to provide any a	doitional ir	lformation.
PAR	T X: THE ASSOCIATION HAS EVALUATED ITS TAX	POSIT	IONS.		
CUR	RENTLY, THE TAX RETURNS OPEN AND SUBJECT T	O EXAM	INATION .	ARE T	HE 2007,
200	8 AND 2009 FISCAL YEARS BY THE INTERNAL RE	VENUE	SERVICE .	AND T	HE 2006,
<u>200</u>	7, 2008 AND 2009 FISCAL YEARS BY THE ARIZO	NA DEP	ARTMENT (	OF RE	venue .
HOW	EVER, THE ASSOCIATION IS NOT CURRENTLY UND	er aud	IT NOR H	AS TH	<u>e</u>
ASS	OCIATION BEEN CONTACTED BY ANY OF THESE JUI	RISDIC'	rions. 1	BASED	ON THE
EVA	LUATION OF THE ASSOCIATION'S TAX POSITIONS	, MANA	GEMENT BI	ELIEV	ES ALL TAX
<u>Pos</u>	ITIONS TAKEN WOULD BE UPHELD UNDER EXAMINA	rion.	THEREFO		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
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PROVISION FOR THE EFFECTS OF UNCERTAIN TAX POSITIONS HAVE BEEN RECORDED FOR THE YEARS ENDED JUNE 30, 2010 AND 2009.  PART XII, LINE 2D - OTHER ADJUSTMENTS:  PROGRAM SERVICE REVENUE RECOGNIZED IN PREVIOUS PERIOD; 3908.  PART XII, LINE 4B - OTHER ADJUSTMENTS:  PROGRAM SERVICE REVENUE ACCRUED IN PRIOR DERIOD; 42610.  PROGRAM SERVICE REVENUE RECOGNIZED IN THE CURRENT PERIOD; 250.  PART XIII, LINE 4B - OTHER ADJUSTMENTS;  EXPENSES RECOGNIZED FROM THE PREVIOUS PERIOD; 8996.	Schedule D (Form 990) 2009 ARIZONA CATTLE GROWERS ASSOCIATION  [Part XIV] Supplemental Information (continued)	86-0002290 Page 5
PART XII, LINE 2D - OTHER ADJUSTMENTS:  PROGRAM SERVICE REVENUE RECOGNIZED IN PREVIOUS PERIOD; 3908.  PART XII, LINE 4B - OTHER ADJUSTMENTS:  PROGRAM SERVICE REVENUE ACCRUED IN PRIOR PERIOD; 42610.  PROGRAM SERVICE REVENUE RECOGNIZED IN THE CURRENT PERIOD; 250.  PART XIII, LINE 4B - OTHER ADJUSTMENTS;	·	
PROGRAM SERVICE REVENUE RECOGNIZED IN PREVIOUS PERIOD; 3908.  PART XII, LINE 4B - OTHER ADJUSTMENTS:  PROGRAM SERVICE REVENUE ACCRUED IN PRIOR PERIOD: 42610.  PROGRAM SERVICE REVENUE RECOGNIZED IN THE CURRENT PERIOD: 250.  PART XIII, LINE 4B - OTHER ADJUSTMENTS:	FOR THE YEARS ENDED JUNE 30, 2010 AND 2009.	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s
PART XII, LINE 4B - OTHER ADJUSTMENTS:  PROGRAM SERVICE REVENUE ACCRUED IN PRIOR PERIOD: 42610.  PROGRAM SERVICE REVENUE RECOGNIZED IN THE CURRENT PERIOD: 250.  PART XIII, LINE 4B - OTHER ADJUSTMENTS:	PART XII, LINE 2D - OTHER ADJUSTMENTS:	
PROGRAM SERVICE REVENUE ACCRUED IN PRIOR PERIOD: 42610.  PROGRAM SERVICE REVENUE RECOGNIZED IN THE CURRENT PERIOD: 250.  PART XIII, LINE 4B - OTHER ADJUSTMENTS:	PROGRAM SERVICE REVENUE RECOGNIZED IN PREVIOUS PERIOD: 390	8.
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PROGRAM SERVICE REVENUE RECOGNIZED IN THE CURRENT PERIOD: 250.  PART XIII, LINE 4B - OTHER ADJUSTMENTS:		
	PROGRAM SERVICE REVENUE RECOGNIZED IN THE CURRENT PERIOD:	250.
	PART XIII, LINE 4B - OTHER ADJUSTMENTS:	
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#### SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

2009

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or Form 990-EZ, See separate instructions.

Open To Public Inspection

Schedule G (Form 990 or 990-EZ) 2009

Name of the organization Employer identification number ARIZONA CATTLE GROWERS ASSOCIATION 86-0002290 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990 EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual fincluding officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? _ Yes Na b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundralser have oustody to control of (v) Amount paid fi) Name of individual (vi) Amount paid (IV) Gross receipts (or retained by) (ii) Activity or entity (fundraiser) to (or retained by) from activity fundraiser organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

Sc P	hedu <b>art</b>	Ile G (Form 990 or 990 EZ) 2009 ARIZO  Fundraising Events. Complete if an Form 990 EZ, line 6a. List events with	the organization answere	ed "Yes" to Form 990, Pa	ATION 86 rt IV, line 18, or reported	-00022 I more than	90 Page 2 \$15,000
,			(a) Event #1	(b) Event #2	(c) Other events	(add col.	ial events (a) through
<u>w</u>			(event type).	(event type)	(tòtal number)	60	il. (¢))
Revenue	1	Gross receipts					
	2	Lass: Charitable contributions					
Ariimaraa Adrig	3	Gross income (line 1 minus line 2)					
	4	Cash prizes			·	-	**************************************
Ses	5	Noncash prizes					
Direct Expenses	6	Rent/facility costs		· .			
Orec	7	Food and beverages					
	8	Entertainment Other direct expenses					· · · · · · · · · · · · · · · · · · ·
		Direct expense summary. Add lines 4 through	h 9 in column (d)	· ·	<b>.</b>	1	· · · · · · · · · · · · · · · · · · ·
	11	Net income summary, Combine line 3, colum	in (d), and line 10				
1.	art I		answered "Yes" to Form	1990, Part IV, line 19, or r	eported more than		······································
	1	\$15,000 on Form 990-EZ, line 6a.	· · · · · · · · · · · · · · · · · · ·	777	which was a superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the superior to the su	***************************************	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming		aming (add augh col. (c))
Q.	1	Gross revenue	· · · · · · · · · · · · · · · · · · ·		48,146.	. 4	8,146.
Ses	2	Cash přízes			and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s		- Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of
Direct Expenses	3.	Noncash prizes	i	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	7,101.		7,101.
Direct	4.	Rent/facility.costs	<del></del>		***************************************		· · · · · · · · · · · · · · · · · · ·
·	5_	Other direct expenses					
	6	Volunteer labor	Yes %	Yes%	Yes_ % X No	4	The second second
	7	Direct expense summary. Add lines 2 through	5 in column (d)	Grander beginner far for en far en far far far far far far far far far far	Are months and are existing to exist a small of	<u>(t. , , , , , , , , , , , , , , , , , , ,</u>	7,101,
	8.,	Net gaming Income summary, Combine line 1	, column (d), and line 7	<u> </u>	Zibrafardhailyardardirardra.	4	1,045.
9	Ente	or the state(s) in which the organization operat	es gaming activities: À	Z	-		Yes No
ò	IL "IV	e organization licensed to operate gaming act lo, explain: CORGANIZATION IS TAX E				9 <u>9</u>	X
		QUIRED TO BE LICENSED.	GERT AND TH	DWDANKE IR W	J.T.		
Оa	Wer	e any of the organization's garning licenses re- es," explain:	voked, suspended är ter	minated during the tax y	9817	10a	X X
is.							
2	is th	s the organization operate garning activities wi e organization a grantor, beneficiary or trustee follows attacketts results 20	of a trust or a momber	of a partnership of other	entity formed to	11	X
	aum)	inister charitable gaming?	<u> </u>	***********************	<del>d na kantan Kantakia aka ka aka aka aka aka a</del>	12	l x

Schedule G (Form 990 or 990-EZ) 2009 ARIZONA CATTLE GROWERS ASSOCIATION 86-0	00229	0 Pa	ace 3
	<u> </u>	Yes	
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility  b An outside facility  13a 000	%		
b An outside facility  13b 100 - 00  14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	%		
Name ► KIM COE			
Address ► 1401 NORTH 24TH STREET, STE. 4 - PHOENIX, AZ 85008			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<u>16</u> a	_	X
b if "Yes," enter the amount of gaming revenue received by the organization.   \$\square\$ and the amount of gaming revenue retained by the third party \( \) \$\square\$ and the amount of gaming revenue retained by the third party:		- Control	
Name >			
Address >			
16 Gaming manager information:			
Name ► <u>DOC_LANE</u>			
Gaming manager compensation > \$			
Description of services provided > MANAGER OF THE RAFFLE.			
	_		
X Director/officer			
17 Mandatory distributions:			
a is the organization required under state law to make charitable distributions from the garning preceeds to		• 1	
retain the state gaming license?	17a		X
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	E-Shareness Art		************

#### SCHEDULE O

(Form 990)

Department of the Treasury internal Revenue Service

# Supplemental Information to Form 990

Complète to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009 Open to Public Inspection

Name of the organization Employer identification number ARIZONA CATTLE GROWERS ASSOCIATION 86-0002290 FORM 990, PART VI, SECTION B, LINE 11: REVIEW AND ACCEPTANCE BY A RESOULTION AT A BOARD MEETING. FORM 990, PART VI, SECTION C. LINE 19: THE ORGANIZATION ALLOWS FOR INSPECTION UPON REQUEST. THERE HAS BEEN NO CHANGE FROM PRIOR YEARS IN THE OVERSIGHT PROCESS AND SELECTION PROCESS.

	Related Organizations Complete if the organization answered "Ye Attach to Form 990.	Related Organizations and Unrelated Partnerships ganization answeeted "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37, Attach to Form 990.	13, 34, 35, 36, or 37 ons.	v	2009 Open to Public Inspection
Name of the organization ARIZONA CATTLE GROWERS	E GROWERS ASSOCIATION		THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE P	Ε'n	Employer identification number
Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 53.)	te if the organization answered "Yes" t	to Form 990, Part IV, line 33.)	, manufacture		00-0002290
(a) Name, address, and EIN of disreganded entity	(b) Primary activity	(c) Legal domicile (state or foreign counity)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
					The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
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Part II organizations during the tax year.)	ations (Complete if the organization an	swered "Yes" to Form 990, Par	t IV, fine 34 because	e it had one or more re	ilated tax exempt
(a) Name, address, and EIN of related organization	(b). Primary activity	(c) Legal domicile (state.or foreign country).	(td) Exempt Code section	(e) Public chantby status (if section 501(9)(3))	(n) Direct controlling entity
					St
				To the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of th	And the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s
					Washington to the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the
.HA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	te, see the Instructions for Form 990	A CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR			Schedule R (Form 990) 2009

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Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

יישר אוני פון איני איני איני איני איני איני איני אינ	היפוסיים על היום נמא עלפתים	-								
(a) Name, address, and EIN of related organization	(b) Primary activity	(CC)  Legal domicite (State or Laragen Laragen	(d) Direct controlling entity	(e) Predominant Income (related, unrelated, excluded from hav under sections 512-514)		(f) Share of total income e	(9) Share of end-of-year assets	(h) Disproportion- atte allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1965)	
										00 89 20 70
		,								
Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	anizations Taxable as a Corp oration or trust during the tax	pration or year.)	দি <b>ust</b> (Complete ff.t	he organizatio	n answered "Yes"	to Form 990, P	art IV, line 34	because it h	ad one or more	reläfed
(a) Name, address, and EIN of related organization		G.	(b) Primary activity	(c) Legal domicite (state or foreign counity)	(b) Direct controlling entity	(e) Type of entity (C corp., S corp., or trust)	(f) Share of total income		(g) Share of end-of-year assets	(h) Percentage ownership
ARIZONA CATTLEMEN'S ASSOCIATION 1401 NORTH 24TH STREET SUITE 4 PHOENIX, AZ 85008	INC 86-0543753	MANAGEMENT	NT SERVICES	AZ	N/A	CORP	N/A	M.	N/A	N/A
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			,							
						The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s				
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Schedule R (Form 980) 2009 ARIZONA CATTLE GROWERS ASSOCIATION

86-0002290 Page 3

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				
1 During the tax year, did the organization engage in any of the following francactions with one answers and a second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second sec	ļ	Yes	No	[ _
a Receipt of (f) interest (ii) annuitles (iii) royalties or fivitient from a controlled online.		-		
b Gift, grant, or capital contribution to other organization is	*	, ro	×	ľ
e Giff, grant, or capital contribution from other ormanizative is	2	.0	×	
والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمرا	*		*	Į
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Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization ariswered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

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#### Form **8868**

(Rev. January 2011) Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

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<ul><li>If you a</li></ul>	re filing for an Automatic 3-Month Extension, compl	ete only P	art I and check this box	****	<b>.</b>	- [X]
<ul><li>If you a</li></ul>	ire filing for an Additional (Not Automatic) 3-Month E	xtension,	complete only Part II (on page 2 of this	s tarm	ì.	بمج
Do not co	emplete Part II unless you have already been granted	an autom	atic 3-month extension on a previously i	ilad F	orm 8868	
Electroni	c filing (e-file). You can electronically file Form 8858 if	you need	a 3-month automatic extension of time	ta file	là manths tar a chin	oration
required t	o file Form 990-7), or an additional (not automatic) 3-mo	onth exten	sion of time. You can electronically file I	Form I	8868 to request an o	staneiza.
of time to	file any of the forms listed in Part I or Part II with the ex	ception o	f Form 8870, Information Return for Tra	nafera	Associated With Ga	rtaîn
Personal I	Benefit Contracts, which must be sent to the IRS in pa	per format	(see instructions). For more details on t	the ele	stronic filing of this	loim
visit www.	lis.gov/efile and click on e-lile for Charities & Nonprofit	s.		• • • •		- C ( ) ( )
Part 1	Automatic 3-Month Extension of Tim	e. Only su	ibmit original (no copies needed).			
	tion required to file Form 990-T and requesting an auto	matic 6 m	onth extension - check this box and cor	nplete	)	
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All other o	orporations (including 1120-G filers), partnerships, REN me tax returns.	AICs, and	trusts must use Form 7004 to request a	n exte	nsion of time	
Type or print	Name of exempt organization			Em	ployer identification	number
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Form 990-1	r (sec. 401(a) or 408(a) trust)	05	Form 6069	***************************************	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	11
Form 990-1	「(trust other than above)	06	Form 8870			12
·	ARIZONA CATTLE	GROW	ERS' ASSOC., INC			The second second second
• The boo	iks are in the care of $\blacktriangleright$ 1401 N. 24TH St					
	na No. ► <u>602-267-1129</u>		FAX No.			
● If the on	ganization does not have an office or place of business	inthe Up	ited States, check this box		erenianioù poù present 🕨	
el airti l	for a Group Return, enter the organization's four digit (	Broup Exe	metion Number (GEN) . If thi	s is fo	r the whole group, c	neck this
box ▶	. If it is for part of the group, check this box	and attac	ch a list with the names and EINs of all	memt	ers the extension is	for.
	Jest an automatic 3-month (6 months for a corporation	required (	o file Form 990-T) extension of time unt	1	ani.	
	FEBRUARY 15 , $2011$ , to file the exempt the organization's return for:	,organizat	ion return for the organization named a	bove.	The extension	
<b>10</b> 101	calendaryearor					
	I tax year beginning JUL 1, 2009	es from	fending JUN 30, 2010			
			anding 0014 24, 2010			
2 If the	tax year entered in line 1 is for less than 12 months, ch	ieck reaso	n: Initial return Fina	l retur	×	
	Change in accounting period	.e		110101	'1	
3a If this	application is for Form 990-BL, 990-PF, 990-T, 4720, o	r 6069, en	ter the toritative tax, less any		***************************************	<del></del>
nonre	fundable credits. See Instructions.			3a	\$	0.
	application is for Form 990 PF, 990 T, 4720, or 6069, e					
	ated tax payments made. Include any prior year overpa			Зb	\$	0.
	ice due. Subtract line 3b from line 3a. Include your pay			-		
by us	ing EFTPS (Electronic Federal Tax Payment System). S	ee instruc	tions.	30	<b>*</b>	0.
Caution, if	you are going to make an electronic fund withdrawai wi	th this For	m 8868, see Form 8458-EO and Form i	3879-1		uctions.
LHA Por	Paperwork Reduction Act Notice, see instructions.				Form <b>8868</b> (Re)	v. 1-2011)

### TAX RETURN FILING INSTRUCTIONS

ARIZONA FORM 99

#### FOR THE YEAR ENDING

June 30, 2010

	June 30, 2010
Prepared for	Mr. Doc Lane Arizona Cattle Growers Association 1401 North 24th Street Phoenix, Arizona 85008
Prepared by	Wallace, Plese + Dreher, LLP Certified Public Accountants and Consultants 3933 S. Mcclintock Dr., Suite 500 Temps, Arizona 85282
Amount due or refund	No payment is required.
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Arizona Department of Revenue PO Box 52153 Phoenix, AZ 85072-2153
Return must be mailed on or before	Pebruary 15, 2011
Special Instructions	The return should be signed and dated by an authorized individual.
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Sche	dule	Α	Ba	ılaı	nce	SI	ne.	≥ŧ

	E: Amounts used in attached schedules and in this columnia.	imn sho	uld be end of		(a)				(b)
100	Assets				Beginning of	year	l		End of year
	enside to								
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	b Less: allowance for doubtful accounts			00					
	c. Line Aza less line A2b. Enter difference in column (	b)	(*************************************		3,9	08	DO A	2c	250 o
A3a	Other notes and loans receivable - attach schedule	A3a		00	7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,				
	b Less allowance for doubtful accounts	A3b		00					<u> </u>
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A5	Investments (securities) - attach schedule	is is california.	****************************	.,				45	01
46	Investments (other) - attach schedule	EE.S	TATEMENT 3	,, .	17,5	00	00	A6	17,500 o
47a	Land, buildings, and equipment; basis	A7a	38,511	00			, ,		
	b Less: accumulated depreciation attach schedule	A7b	36,0786	00				. :	
	c Line A7a less line A7b, Enter difference in column (	b)	35 1,5-1 + <b>1</b> + 8 1,6-1 + 8,5 1,6 1,6 1,6 1,7 1, 1,6 1, 1,6 1, 1,6		3,3	81	À oc	7c	2,433 00
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49	Total assets - add lines A1 through A8				301,5			49	249,442 00
والمرتوب والمرازع		i							
	Liabilities								
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	Accounts payable and accrued expenses		e money graph that have been made as a final process.	·	42,0				349 oc
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<b>\16</b>	Retained earnings or accumulated income	***************	a da come a trans e da e a sagra de gre e sagra de de de de de de de de de de de de de	'	258,9				249,093 oc
17	Total net assets - add lines A14 through A10	46 1 p. 9 6 4 6 4 1 1	re origina a a mente poi e e noi ital mie din mie king Dieg In	·	258,9				249,093 oc
	auxiliania and an anti-	4.e. c (14e, 40 - 4 9 1 9 1	ကြားကောက်ရေးလေးသေးသားသောသော ပြီးလေးရှိသည်။ လောင်းရေးသော သောလေးသည် မေးများ	J		<u> </u>	A 1.43	<u> </u>	<u> </u>
118	Total liabilities and net assets - add lines A 13 and A	17	के रेफाएंट्रेज़ बंदेन कि न करणेंक है हुई हाई। क्रेंक का महक र पूछेर		301,5	69 c	Q A	18	249,442 00
2ertli	ication Under penalties of perjury, I declare that I have best of my knowledge and belief, it is a true, co the Income tax laws of the State of Arizona.	examin irract ar	ed this return, including a complete return, ma	ng acco ide in g	mpanying sel	nedul the te	es an ixable	d stai	tements, and to the stated pursuant to
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ergare s	Signature of officer			Date	to toler addresses 11 July 1	Ti	tle		
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repa	rer's Fleno 14mb CFC	C		2	9-11	7 <b>A</b>	80.)	3	45-0500
se C				Date		and reason			hone number
	<b>,</b>							1	
	WALLACE, PLESE + DREHER	, LL	₽					8	6-0841383
	Firm's name (or preparer's, if self-employed)					,			parer's TN
	3933 S. MCCLINTOCK DR	SUL	TE 500						
	3933 S. MCCLINTOCK DR., TEMPE, ARIZONA	SUI	re 500					81	5282

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MANAGEMENT FEES			196,57	71.
TAFF EXPENSE			57,25	12.
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SINT OTHER BYENNAND			39,67	/ <b>)</b>
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Z 99 OTHER ASSETS	<del></del>	STATEMENT	4
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# A COPY OF THE FEDERAL INCOME TAX RETURN WAS ATTACHED TO THIS STATE RETURN

Form 990-EZ

#### **Short Form** Return of Organization Exempt From Income Tax

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file form 990. All other organizations with pross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements.

For the 2008 calendar year, or tax year beginning JUI, 1, 2008 and ending JUN 30, Check If C. Name of organization D Employer Identification number lease Address change use IRS label or Name Charlos to tang ARIZONA CATTLE GROWERS ASSOCIATION 86-0002290 type, nitial Number and street (or P.O. box, if mall is not delivered to street address) E Telephone number Room/suite Specific 1401 N. 24TH ST. Termin-602-267-1129 City or town, state or country, and ZIP + 4 Amende tions. F Group Exemption PHOENIX, AZ 85008 Number 🟲 ■ Section 961(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed & Accounting method: Cash X Accrual Schedule A (Form 990 or 990-EZ). Other (specify) Website: N/A H Gheck - X If the organization is not Organization type (check only one). [X] 501(c) (5) (insert no.) 4947(a)(1) or 527 required to attach Schedule B (Form 980, 990-FZ, or 990-PF). K Check If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines 5b. 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ 545,017. Partil Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Contributions, gifts, grants; and similar amounts received 109,514. 1 Program service revenue including government fees and contracts 279,815. 2 Membership dues and assessments 153,<u>856.</u> 3 4 Investment Income 4 1,832. 5a Gross amount from sale of Assets other than inventory _______ 5a b Less; cost or other basis and subsect of the transition (Subtract line 5b from line 5a) (attach schedule). Sc. h Less: direct expenses other than fundralsing expenses Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 60 7a Gross sales of inventory, less returns and allowances 78 c Gross profit or (loss) from sales of loventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe 8 ğ Total revenue. Add lines 1, 2, 3, 4, 5e, 6c, 7c, and 8 545,017. 9 10 Grants and similar aniounts paid (attach schedule) 10 Benefits paid to or for members ...... 11 11. 12 Salaries, other compensation, and employee henefits 29,910. 12 Professional fees and other payments to independent contractors 13 26,156. 13 Occupancy, rent, utilities, and maintenance 14 14 1,739. Printing, publications, postage, and shipping 15 78,152. 15 SEE STATEMENT 16 Other expenses (describe 395,985. 16 Total expenses. Add lines 10 through 16 17 531,942. 17 Excess or (deficit) for the year (Subtract line 17 from line 9) 10 13,075. 18 Net Assets 19 Not assets or fund balances at beginning of year (from line 27, column (Al)) (must agree with end-of-year figure reported on prior year's return) 19 245,884. Other changes in net assets or fund balances (attach explanation) 20 20 Net assets or fund balances at end of year. Combine lines 18 through 20 21 258,959. Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year Cash, savings, and investments 22 238,320. 267,784. 22 23 Land and buildings 23 Other assets (describe SEE STATEMENT 2) 24 76,090. 33,785. 24 Total assets 25 314,410.25 301,569. Total liabilities (describe - ACCOUNTS PAYABLE 26 68,526.28 42,610. Net assets or fund balances (line 27 of column (B) must agree with line 21) 27 245,884. 258,959. LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 090. Form 990-EZ (2008)

Form 990-EZ (2008) ARIZONA CATTLE GROWERS AS			86-	-00022	290 Page 2
Part III Statement of Program Service Accomplishme	rits (See the Instructions for	Part III.)	CONTRACTOR CONTRACTOR		xpanses
What is the organization's primary exempt purpose? SEE STATEMENT	7 5			(Required	l for 501(c)/3)
Describe what was achieved in carrying out the organization's exempt purposes. In		ascribe the services		1 and (4) or	rganizations and I) trusts; optional
provided, the number of persons benefited, or other relevant information for each p	rogram title.			for others	i ) irrasts i obnonsi i
28 PROVIDED EDUCATIONAL AND PROMOTIONAL		TO CATTL	E		
GROWERS AND THE GENERAL PUBLIC					
(Grants \$ ) If this amount includes foreign	Aronita, občali bara			28a	
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31 Other program services (attach schedule)	Tako Pompaki mekuna marakan kangankan basak kahunga	************************	·		
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32 Total program service expenses (add lines 28a through 31a)	Aribarakalaman (inganisan angkarakan)	************************	, , <b>,</b>	32	
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P	art V Other Information (Note the statement requirements in the instructions for Part VI	)				W
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33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed descri	lotion of each activity		33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," alter-	ra conformed copy of the	e chances	34		Х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among	others), but not				
	reported on Form 990-7, attach a statement explaining your reason for not reporting the income on Form 990	*T.				
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(a) notice, repo	rting, and proxy	ſ	ereterorists.	20000000	komiskomen:
	tax requirements?	and the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second o	:	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	**************		35b	N/	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? if "Yes," complete	applicable parts of Se	ćh.N	36		Χ
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	37a	0.			
iti.	Old the organization file Form 1120-POL for this year?			37b	×20000000	X
30 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	any such loans mad	8		9//8	<b>200</b>
	In a prior year and still unpaid at the start of the period covered by this return?	enegam denema para de Caparina de Servicia.	trai reveiavante.	38a	A.A.P.2098.COV	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b N/				
39	Section 501(c)(7) organizations. Enter:	\$ 30	:0			
X	Initiation fees and capital contributions included on line 9	39a N/	A			
þ	Gross receipts, included on line 9, for public use of club facilities.	39h N/	A			
40 រ	Section 501(c)(3) organizations, Enter amount of tax imposed on the organization during the year under:					
	section 4911 N/A section 4912 N/A section 4955	N/A				<b>88</b>
þ	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit trans	action during the year	101			erfattikenning.
	did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part 1		. heredrings and a	40b	N/	A:
· Č	Enter amount of tax imposed on organization managers or disqualified persons during the year under					
	sections 4912, 4955, and 4958	<b>&gt;</b>	0.			
	Enter amount of tax on line 40c relimbursed by the organization	<b>&gt;</b>	0.			
8	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter					
	transaction? If Yes, "complete Form 9886-T	a paga ja daga daga daga pina ja daja maja maja da sa		40a		X
41	List the states with which a copy of this return is filed. > AZ					
42 a	The brooks are in care of ARIZONA CATTLE GROWERS' ASSOC., INC.	Telephone no. 🕨	602-267	/[]	29	
	bosated at - 14U1 N. 24TH ST., PHOENIX, AZ	ZI	1P+4 ► <u>85</u>	008	3	
	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		· just		Yes	No
	ACCOUNTY CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON CONTRACTOR OF SEASON	> \$3 40 84 + \$24\$ 450,00 a to \$450,00 \$40 \$	***********	42b		Χ
	If "Yes," enter the name of the foreign country:	<del></del>			- 1	
	See the instructions to exceptions and filing requirements for Form TO F90-22.1, Report of Foreign Bank an	d Financial Accounts	).			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	ghanisserimentantantanthisid	ashkainaan neisee	42c		<u>X</u>
.25	if "Yes," anter the name of the foreign country:					
43	Section 4947(a)(1) nonexampt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Chack here	e ga wan bin'ng min nimin dan na pagrap ang n Lisa - I	************		🟲	
	and enter the amount of tax-exempt interest received or accrued during the tax year	······	43 N	1/A		<del></del>
				ì		
44	Did the organization: maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		廖		<b>Yes</b>	No
			. 1			
45	Form 990-EZ Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "	oministration and in the	i	44		X
	completed instead of Form 990-EZ		. 1			88386 V
***************************************	A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA	Harris Day Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Com		45	1	X
			Fo	im 991	U-EZ (	2008)

Part \	Section 501(c)(3) organizations only. All section tables for lines 50 and 51.	n 501(c)(3) organizations mu	st answer question	is 46-49 and cor	nplet	the:	
46 Did	the organization engage in direct or indirect political campaign activities	on behalf of or in opposition to	candidates for public			Yes	No
offic	ce? If "Yes," complete Schedule C, Part I	444444444444444444444444444444444444444			45		110
47 Did	the organization engage in lobbying activities? If "Yes," complete So	hedule C, Part II	(.*./.****b****p****;;;;;		47		
48 is ti	he organization operating a school as described in section 170(b)(1)(A)(	II)? If "Yes," complete Sched	Jule E		48		
49a Did	the organization make any transfers to an exempt non-charitable related	l organization?	*******************		49a		
b If Y	es," was the related organization(s) a section 527 organization?	***************************************	**************		49b		
50 Con	nplete this table for the five highest compensated employees (other than compensation from the organization, if there is none, enter "None."	officers, directors, trustees and	kay employees) who	each received mo	ré tha	n \$100	),000
	(a) Name and address of each employee paid more than \$100,000 N/A	(b) Tille and average hours per week devoted to position	(c) Compensation	(D) Contributions to employee benefit plans & deferred compensation	(E	Experience Experience	and
							**************************************
	ber of other employees paid over \$100,000					-	
	plete this table for the five highest compensated independent contractor one, enter "None." N/A	rs who each received more than	\$100,000 of comper	isation from the oi	ganiza	tion. t	f thore
***************************************	(a) Name and address of each independent contractor paid more	than \$100,000	(b) Type of ser	vice (c)	Comp	ensati	on
Street Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the							·····
**************************************				***************************************			<del></del>
							***************************************
Total numi	ber of other Independent contractors each receiving over \$100,000	<u> </u>					***************************************
Sign Here	Under penalties of perjury, I declare that I have exemined this return, including accorrect, and complete. Declaration of preparer (other than officer) is based on all i	companying schedifies and statemen nicimation of which preparer has any	ts, and to the best of my knowledge.	knowledge and belie	f, it is t	IJ <b>ġ</b> ,	-
	Type ax plint name and little.	·	· · · · · · · · · · · · · · · · · · ·			***************************************	<del></del>
Paid Preparer's Use Only		1-18-2010 emp	loyed 🛌 📄	ster's Identifying Nun	nber (8e	e Instr.)	ř.
	Hrm's norma (or yours) WAZLACE, PLESE + DREHE 11 sedfemployoid, 3933 S. MCCLINTOCK DR. address, and ZP+4 TEMPE, ARIZONA 85282		EIN Phone no.	<b>&gt;</b>	345	-05	500
May the IR	S discuss this return with the preparer shown above? See instructions	AMALAN IN THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PART	*************************	X	Yes	T	No
		· · · · · · · · · · · · · · · · · · ·		For		)-EZ /2	-

FORM 990-EZ	OTHER	EXPENSES		STATEMENT	1
DESCRIPTION				AMOUNT	
TRAVEL				9,2	27.
CONFERENCES, CONVENTIONS, DEPRECIATION	AND MEETINGS			63,6	09.
MANAGEMENT FEES				211,3	21.
STAFF EXPENSE				53,4	
RAFFLE EXPENSE	•			15,3	56.
COMMUNICATION EXPENSE USFS INDIRECT COSTS					30.
DIRECTOR EXPENSE				•	97.
MERCHANT AND BANK FEES				3,6 3,8	
WEBSITE PRODUCTION	•				09.
MISCELLANEOUS				3,1	35.
MEALS CENTENNIAL BOOK EXPENSE			,	1,1	
RESEARCH EXPENSE				1,1	55.
DUES				24,3	
TELEPHONE					97.
SUPPLIES				1,4	49.
TOTAL TO FORM 990-EZ, LINE	1 16			395,9	85.
FORM 990-EZ	Олиго	ASSETS		PIP A THE BASE NAME	———
	W4 HB4	, month		STATEMENT	2
DESCRIPTION			BEG. OF YEAR	END OF YEA	AR
ACCOUNTS RECEIVABLE			51,204.	3,9	٦٥.
PREPAID EXPENSES			5,509.	8,99	
INVESTMENT IN ACA			17,500.	17,50	00.
OTHER DEPRECIABLE ASSETS			1,877.	3,34	3 I .
TOTAL TO FORM 990-EZ, LINE	24		76,090.	33,78	45

ORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	rand-bejalasa	S'	PATE1	1ENT	3
	ADDOCIATED WITH PERSONAL BENEFIT CONTRACTS	<del></del>	-	······································		<del></del>
DIRECTLY C	GANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, R INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL NTRACT?	ſ	1	YES	[*]	NO
) DID THE OR DIRECTLY O	GANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	. [	]	YES	[x]	NO

FORM 990-EZ PART IV - LIST OF OFFICERS, DIRECTORS, STATEMENT ATTRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
POM CHILTON 1401 N. 24TH ST., PHOENIX, AZ 85008	PRESIDENT 1.00	0 .	0.	0.
STEVE BROPHY 1401 N. 24TH ST., PHOENIX, AZ 85008	1ST VICE PRES	IDENT/TREAM 0.	SURER 0.	0.
ANDY GROSETA 1401 N. 24TH ST., PHOENIX, AZ 85008	2ND VICE PRES	ident 0.	0.	· O.,
C.B. 'DOC' LANE 1401 N. 24TH ST., PHOENIX, AZ 85008	EXECUTIVE VIC		. Q *	.0.
DAN BELL 1401 N. 24TH ST., PHOENIX, AZ 85008	MEMBER-AT-LAR 1.00	GE 0.	Ő.	0.
JIM O'HACO 1401 N. 24TH ST., PHOENIX, AZ 85008	MEMBER-AT-LAR		.O .	• • • • • • • • • • • • • • • • • • • •
GARY THRASHER 1401 N. 24TH ST., PHOENIX, AZ 85008	MEMBER-AT-LAR 1.00	GE 0.	0.	0 .
BILL BRAKE 1401 N. 24TH ST., PHOENIX, AZ 85008	IMMEDIATE PAS		o.	<b>D</b> *
BETTY JO NICHOLSON 1401 N. 24TH ST., PHOENIX, AZ 85008	COWBELLE PRES	IDENT 0.	Ó.	0.
LANCE KNIGHT 1401 N. 24TH ST., PHOENIX, AZ 85008	DIRECTOR - AP		Ó.	0.*
DAVID JOHNSON 1401 N. 24TH ST., PHOENIX, AZ 85008	DIRECTOR - AR	IZ STRIP 0.	0.	0 .
DENNIS MORONEY 1401 N. 24TH ST., PHOENIX, AZ 85008	DIRECTOR - COO	CHISE 0.	Ô.	0.
BROOKS CAMERON 1401 N. 24TH ST., PHOENIX, AZ 85008	DIRECTOR - COO	CONINO 0.	0.	Ó.
JOHN FOWLER 1401 N. 24TH ST., PHOENIX, AZ 85008	DIRECTOR - GII	LA O.	<b>o</b> .*	0.

ARIZONA CATTLE GROWERS ASSOCIATION		86-00	02290
NEWEL DRYDEN 1401 N. 24TH ST., PHOENIX, AZ 85008	DIRECTOR - GRAHAM 1.00 0.	0.	0
BILL MARKS 1401 N. 24TH ST., PHOENIX, AZ 85008	DIRECTOR - GREENLEE 1.00 0.	.0.	0.
DWAYNE DOBSON 1401 N. 24TH ST., PHOENIX, AZ 85008	DIRECTOR - MARICOPA 1.00 0.	O »-	0.
PHILIP BRAVO, JR 1401 N. 24TH ST., PHOENIX, AZ 85008	DIRECTOR - MOHAVE 0.	° <b>0</b> . "	0 .
BILLY ELKINS 1401 N. 24TH ST., PHOENIX, AZ 85008	DIRECTOR - NAVAJO 1.00 0.	0.	.Ö.
CINDY COPING 1401 N. 24TH ST., PHOENIX, AZ 85008	DIRECTOR - PIMA 1.00 0.	0.	<b>0</b> .
PILL DUNN 1401 N. 24TH ST., PHOENIX, AZ 85008	DIRECTOR - PINAL 0.	0.	0
TED NOON 1401 N. 24TH ST., PHOENIX, AZ 85008	DIRECTOR - SANTA CRUZ 1.00 0.	0.	0.
DAVE SCHAFER 1401 N. 24TH ST., PHOENIX, AZ 85008	DIRECTOR - YAVAPAI 1.00 0.	<b>0</b> ÷	.O.
ALEX DEES 1401 N. 24TH ST., PHOENIX, AZ 85008	DIRECTOR - YUMA 1.00 0.	0.	δ,
SCOTT SHILL 1401 N. 24TH ST., PHOENIX, AZ 85008	ACFA PRESIDENT 0.	Ö.	· 0 .
CAMERON RUDOLPH 1401 N. 24TH ST., PHOENIX, AZ 85008	ACGA BUS. ASSOC. DIRECTOR 1.00	Ö.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART	0.	0 .	0.

990-EZ PG 2 STATEMENT 5

TO PROVIDE EDUCATION ABOUT THE CATTLE INDUSTRY

### TAX RETURN FILING INSTRUCTIONS

ARIZONA FORM 99

#### FOR THE YEAR ENDING

June 30, 2009

	June 30, 2009
Prepared for	Mr. Doc Lane Arizona Cattle Growers Association 1401 North 24th Street Phoenix, Arizona 85008
Prepared by	Wallace, Plese + Dreher, LLP Certified Public Accountants and Consultants 3933 S. Mcclintock Dr., Suite 500 Tempe, Arizona 85282
Amount due or refund	No payment is required.
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Arizona Department of Revenue PO Box 52153 Phoenix, AZ 85072-2153
Return must be mailed on or before	February 16, 2010
Special Instructions	The return should be signed and dated by an authorized individual.
- 10 m	

<u>ARIZONA</u> 99		Arizona Exempt Organization Ai For the calendar year 2008 or fiscal year beginning 0.7.7	որս	al Information	1 Re	eturn	20	80
GHECK ONE: Original	X	Amended Mail to: Arizona Department of Revenue, PO Box 52		28 and ending Ut	CHECK ONE:	709 - Galendar (	Fiscal	v
Business tele			190, 5	noenix AZ 859722153 j	· · · · · · · · · · · · · · · · · · ·		J Year J	X.
	<b>H</b> 11 <b>V</b> 13	Name ARIZONA CATTLE GROWERS AS:	SOC:	IATION	Emp	loyer Identification	number (EIN	)
602-26	7-1	129 5 Number and street or PO Box			8	6-00022	9:0	
		§ 1401 N. 24TH ST.			***************************************	ransaction privil		mbar
		<u>₩</u>   Gity or town, state and ∠IP code					+3.c. spars(a)	119,00 9,1
	····	- 1 440-444 727 4KB 05000						
Check box	if:	This is a first return Name change Address of	hange	CHECK BOX (F 82 Return filed un	der 3.	mos.Fed 6-	nas. AZ -	Fed
		- 1 h /m 1 /m a		extension.	82		F	
A Date Ariz	ona (	operations began 12/01/24		REVENUE USE ONL	Y. DO	NOT MARK IN	THIS AR	EA.
B Nature of	Ariz	ona activities MEMBERSHIP		1				
		, projection of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of th	·					
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Att		copy of federal return.		<u> 81</u>		66	_	
Sources		Gross sales or receipts from business activities	1		0		,	
of Income	2	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	2		0			
HOOME	3	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	3		0.			
	4	**************************************	4	1,832	******			
	5		5		0			
	7	Rents and revalties	6	1	0			
	7 8	Dues, assessments, etc., from members	8	153,856	0			
	9	Dues, assessments, etc., from affiliated organizations	9		0			
		Contributions, gifts, grants, etc., received	10	109,514				
		Other Income • attach itemized statement	11	279,815		STATEMEI	रांग व	
	12		· Lancon Contraction		12	Animalian Commence of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of	5,017	na l
Administrativo	13	Compensation of officers, directors, trustees, etc.	13	T	0			LYY
Expenses	14	Salaries and wages other than amounts included on line 2 Interest Taxes	14	29,9100	0			
	15	Interest	15	C	0			
•	16	Texes	म्यु ह	0	o			
	17	Rent expense	317	1,739 0	0			
	18	Depreciation - attach schedule	18**	OPY	<u>o</u>	and the second second	. ,	
	19	Miedellaneous expanses - attach itemized statement	19	500,2930		STATEMEN		
Printer and a security	20			,	20	53	1,942	00
		Dues, assessments, etc., to affiliated corporations.	81	. 0	<del>-</del>		•	
from Gurrant Income for the	22 23	Contributions, gifts, grants, etc., paid	22	0	<u>o</u> j			
Organization's	Eu	a. Death, sickness, hospitalization, disability, or pension benefits	72-	· la				
Exempt		t. Other banefits	23a 23b	0				
Purposes	24.	Dividends and other distributions to members, shareholders, or depositors		. 0				
andreasin.	25	Other	25	0	·			
	26	Total add lines 21 through 25		<u> </u>	26			00
Olsbursements	27	Dues, assessments, etc., to affiliated corporations	27	lo			لنبنسنا	<u>uu</u>
Irom Principal	28	Contributions, gifts, grants, etc., paid	28	0	- Pro-			
for the	29	Benefit payments to or for members of their dependents:			لي			
Organization's		a. Death, sickness, hospitalization, disability, or pension benefits	29a	0	5			
Exempl		b. Other benefits	29b	. 0	~ 1			
Purposas	30	Dividends and other distributions to members, shareholders, or depositors	30	Ø	2			
	31	Other: parameter of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the proper	31	0		-		*****
		Total - add lines 27 through 31	171213511		32		1	00
Other	33	Other disbursements not itemized above attach schedule			39			00
Accumulation	34.	Accumulation of income in current year - line 12 minus the sum of I	ines 20	0, 26, 32, and 33	34		7,075	
of Income 837971	35 65	Accumulation of income at beginning of year	~ { ~ ~ * ~ 1 , 4.		35		,884	
06-22-09	36	Accumulation of income at end of year add lines 34 and 35	********	# 1133 E.N. #3 7 m 4 p x 200 + 0 + 1 + 1 + 2 + 3 + 3 + 3 + 3 + 3 + 4 + 3 + 4 + 3 + 4 + 3 + 4 + 3 + 4 + 3 + 4 + 3 + 4 + 3 + 4 + 3 + 4 + 3 + 4 + 3 + 4 + 3 + 4 + 3 + 4 + 3 + 4 + 3 + 4 + 3 + 4 + 3 + 4 + 3 + 4 + 3 + 4 + 3 + 4 + 3 + 4 + 3 + 4 + 3 + 4 + 3 + 4 + 3 + 4 + 3 + 4 + 3 + 4 + 3 + 4 + 3 + 4 + 3 + 4 + 3 + 4 + 3 + 4 + 3 + 4 + 3 + 4 + 3 + 4 + 3 + 4 + 3 + 4 + 3 + 4 + 3 + 4 + 3 + 4 + 3 + 4 + 3 + 4 + 3 + 4 + 3 + 4 + 3 + 4 + 4	36	258	,959	
Penalty	Ø∮ .7°L1*	Penalty for late filing or incomplete filing. See instructions:		130 901 1000 0 0 0000	37	<u> </u>		00
ADOR 91-0022 (08)	i rjt	EXEMPT ORGANIZATION IS SUBJECT TO A PENALTY IF THIS RI	=TURN	VIS FILED LATE OR IS I	VCOM	PLETE, ARB §	42-1125(	k).

			///	**********
AZ 99	OTHER INCOME		STATEMENT	1
DESCRIPTION			AMOUNT	
PROGRAM SERVICE REVENUE			279,83	L 5 .
TOTAL TO FORM 99, PAGE 1, 1	LINE 11		279,81	15.
AZ 99	MISC EXPENSES		STATEMENT	2
DESCRIPTION	Berger and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the sta		A Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Sect	
THE CATE TAOM			TRUOMA	
PROFESSIONAL FEES TO INDEPIPE PRINTING, PUBLICATIONS, POSTRAVEL CONFERENCES, CONVENTIONS, A DEPRECIATION MANAGEMENT FEES STAFF EXPENSE RAFFLE EXPENSE COMMUNICATION EXPENSE USFS INDIRECT COSTS DIRECTOR EXPENSE MERCHANT AND BANK FEES WEBSITE PRODUCTION	STAGE, SHIPPING		211,31 53,47 15,35 43 79 3,61 3,88	27. 27. 29. 109. 109.
MISCELLANEOUS MEALS CENTENNIAL BOOK EXPENSE RESEARCH EXPENSE DUES TELEPHONE SUPPLIES			1,17 24,30	9 5 18 14
TOTAL TO FORM 99, PAGE 1, 1	INE 19		500,29	3.
AZ 99	OTHER ASSETS		STATEMENT	3
DESCRIPTION		BEG OF YEAR	END OF YEAR	
ACCOUNTS RECEIVABLE PREPAID EXPENSES INVESTMENT IN ACA		51,204. 5,509. 17,500.	3,90 8,99 17,50	6.
TOTAL TO FORM 99, PAGE 2, L	INE A8	74,213,	30,40	4 .
		Charles and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second a second and a second and a second and a second and a second a	San Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Co	

AZ 99	OTHER LIABILITIES	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	STATEMENT		
DESCRIPTION		BEG OF YEAR	END OF YEAR		
ACCOUNTS PAYABLE		68,526.	42,610.		
TOTAL TO FORM 99, PAGE 2, LI	NE A12	68,526.	42,610.		

# A COPY OF THE FEDERAL INCOME TAX RETURN WAS ATTACHED TO THIS STATE RETURN

4/20/10

OMB No. 1545-1150 ------

5/12/10 5124/10 <u>ぺぴて</u>いん~ E A

**Short Form** 

Department of the Treasury

Form **990-EZ** 

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public

Inter	nal Revent	ue Service		The organization may have to	use a copy of this retui	rn to satisty state report	ing requireme	ents.		
			ar year	, or tax year beginning	October 1	, 2008, and en	ding	Septembe	r 30	, 20 09
В	Check if ap	oplicable:	Please	C Name of organization				D Employer	identi	fication number
	Address c	hange	use IRS label or	Public Lands Council				84		0583125
	Name cha	- 1	print or	Number and street (or P.O. b	oox, if mail is not delive	red to street address)	Room/suite	E Telephone	e num	ber
	initial retu		type.	9785 Maroon Circle	raid it tilali to flot conto	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	360	( 303 )	.,	771-3500
******	Terminatio		See Specific	City or town, state or country			- 300			
	Amended		Instruc-	Centennial, CO 80112-2			- 1	F Group Ex		
	Application		tions.					Number		
	• Section	on 501(c)(3)	_	ations and 4947(a)(1) nonex npleted Schedule A (Form 9		usts must attach	1	inting methol (specify) 🕨	d: [	Cash 🛭 Accrual
1	Websit	te: ► N/A				······				janization is <b>not</b> iule B (Form 990,
J	Organiz	ation type (	check or	niy one) — 🗹 501(c) ( <b>5</b> ) <b>∢</b> (	(insert no.) 🔲 494	17(a)(1) or 🔲 527	990-E	Z, or 990-PF	).	
				on is not a section 509(a)(3) suization chooses to file a return			pts are norr	naily <b>not</b> mor	e thar	n \$25,000. A return is
				ne 9 to determine gross receipt			ead of Form	990-EZ ▶	\$	217,172
	art I			enses, and Changes in			***************************************			
	1								1	4755
	1		. •	s, grants, and similar amour				1 -		47 33
	2	_		revenue including governn						004004
	3			s and assessments				3		204094
	4	Investmen	t incom	ne , , , , , , , , ,				4		8323
	5a	Gross amo	ount fro	om sale of assets other that	an inventory					
	b	Less: cost	or oth	er basis and sales expens	es . ,	. , <u>5b</u>				
Revenue	С	Gain or (los	s) from	sale of assets other than in	ventory (Subtract li	ne 5b from line 5a) (	attach sch	edule). 5	c _	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here								
	а	Gross revenue (not including \$ of contributions reported on line 1)								
_	b			•					(critisinti	
		c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c								
	7a								156	
	1 .					76				
	b	Less: cost			. , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·	*****	7	C	
	C			oss) from sales of inventor				,	3	
	8 9	Other reve	onue (u	escri <b>b</b> e ► \dd lines 1, 2, 3, 4, 5c, 6c	√7c and 8			/  -}	•	217172
,	<del></del>								0	11114
	10			ar amounts paid (attach so						
	11			or for members				1		420000
šės	12	Salaries, o	other co	ompensation, and employe	∍e benefits					132680
Expenses	13	Profession	nal fees	and other payments to ir	ndependent contra	actors			3	
홋	14	Occupand	y, rent	, utilities, and maintenance	a				4	39620
ш	15	Printing, p	ublicat	tions, postage, and shippir	ng				5	237
	16			(describe > Travel/Meet	ings 57730, Offic	e/Legal Exp 4760,	Gifts 106	<u>50</u> ) 1	6	73140
	17	Total exp	enses.	Add lines 10 through 16				<u>, , 🕨   1</u>	7	245677
Ŋ	18	Excess or	(defi <b>c</b> i	t) for the year (Subtract lin	ne 17 from line 9),			1	8	-28505
Assets	19			nd balances at beginning	·			888		
As				re reported on prior year's					9	501736
Net	20	Other cha	ınaes ir	net assets or fund balan	ces (attach explar	nation)		2	0	
Z	21			nd balances at end of year					1	473231
E	art II			ts. If Total assets on line						of Form 990-EZ.
- Bulli				See the instructions for Pa		, , , , , , , , , , , , , , , , , , , ,	·····	ginning of yea	······	(B) End of year
^	n 0	- میلادی						503906		473231
		sh, savings,				· · · · · · ·			23	., 0201
2									24	
		,		e <b>&gt;</b>				503906		470004
_		al assets				<i></i>				473231
_	6 Tot	al liabilities	(descr	ibe ► alances (line 27 of colum	- (D)	)		2170	_	, , , , , , , , , , , , , , , , , , ,
_2	7 Net	assets or	tund b	alances (line 27 of colum	n (ਖ਼) <b>must</b> agree '	with line 21)		501736	27	473231

r-orr	n 990-EZ (2008)					Page Z
	Statement of Program Service Accom	plishments (See the instr	uctions for Part I	II.)		Expenses
W/h	at is the organization's primary exempt purpose?	romote grazing on federa	l lands for livesto	ck industry	(Req	uired for 501(c)(3)
Dos	scribe what was achieved in carrying out the organiza	tion's exempt purposes. In	a clear and conci	ee manner	and	(4) organizations 4947(a)(1) trusts;
des	scribe what was achieved in carrying out the diganiza	nefited or other relevant info	rmation for each or	rogram title.	optic	onal for others.)
	· · · · · · · · · · · · · · · · · · ·					
28						
	**************************************	.,,-,-				
	(Grants \$ ) If this amount inclu-	udes foreign grants, check	here	. > 🗆	28a	
20						
23						
	**************************************				00-	
	(Grants \$ ) If this amount inclu-				29a	
30			******	~~~~	]	
		,				
	(Grants \$ ) If this amount inclu	udes foreign grants, check	here	, ▶ □	30a	
31						
	(Grants \$ ) If this amount inclu				31a	
30	Total program service expenses (add lines 28a th	rough 31s)	11010 , , , ,		32	
	Total program service expenses (add lines 20a til	Todyli 3 (a)		1 (0 - 11 - 1 -		
	art IV List of Officers, Directors, Trustees, and Key					
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contributio employee benefit	ns to nians &	(e) Expense account and
	(4, (14, 11)	devoted to position	enter -0)	deferred compe		other allowances
Sk	ye Krebs	President / Part-time				
73	654 Hwy 74, Ione, OR 97843	1 resident / r dit-time	0		0	0
	1 F-1					
	onn Falen DB 132, Orovada, NV 89425	Vice Pres / Part-time	0		0	0
			<u> </u>			<u> </u>
	ice Lee	Secretary/Treasurer		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		
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Je	ff Eisenberg	Executive Director				
13	01 Pennsylvania Ave, Washington, DC 20004	20 hrs	92730		0	0
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Par	Other Information (Note the statement requirements in the instructions for Part VI.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓_
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		✓_
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓_
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		✓_
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ [37a] 0		190	
	Did the organization file Form 1120-POL for this year?	37b	23355230	<b>√</b>
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? If "Yes" complete Schedule I. Part II and enter the total amount involved.	38a		<u> </u>
	if res, complete defedule E, rait if and effect the total amount involved			
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities	7		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶; section 4912 ▶; section 4955 ▶			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule			
	L. Part I	40b		
_	Enter amount of tax imposed on organization managers or disqualified persons during			
·	the year under sections 4912, 4955, and 4958			
d	Enter amount of tax on line 40c reimbursed by the organization			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		<b>✓</b>
41	List the states with which a copy of this return is filed. ► None			
42a	The books are in care of ▶ American Sheep Industry Association Telephone no. ▶ (303)	) 7: 80112:	71-35 -2692	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ✓
	If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<u></u>	✓_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			136	T
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	Yes	No √
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		
	F	orm <b>99</b>	0-EZ	(2008)

Р	age	4

Par	t VI	Section 501(c)(3) organizations only. and complete the tables for lines 50 ar		)(3) organizat	ions mu	st ar	nswer questio	ons 40	5–49	
46		e organization engage in direct or indirect p lates for public office? If "Yes," complete Se						46	Yes	No
47		e organization engage in lobbying activities?						47		
48		organization operating a school as describe				ete S	chedule E .	48		
		e organization make any transfers to an exe		related organi:	zation?			49a		
b		s," was the related organization(s) a section						49b		<u> </u>
50	Compl each r	lete this table for the five highest compensate eceived more than \$100,000 of compensati	ated employees (other ion from the organiz	er than officers ation. If there i	s, director s none, e	rs, tru enter	ustees and key "None."	emple	oyees	s) who
	(a) Na	ame and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position		pensation	emplo defe	Contributions to byee benefit plans & rred compensation	acc	Expenount a allowa	nd
						ļ				
	****									
Toto	d pumb	er of other employees paid over \$100,000				_				
51		lete this table for the five highest compensations from the organization. If there is no		ntractors who	each rec	eivec	d more than \$1	00,00	O of	
		(a) Name and address of each independent contractor	paid more than \$100,000		(b) T	ype of	service	(c) Co	npens	ation
	~ ~ ~ ~ ~ ~ ~ ~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	. All the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the la							
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	*****	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~							************************	
Tota	al numb	per of other independent contractors each re	eceivina over \$100.0	100 •				~~~~		
-		Under penalties of perjury, I declare that I have exami and belief, it is true, correct, and complete. Declarat	ined this return, including	accompanying so	hedules and I on all info	d state rmatio	ments, and to the n of which prepare	best of er has a	my kno	wledge wledge.
Sig	n									
Her		Signature of officer				Date			*************	
		Brice Lee, Secretary/Treasurer  Type or print name and title.				<u> </u>				
Paid	1	Preparer's signature	· · · · · · · · · · · · · · · · · · ·	Date	Check if self- employed	<b>▶</b> □	Preparer's Identifying	j Number	(See in:	structions)
	parer's	Firm's name (or yours	***************************************	L.,,,	Jinproyed	EIN	<b>-</b>	·····		
	Only	if self-employed), address, and ZIP + 4				ļ	e no. ► ( )			
May	/ the IR	S discuss this return with the preparer show	wn above? See inst	uctions .			<u>, , , .</u>		es [	<u>No</u>
								-arm Q(	ነበ-ሥ	7 rannav

Page	4
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OITH 330"LE (2							
Part VI	Section 501(c)(3) organizations only. and complete the tables for lines 50 ar	All section 501(c)(3) nd 51.	) organizations m	nust answer question			
16 Did the	e organization engage in direct or indirect po	olitical campaign activi	ities on behalf of o	r in opposition to	46	Yes	No
	lates for public office? If "Yes," complete So e organization engage in lobbying activities?				47		
17 Did the 18 Is the	e organization engage in lobbying activities? organization operating a school as describe	d in section 170(b)(1)(	Alfiil? If "Yes." com	plete Schedule E .	48		
19a Didth	e organization make any transfers to an exe	mpt non-charitable rel	ated organization?		49a		
<b>b</b> If "Yes	s," was the related organization(s) a section	527 organization? .			49b		<u></u>
50 Comp each r	lete this table for the five highest compensa received more than \$100,000 of compensation	ted employees (other to on from the organization	than officers, direction. If there is none	tors, trustees and key , enter "None."	emplo	yees	) who
(a) N	arne and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	n (d) Contributions to employee benefit plans & deferred compensation	(e) E acco other a	expens ount ar allowar	nd
							<del></del>
						·-·-	
T 1 1	£ -11						
	er of other employees paid over \$100,000 🕨				100.000	) of	
	plete this table for the five highest compensation from the organization. If there is no		tractors who each i	eceived more than \$	100,000	וט כ	
Comp	•						
	(a) Name and address of each independent contractor	paid more than \$100,000	(t	) Type of service	(c) Cor	npens	ation
					····		
~,							
				V .			
							***************************************
Total num	ber of other independent contractors each r	eceiving over \$100,000	0 ▶				
	Under penalties of perjury, I declare that I have exam and belief, it is the prices and complete. Declare	ined this cature, including ac	selubedos privingermoss	and statements, and to the nformation of which prepa	e best of rer has a	my kni ny kni	owledge owledge
Sign	1///				7		
Here	Signature of officer			Date	//.		
	Mice Lee, Secretary/Treasurer			2/7/	// [		
	Type or print name and title.		Chaols	4 15 111 111		/O - 1-	
Paid	Preparer's signature	D	Date Check self- employ		ng Number	(See in	STUCTION
Preparer's Use Only	Firm's name (or yours		1 335	EIN >			
-	if self-employed), address, and ZIP + 4			Phone no. ► (			<u> </u>
May the II	RS discuss this return with the preparer sho	wn above? See instru	ctions . ,			Yes	
					Form 9	フリット	<b>~</b> (200)

4/27/09

Form **99**0

#### **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2007 calendar year, or tax year beginning October 1 2007, and ending September 30 20 08 D Employer identification number C Name of organization B Check if applicable: Please 0583125 **Public Lands Council** Address change label or E Telephone number print or Number and street (or P.O. box if mail is not delivered to street address) Room/suite Name change type. See 360 (303) 771-3500 9785 Maroon Circle Initial return Specific City or town, state or country, and ZIP + 4 F Accounting method: Cash Accrual Termination Instruc-Centennial, CO 80112-2692 Other (specify) Amended return H and I are not applicable to section 527 organizations. • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable Application pending trusts must attach a completed Schedule A (Form 990 or 990-EZ). H(b) If "Yes," enter number of affiliates ▶ G Website: ▶ H(c) Are all affiliates included? Yes No J Organization type (check only one) ► 501(c) ( 5 ) < (insert no.) 4947(a)(1) or 527 (If "No," attach a list. See instructions.) H(d) is this a separate return filed by an K Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses Group Exemption Number ▶ to file a return, be sure to file a complete return. Check ▶ ☑ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF). Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.) Contributions, gifts, grants, and similar amounts received: a Contributions to donor advised funds . . . . . . 17,950 1b **b** Direct public support (not included on line 1a) 10 c Indirect public support (not included on line 1a) . . . 1d **d** Government contributions (grants) (not included on line 1a) 17,950 17,950 noncash \$ 1e e Total (add lines 1a through 1d) (cash \$_____ 2 Program service revenue including government fees and contracts (from Part VII, line 93) 2 212,842 3 Membership dues and assessments . . . . . 18,098 4 Interest on savings and temporary cash investments 5 5 Dividends and interest from securities . . . 6a 6b 6c c Net rental income or (loss). Subtract line 6b from line 6a . 7 Other investment income (describe (B) Other 8a Gross amount from sales of assets other 8a 8b **b** Less: cost or other basis and sales expenses. 8c c Gain or (loss) (attach schedule) 8d d Net gain or (loss). Combine line 8c, columns (A) and (B) . . . . . Special events and activities (attach schedule). If any amount is from gaming, check here a Gross revenue (not including \$ contributions reported on line 1b) . . . . . . . . . **b** Less: direct expenses other than fundraising expenses . 9c c Net income or (loss) from special events. Subtract line 9b from line 9a 10a Gross sales of inventory, less returns and allowances . . 10c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a 11 Other revenue (from Part VII, line 103) . . 11 248,890 12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 12 85,154 13 13 Program services (from line 44, column (B)) . . . 158,350 14 14 Management and general (from line 44, column (C)) 15 Fundraising (from line 44, column (D)) . . . 15 16 Payments to affiliates (attach schedule) . . . 16 Total expenses. Add lines 16 and 44, column (A) 17 243,504 17 5,386 18 Excess or (deficit) for the year. Subtract line 17 from line 12 . . . . 18 496,350 19 Net assets or fund balances at beginning of year (from line 73, column (A)). 19 20 20 Other changes in net assets or fund balances (attach explanation). . . Net 501,736

Net assets or fund balances at end of year. Combine lines 18, 19, and 20

21

Part II Statement of All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) Functional Expenses organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.) Do not include amounts reported on line (B) Program (C) Management (D) Fundraising (A) Total and general 6b, 8b, 9b, 10b, or 16 of Part I. services 22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _ If this amount includes foreign grants, check here 🕨 🗌 22a 22b Other grants and allocations (attach schedule) _____ noncash \$ ____ 22b If this amount includes foreign grants, check here 🕨 📙 Specific assistance to individuals (attach 23 23 Benefits paid to or for members (attach 24 24 25a Compensation of current officers, directors, 92,730 46,365 46,365 25a key employees, etc. listed in Part V-A . . . **b** Compensation of former officers, directors, 25b key employees, etc. listed in Part V-B . . . c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons 25c described in section 4958(c)(3)(B) . . . . 26 Salaries and wages of employees not included 27,144 27,144 26 on lines 25a, b, and c , , , , , , . . . . Pension plan contributions not included on 27 27 lines 25a, b, and c . . . . . . . . . 28 Employee benefits not included on lines 28 25a - 27 . . . . . . . . . . 29 Payroll taxes . . . . . . 29 30 30 Professional fundraising fees , , , . 31 31 Accounting fees . . . . . . . 16,859 16,859 32 Legal fees . . . . 32 10 33 33 Supplies 2,463 2,463 Telephone . . . . . . 34 34 35 35 Postage and shipping . . . . 35,755 35,755 36 Occupancy . . . . . . . 36 Equipment rental and maintenance. 37 37 2,139 38 2,139 38 Printing and publications . . . 18,979 12,337 6,642 39 39 37,405 24,313 13.092 40 40 Conferences, conventions, and meetings . . . 41 41 42 42 Depreciation, depletion, etc. (attach schedule) 43 Other expenses not covered above (itemize): Insurance 43a 1,020 1,020 9,000 Contributions/Membership 9,000 43b 43c 43d d 43e 43f 43g Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 243,504 85,154 158,350 **Joint Costs.** Check ▶ ☐ if you are following SOP 98-2. Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? .  $\blacktriangleright$   $\square$  Yes  $\square$  No If "Yes," enter (i) the aggregate amount of these joint costs \$____ _; (ii) the amount allocated to Program services \$____ (iii) the amount allocated to Management and general \$ ; and (iv) the amount allocated to Fundraising \$

#### Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is	the organization's p	rimary exempt purpos	se? ► See question A below	Program Service
of client	s served, publications	s issued, etc. Discuss a	e achievements in a clear and concise manner. State the numbe achievements that are not measurable. (Section 501(c)(3) and (4 sts must also enter the amount of grants and allocations to others.	(4) orgs., and 4947(a)(1)
		on business interest (	of livestock industries with respect to grazing on	A
fed	eral lands.			
(Gra	ints and allocations	·	) If this amount includes foreign grants, check here ► [	85,154
b	***************************************		7 if the direct reduces longing dates, electricle >	05,194
	· · · · · · · · · · · · · · · · · · ·	~ = = = = = = = = = = = = = = = = = = =		errenne de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la company
***-*		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
(Gra	ants and allocations	\$	) If this amount includes foreign grants, check here 🕨 🗌	
С				
			***************************************	
(Gra	ants and allocations		) If this amount includes foreign grants, check here ▶ [	1
d		******************************	· · · · · · · · · · · · · · · · · · ·	
- u. u	· - · · · · · · · · · · · · · · · · · ·			
***************************************	ants and allocations	(attach schadula)	) If this amount includes foreign grants, check here	
	er program services ants and allocations	(attach schedule)	) If this amount includes foreign grants, check here ▶ [	
<u> </u>		ce Expenses (should	equal line 44, column (B), Program services)	85,154

Pa	rt IV	Balance Sheets (See the instructions.)			
N	lote:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		<b>(B)</b> End of year
	45	Cash—non-interest-bearing	196.350	45	203,906
	46	Savings and temporary cash investments	300,000	46	300,000
				100000	
	47a	Accounts receivable			
		Less: allowance for doubtful accounts 47b		47c	
	-	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s			
	48a	Pledges receivable			
		Less: allowance for doubtful accounts . 48b		48c	
	49	Grants receivable	·····	49	
		Receivables from current and former officers, directors, trustees, and			
	554	key employees (attach schedule)		50a	
	h	Receivables from other disqualified persons (as defined under section		······································	
		4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a	Other notes and loans receivable (attach		65033	***************************************
S	Jia	schedule) ,		***************************************	
Assets	h	Less: allowance for doubtful accounts . 51b		51c	
Ą	l	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	······································	53	
		Investments—publicly-traded securities • Cost FMV	*****	54a	
		Investments—other securities (attach schedule)		54b	
	l	Investments—land, buildings, and			**************************************
	354	equipment: basis			
	h	Less: accumulated depreciation (attach		300.000	
	, ,	schedule)		55c	
	56	Investments—other (attach schedule)		56	
		Land, buildings, and equipment: basis .   57a		13333	
	1	Less: accumulated depreciation (attach			
	, ,	schedule)		57c	
	58	Other assets, including program-related investments			
		(describe ►)		58	
	59	Total assets (must equal line 74). Add lines 45 through 58 ,	496,350		503,906
	60	Accounts payable and accrued expenses		60	2,170
	61	Grants payable		61	
	62	Deferred revenue		62	
lities	63	Loans from officers, directors, trustees, and key employees (attach			
		schedule) ,		63	
Liab	64a	Tax-exempt bond liabilities (attach schedule)		64a	
		Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe ►)		65	
	66	Total liabilities. Add lines 60 through 65	***************************************	66	,
	Orga	anizations that follow SFAS 117, check here > - and complete lines			
ø		67 through 69 and lines 73 and 74.		1800	
ĕ	67	Unrestricted		67	·····
豆	68	Temporarily restricted , , , , , , , , , , , , , , , , , , ,		68	·······
ä	69	Permanently restricted		69	
핕	Orga	anizations that do not follow SFAS 117, check here ▶ ☐ and			
Net Assets or Fund Balances		complete lines 70 through 74.		2000	
ò	70	Capital stock, trust principal, or current funds		70	
ets	71	Paid-in or capital surplus, or land, building, and equipment fund .		71	
55	72	Retained earnings, endowment, accumulated income, or other funds	496,350	72	501,736
ř.	73	Total net assets or fund balances. Add lines 67 through 69 or lines			
Ž		70 through 72. (Column (A) must equal line 19 and column (B) must	· · · · · · · · · · · · · · · · · · ·		
		equal line 21)	496,350		501,736
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	496,350	74	503,906

Pai	rt IV-A Reconciliation o instructions.)	f Revenue per Audi	ted Financial Stateme	ents With Revo	enue pe	r Retur	n (S	See the
а	Total revenue, gains, and oti	her support per audite	ed financial statements		***************************************	а		
b	Amounts included on line a l							
1	Net unrealized gains on inve			b1				
2	Donated services and use of			b2				
3	Recoveries of prior year gran			b3				
4	Other (specify):					420000		
4	• • • • • • • • • • • • • • • • • • • •		1	b4				
						b		
_	Add lines <b>b1</b> through <b>b4</b> . Subtract line <b>b</b> from line <b>a</b>					C	····	
Ç	Amounts included on Part I,							
d	•	•	i i	d1				
1	Investment expenses not inc	·		<u> </u>				
2	Other (specify):			d2				
						d		
е	Total revenue (Part I, line 1)	2) Add lines <b>c</b> and <b>d</b>				e		
			dited Financial Staten			<u> </u>	urn	
а	Total expenses and losses p	oer audited financial s	tatements			a		
b	Amounts included on line a							
1	Donated services and use o	f facilities		b1				
2	Prior year adjustments repoi			b2				
3				b3				
4								
	· · · · · · · · · · · · · · · · · · ·			b4				
	Add lines b1 through b4 .					b		
C	Subtract line b from line a	, . ,				С		
ď	Amounts included on Part I,	line 17, but not on lir	ne a:					
1	Investment expenses not inc	cluded on Part I, line (	6b	d1	~~~~			
2								
	• • • • •			d2				
	Add lines d1 and d2 , ,					d		
<u>e</u>	Total expenses (Part I, line					<u>e                                    </u>		
Pa	Current Officers, or key employee at	Directors, Trustees any time during the year	, and Key Employees ar even if they were not o	compensated.) (S	ee the in:	struction	1s.)	director, trustee,
	(A) Name and add	ress	(B) Title and average hours per	(C) Compensation (If not paid, enter	(D) Contribut	ions to emp	loyee	(E) Expense account and other allowances
			Title and average hours per week devoted to position	-0)	compen	sation plans	·····	and other bhorrande
	ye Krebs		President / Part-time					
	197 Whiskey Creek Road, W	allowa, OR 97885		0			0	0
	hn Falen		Vice Pres / Part-time					
	OB 132, Orovada, NV 89425			0			0	0
***	ice Lee		Secty/Treasurer					
	0 County Road #119, Hesper	us, CO 81326	Part-time	0			_0	0
	ff Eisenberg	~ ~ « « » » » « « » » » » » » » » » » »	Executive Director					
13	01 Pennsylvania Ave, Washi	ngton DC 20004	20 hrs	92,730			0	0
	CONTROL OF SEA AND SECURITY OF SECURITY ON THE SECURITY OF THE VIOLENCE AND AND AND AND AND AND AND AND AND AND							
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Par	t V-A	Current Officers, Directors, Trustees	, and Key Employe	es (continued)			Yes	No	
75a		ne total number of officers, directors, and tru	ustees permitted to vo	te on organizatio	_				
	meetin	*			3				
b	employ	officers, directors, trustees, or key employ rees listed in Schedule A, Part I, or hig stors listed in Schedule A, Part II-A or ships? If "Yes," attach a statement that ide	hest compensated p	professional and other through	other independent family or business	75b		<b>√</b>	
С	c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization.".								
d		ne organization have a written conflict of ir			<u> </u>	75d	469454699	<b>/</b>	
Par	t V-B	Former Officers, Directors, Trustees, and officer, director, trustee, or key employee re person below and enter the amount of comp	Key Employees That I ceived compensation o	Received Comper	nsation or Other Bendescribed below) during	the y	ear, lis	ormer st that	
		(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	accou	Exper int and lowanc	other	
							***************************************	······································	
						<u></u>	·····	······	
			*				*******		
							<del></del>		
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	***************************************	//////////////////////////////////////					<del></del>		
							т	<b>,</b>	
Par		Other Information (See the instruction	······································			150205053	Yes	No	
76	detaile	e organization make a change in its activitid statement of each change				76		<b>/</b>	
77	If "Yes	any changes made in the organizing or gov," attach a conformed copy of the change	s.	·		77			
	this re	e organization have unrelated business groturn?				78a 78b		<b>√</b>	
79	Was that	nere a liquidation, dissolution, termination, ement		tion during the ye	ear? If "Yes," attach	79		1	
	commorgania	organization related (other than by association membership, governing bodies, trustration?	ees, officers, etc., to	o any other exe	mpt or nonexempt	80a		<b>/</b>	
b		," enter the name of the organization							
	Enter o	direct and indirect political expenditures. (Se organization file Form 1120-POL for this	See line 81 instruction	ns.) , <b>81a</b>		81b		/	

If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank

and Financial Accounts.

art VI	Other Information (continued)						No
<b>c</b> At a	ny time during the calendar year, did the	organization mai	ntain an office o	utside of the	United States?	91c	1
If "Y	es," enter the name of the foreign countr	y 🕨					_
	tion 4947(a)(1) nonexempt charitable trust						. ▶ L
	enter the amount of tax-exempt interest			x year	▶   92		
	Analysis of Income-Producing Ac	<del></del>		Evoluded by east	ion 512, 513, or 514	/E\	
	er gross amounts unless otherwise		usiness income			(E) Related	d or
ated,		(A) Business code	(B) Amount	(C) Exclusion code	( <b>D)</b> Amount	exempt fu incom	
Pro	ogram service revenue:	200,7000 0000	1 2		7 1110 24 11	1110011	16
·		_					
		_					
		!					
			<b> </b>				
	edicare/Medicaid payments	<b></b>	<del> </del>				
	es and contracts from government agencie	s					
	embership dues and assessments						
	erest on savings and temporary cash investment	S					
	vidends and interest from securities						
	t rental income or (loss) from real estate:					99969549999999	od restrati
	bt-financed property						
	t debt-financed property					<u> </u>	
	rental income or (loss) from personal property	·				<del> </del>	
	her investment income		<del> </del>				
	n or (loss) from sales of assets other than inventor	у	···			<u> </u>	
	t income or (loss) from special events .					<del> </del>	
	oss profit or (loss) from sales of inventory					<b></b>	
	her revenue: a		<del> </del>				
·		<del>-</del>				<b>†</b>	
; i		_				<u> </u>	
						<del> </del>	
	ttotal (add asisman (D) (D) and (C)			010000000000000000000000000000000000000		<del>                                     </del>	
	btotal (add columns (B), (D), and (E)) .tal (add line 104, columns (B), (D), and (E)	1		2000 100 100 100 100 100 100 100 100 100	L	<u></u>	
	e 105 plus line 1e, Part I, should equal the				<u> </u>		
	Relationship of Activities to the Ac			nses (See th	ne instructions		
	······································		······································	······			
ne No. ▼	of the organization's exempt purposes (o	ther than by provid	ding funds for such	purposes).	importainty to the	accomplia	3(111161
<u></u>	1						
······································				***			
rt IX	Information Regarding Taxable Sul	reidiaries and D	icrogarded Entit	ioe (See the	instructions )		
נוע	(A) (A)	(B)				(E)	1
Na	me, address, and EIN of corporation,	(B) Percentage of ownership interest	<b>(C)</b> Nature of a	ctivities	(D) Total income	(E) End-of-	-year
1 114					1 1012 111001110	asse	at C
	partnership, or disregarded entity (				<del>                                     </del>	+ 4000	<u> </u>
	partnership, or disregarded entity	%				1	

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . ☐ Yes ✓ No (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ✓ No Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

%

Part	XI Information Regarding is a controlling organization			Complete only	if the organiz	ation	
106	Did the reporting organization mathe Code? If "Yes," complete the	ike any transfers to a con	ntrolled entity as defined	in section 512(b)(	(13) of Yes	No	
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer		(D) mount of trans	fer	
а							
Ь							
C .		1					
	Totals						
107	Did the reporting organization re 512(b)(13) of the Code? If "Yes,"				Yes	s No	
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	f	(D) Amount of transfer		
а							
Ь							
c							
	Totals						
108	Did the organization have a bino rents, royalties, and annuities de	•	<del>-</del>	covering the inte	rest,	s No	
Pleas Sign Here	Under penalties of perjury, I declare that and belief, it is true, correct and compose	t I have examined this return, incl lete. Declaration of preparer (oth	uding accompanying schedules er than officer) is based on all in	pate	reparer has any kr	nowledge	
Paid Prepai	Preparer's signature		Date Check self- emplo	yed ▶ □	SSN or PTIN (See G	ien. Inst. X	
Use O	i film s name for voors k			Phone no. ► (	)		

### Form **990**

#### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public

Α	For the	e 2007 calendar year, or tax year beginning , 2007, and ending					, 20							
В	Check if a	applicable:	pplicable: Please C Name of organization				D Employe	er identification number						
		change	use IRS											
_	Vame ch	Print or Number and street (or P.O. box if mail is not delivered to street address) Room/suite					E Telepho	ne number						
_	nitial ret	•	type. See						(	) .				
=	Terminat		Specific instruc-	City or town, state of	r country, a	and ZiP + 4			F Accounting	method: Cash Accrual				
=		d return	tions.						Oth	er (specify) ►				
=		on pending	• Sec	tion 501(c)(3) organiz	ations and	d 4947(a)(1) nonexemp	t charitable	C	, ,	to section 527 organizations.				
	-ppou.	on portaing	trus	sts must attach a com	pleted Sch	edule A (Form 990 or 1	990- <b>EZ</b> ).	1 ''	- '	for affiliates? Yes No				
G	d troublet P									er of affiliates				
J Organization type (check only one) ► 501(c) ( ) ◄ (insert no.) 4947(a)(1) or 527  H(c) Are all affiliates										ded? Yes No See instructions.)				
κ	Check 1	here ▶ 🗌	if the c	organization is not a 5	09(a)(3) sur	pporting organization ar	d its gross	H(d) Is this a	separate return	filed by an				
					m is not red	quired, but if the organiz	ation choose	,		n covered by a group ruling? Yes No				
*****	to tile a	return, be t	sure to file	e a complete return.					Exemption Nu	<del></del>				
THE R. P. LEWIS CO., LANSING				s 6b, 8b, 9b, and 10				to attac	h Sch. B (Fo	he organization is <b>not</b> required orm 990, 990-EZ, or 990-PF).				
P	art I	Reven	ue, Ex	penses, and Ch	anges ii	n Net Assets or	Fund Ba	lances (See t	the instruc	ctions.)				
	1	Contribu	utions,	gifts, grants, and s	similar an	nounts re <b>c</b> eived:	1 1							
	a	Contribu	utions t	o donor advised fu	unds .		1a							
	b	Direct p	ublic s	upport (not include	ed on line	e 1a)		7950						
	С	Indirect	public	support (not includ	ded on lir	ne 1a)	1c							
				ontributions (grants			1d							
	е								.   1e	0277				
	2					ent fees and contra								
	3								3	212 842				
	4								5	18098				
	5									·				
	6a	b Less; rental expenses												
	1								6c					
	C													
e	7	Other in	ivestme	ent income (describ	oe ►	(A) Securities	<u> </u>	(PLOther	)   7	······································				
Revenue	<b>8</b> a			from sales of asse	ets other	(A) Securities		(B) Other						
В		than inv	•				8a							
	1			ner basis and sales e	expenses,		8b							
	i			attach schedule)			8c							
	1 _	_		•		s (A) and (B) , ,		_	. 8d					
	9					If any amount is from	gaming, c	heck here 🕨 L	_   _					
	а			(not including \$			Lool							
	.			eported on line 1b			9a 9b	·····						
	1			penses other than					90					
						Subtract line 9b fr		a	. 30					
	1 .			inventory, less ret			10a 10b							
	þ			goods sold , , ,				L & U 40-	10c					
	_ C			oss) from sales of inv	\	tach schedule). Subtr			11					
	11					7, 8d, 9c, 10c, and	11			248 890				
****									13	V2:28				
e e	13	_		ces (from line 44, o		• •				128320				
Expenses	14			-		column (C))			15					
Š	15 16			om line 44, colum Iffiliates (attach sch					16					
ш	17			es. Add lines 16 ar						243504				
······································		****	···	***************************************	***************************************	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	*****************	····	40	5386				
set	18					line 17 from line 12			'	496350				
Net Assets	19 20					) of year (from line Inces (attach expla			,					
Ne	21					. Combine lines 18.			. 21	501736				

Form **990-EZ** 

Department of the Treasury

## Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2009

Open to Public Inspection

		ue Service	<u> </u>	The organization may have to use a copy of this return to dutiely dutie reporting			Δ.	20	40	
A F	or the	2009 calend	ar year,	or tax year beginning October 1 , 2009, and endin				, 20	10	
<b>B</b> c	heck if a	applicable:	Please	D Employ	oyer identification number			J		
=	ddress (	~	use IRS label or	Public Lands Council				3125		
=	lame ch	-	print or	Number and street (or P.O. box, if mail is not delivered to street address) Room/suit	te <b>E</b> Telepho					
=	nitial retu erminat		type. See	9785 Maroon Circle 360		303-	771.	-3500		
믇	mende		Specific Instruc-	City or town, state or country, and ZIP + 4	F Group	ıp Exemption				
-		on pending	tions.	Centennial, CO 80112-2692		nber ►				
_	·		orazni	ations and 4947(a)(1) nonexempt charitable trusts must attach G A	ccounting Met	nod: [	c	Cash 🗹 Ad	ccrual	
	• 360		a col	actions and it is felt to the second in the	ther (specify)					
			heck ▶ 🗸 if	if the organization is <b>not</b>						
		ite:▶ N/A		tach Schedule B (Form 990,						
	Vebsi		(obook o		90-EZ, or 990-				•	
		empt status (	(CHECK O	zation is not a section 509(a)(3) supporting organization and its gross receipts			e tha	an \$25,000.		
K	heck	► L If th	ne organi	turn is not required, but if the organization chooses to file a return, be sure to	o file a complet	te retu	rn.	11. 420,040.	• •	
	orm s	990-EZ or Fori	m 990 re	turn is not required, but if the organization chooses to line a rotatin, be sore to	0 990-F7 ►	\$		20	06,105	
		es 5b, 6b, and	/b, to iin	e 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form penses, and Changes in Net Assets or Fund Balances (See	the instruct		for			
۳	art I	Revent	Je, EX	ielises, and Changes in Net Assets of Fund Buildings (2000	1	1			7956	
	1	Contributi	ons, gif	ts, grants, and similar amounts received		2				
	2	Program s	service	evenue including government fees and contracts	• • • •	3			194292	
	3			s and assessments		4			3857	
	4	Investmer			• • • •	4				
	5a			m sale of assets other than inventory						
	b	Less: cos	t or oth	er basis and sales expenses						
4	C	: Gain or (lo	oss) froi	n sale of assets other than inventory (Subtract line 5b from line 5a) tivities (complete applicable parts of Schedule G). If any amount is from gaming, check	·	5c				
ž	6									
Revenue	a									
æ		reported (								
	b									
	c	Net incon		6c						
	7a	Gross sal								
	l t	Less: cos	st of god	ods sold						
	0	Gross pro		7c						
	8	Other rev	)	8						
	9	Total rev	enue.	Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<u>, , , ▶  </u>	9			206105	
	10	Grants ar	nd simil	ar amounts paid (attach schedule)		10				
	11			or for members		11				
g					12			88220		
Š	13			ompensation, and employee benefits		13			43415	
xneuses	14			[	14			22391		
×	15			, utilities, and maintenance	[	15			1908	
	16	Other exi	penses	23620 )	16			88946		
	17			(describe ► Travel/Meetings 61879, Office Exp 3447, Gifts/Donations Add lines 10 through 16		17			244880	
	40	Excess o	r (defic	t) for the year (Subtract line 17 from line 9)		18			(38775)	
Not Accets	19	Net asse	ets or fi	nd balances at beginning of year (from line 27, column (A)) (must	agree with					
ÿ		end-of-v	ear fiqu	re reported on prior year's return)		19			473231	
4	20			n net assets or fund balances (attach explanation)		20				
2	21	Not seen	te or fu	ad balances at end of year. Combine lines 18 through 20	▶	21			434456	
	Part	Bajan	ce She	ets. If Total assets on line 25, column (B) are \$1,250,000 or more, fi	ile Form 990	instea	d o	f Form 990	0-EZ.	
	U: U			(See the instructions for Part II.)	(A) Beginning of	year		(B) End of y	/ear	
,	<b>.</b>	Cook souis	-n cnd	investments	47	3231	22		434456	
				investments			23			
							24			
	24	Other assets	s (aescr	ibe ▶)	47	3231			434456	
				, , , , , , , , , , , , , , , , , , ,			26			
	26	Total liabilit	ues (de	balances (line 27 of column (B) must agree with line 21)	47	73231	~~~₹		434456	
	27	Net assets	or junc	paratives (fille 27 of column (b) must agree with mis 27	7,					

	990-EZ (2009)	-link-names (Cootho inote)	otions for Dort III	<del></del>	1	Page Z
Vhat Desc	Statement of Program Service Accometists the organization's primary exempt purpose? The what was achieved in carrying out the organizer, describe the services provided, the number of the services provided.	Promote grazing on federal lanization's exempt purpos	ands for livestock in ses. In a clear and	ndustry. d concise	(Requir 501(c)( organiz	Expenses red for section 3) and 501(c)(4) zations and section
	her, describe the services provided, the number of program title.	or persons benefited, and o	ther relevant inton	nation for	4947(a	)(1) trusts; optional
					101 0111	613.1
28	***************************************					
	(Grants \$ ) If this amount	includes foreign grants, che	eck here	. 🕨 🗆	28a	
29				***************		
	(Grants \$ ) If this amount	includes foreign grants, che	eck here	. <b>&gt;</b> 🗆	29a	
30	***************************************					
	(Grants \$ ) If this amount	t includes foreign grants, che	eck here	▶□	30a	
31	Other program services (attach schedule)					
	(Grants \$ ) If this amount	t includes foreign grants, ch	eck here	. ▶ 🗆	31a	
	Total program service expenses (add lines 28a	through 31a)			32	· · · · · · · · · · · · · · · · · · ·
Par	t IV List of Officers, Directors, Trustees, and Ke		ven it not compensation (c) Compensation	ted. (See the		(e) Expense
	(a) Name and address	(b) Title and average hours per week devoted to position	(If not paid, enter -0)	employee benefi deferred compe	t plans &	account and other allowances
	e Krebs 54 Hwy 74, Ione, OR 97843	President / Part-time	0		0	0
*****	n Falen 3 132, Orovada, NV 89425	Vice Pres / Part-time	0		0	0
Bric	e Lee	Secretary/Treasurer / P.T.			0	0
~~~~~	County Road #119, Hesperus, CO 81326		0	***************************************		<u></u>
	Eisenberg 1 Pennsylvania Ave, Washington, DC 20004	Exec Director / 20 hrs	82,582		0	0
••••••						

						1

		•	1			1

Part	Other Information (Note the statement requirements in the instructions for Part V.)	—т		
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
ъ 36	If "Yes," has it filed a tax return on Form 990-T for this year?	35b 36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
ь 38а	Did the organization file Form 1120-POL for this year?	37b	3 (3) (8)	./
L	If "Yes," complete Schedule L, Part II and enter the total amount involved	38a	an est	
39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	7.00		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b		A CONTROL OF
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	30 Hg 3		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		│ ✓
41	List the states with which a copy of this return is filed. ► None			
42a	THE OF GRANDER OF THE OFFICE O	303-77		
	Located at ▶ 9785 Maroon Circle, Suite 360, Centennial, CO ZIP + 4 ▶	80112	2-2692	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	-	No
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	42c		↓ ✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	. ,	• •	▶ ⊔
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	Yes	No √
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	y seri	/

Part V	Section 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	e ction 4947(a)(1) none 7(a)(1) nonexempt chari d 51.	xempt charitabl table trusts must	e trusts only. Al answer question	I secti ns 46-	on 49b
	Did the organization engage in direct or indirect				Υ	es No
	candidates for public office? If "Yes," complete S			1	46	
	Did the organization engage in lobbying activities				47	
	Is the organization a school as described in section				48	
	Did the organization make any transfers to an exelf "Yes," was the related organization a section 5				49a 49b	
ь 50	Complete this table for the organization's five hig	thest compensated emplo	vees (other than o	fficers, directors, t		and kev
	employees) who each received more than \$100,0	000 of compensation from	the organization.	there is none, en	ter "No	ne."
	(a) Name and address of each employee paid more	(b) Title and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans &	(e) E	xpense unt and
	than \$100,000	devoted to position		deferred compensation		llowances
None			***			
				<u> </u>		
	\$100,000 of compensation from the organizatio (a) Name and address of each independent contractor			pe of service	(c) Con	pensation
None						

	44-1-4					
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	**************************************			
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		****		
	Total number of other independent contractors	each receiving over \$100,	000 ▶			
	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete. Declaration	ned this return, including accomp n of preparer (other than officer) is	anying schedules and st s based on all informatio	atements, and to the bon of which preparer has	est of my s any kno	knowledge wledge.
Sign Here	1/2/1/			3/19	///	,
пете	Signature of officer			Date	,	
	Brice Lee, Secretary/Treasurer					
	Type or print name and title	15.	Ch-st. If	Preparer's Identifying n	umber /9^	 e instructionel
Paid	Preparer's signature	Date	Check if self- employed ► [Treparer s memaying n	1200 126	o monuciono)
Prepa	rer's Firm's name (or		·····	<u>-1 </u> IN ▶		
Use O				IN ► /hone no. ►		
Mav t	the IRS discuss this return with the preparer show	vn above? See instruction	~~~		☐ Yes	□ No
<u>-</u>	The state of the s					0-EZ (200



7979 E. Tufts Avenue, Suite 400

Denver, Colorado 80237-2843

P: 303-740-9400 F: 303-740-9009

Mr. Doug Evans National Cattlemen's Beef Association, Inc. 9110 E. Nichols Avenue, #300 Centennial, CO 80112-3450

Dear Doug:

Enclosed are the original and one copy of your income tax returns for the period ended September 30, 2010 for:

National Cattlemen's Beef Association, Inc. as follows...

2009 990 - Return of Organization Exempt from Income Tax

2009 Schedule C - Political Campaign and Lobbying Activities

2009 Schedule D - Supplemental Financial Statements

2009 Schedule J - Compensation Information

2009 Schedule L - Transactions with Interested Persons

2009 Schedule O - Supplemental Information to Form 990

2009 Schedule R - Related Organizations and Unrelated Partnerships

2009 990-T - Exempt Organization Business Income Tax Return

2009 8879-EO - IRS e-file Signature Authorization

2009 CO 112 - Colorado Corporation Income Tax Return

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

We sincerely appreciate this opportunity to serve you. Please contact us if you have questions concerning the returns or if we may be of further assistance.

Sincerely,

Ehrhardt Keefe Steiner + Hottman PC

Ehrhardt Keefe Steiner & Hottman PC

Return of Organization Exempt From Income Tax

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection A For the 2009 calendar year, or tax year beginning 10/01, 2009, and ending 09/30,20 10 D Employer identification number Please C Name of organization NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC. B check if applicable Address Doing Business As 84-0738973 tabel or Number and street (or P.O. box if mail is not delivered to street address) Telephone number print of Room/suite Name change 9110 EAST NICHOLS AVENUE (303) 694-0305 Initial return Specific City or town, state or country, and ZIP + 4 Instruc Amended tions CENTENNIAL, CO 80112-3450 G Gross receipts \$ 59,024,599. return Application pending Name and address of principal officer: FORREST ROBERTS H(a) Is this a group return for Yes X NICHOLS AVENUE, #300 CENTENNIAL, CO 80112-3450 H(b) Are all affiliates included? X 501(c) (6) (insert no.) If "No," attach a list, (see instructions) 4947(a)(1) or Website: > WWW.BEEF.ORG H(c) Group exemption number Form of organization: X Corporation Trust Association Other > L Year of formation: 1996 M State of legal domicile: CO Part I Summary Briefly describe the organization's mission or most significant activities: TO WORK TO INCREASE PROFIT OPPORTUNITIES FOR CATTLE AND BEEF PRODUCERS Governance BY ENHANCING THE BUSINESS CLIMATE AND BUILDING CONSUMER DEMAND. Check this box I 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 Activities & 8 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of employees (Part V, line 2a) 5 168 Total number of volunteers (estimate if necessary) 255 6 7 a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 324,767. Prior Year Current Year Contributions and grants (Part VIII, line 1h) Revenue Program service revenue (Part VIII, line 2g) 9 55,611,704. 57,814,033. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 7,362. 6,735. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,075,094. 857,235. 56,694,160. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 58,678,003. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0. Benefits paid to or for members (Part IX, column (A), line 4) 14 0 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 13, 192, 569. 12,561,149. 16 a Professional fundraising fees (Part IX, column (A), line 11e) 0 0. b Total fundraising expenses, Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 42,501,633. 42,157,074. 55,694,202. 54,718,223. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,959,780. 999,958. Beginning of Year End of Year Assets (19,125,284. 22,269,300. Total assets (Part X, line 16) Total liabilities (Part X, line 26) 21 12,298,004. 11,560,216. 22 Net assets or fund balances. Subtract line 21 from line 20 6,827,280. 10,709,084. Part II 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. CLIENT COPY Sign Signature of officer Here Date Type or print name and titl Date Preparer's identifying number Preparer's self-(see instructions) Paid signature 8/11/2011 P00645252 employed Preparer's Firm's name (or yours EHRHAROT HOTTMAN PC FIN 84-0869721 STEINER & Use Only if self-employed), address, and ZIP + 4 Phone no. 303-740-9400 7979 E. TUFTS AVENUE, SUITE May the IRS discuss this return with the preparer shown above? (see instructions)

Yes

(Expenses \$

AHI2AJ N752

4d Other program services. (Describe in Schedule O.)

4e Total program service expenses ▶

including grants of \$

) (Revenue \$

Part	Checklist of Required Schedules		V	41-
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4	_	
5	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	5		
Ū	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"		Н	
	complete Schedule D, Part I	6	-	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	2		44
8	the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7	-	X
ū	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	0		
-	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9	-	X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If" Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
		11	X	
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes, "complete			
	Schedule D, Part VI.			
•	Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more			
- 12	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	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.			
	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.			
	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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII	12		X
12 A	Was the organization included in consolidated, independent audited financial statement for the tax year?			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	그는 그들은 그는 그들은 사람들이 되었다. 그 일반 사람들이 보다는 그리고 그렇게 되었다면 하지만 그렇게 되지 않는 그는 그를 보는 그는 그를 되었다면 그렇게 그렇게 그렇게 되었다면 그렇게 되었다면 그렇게 되었다면 그렇게 되었다면 그렇게 되었다면 그렇게 되었다면 그렇게 그렇게 그렇게 그렇게 되었다면 그렇게 그렇게 되었다면 그렇게 그렇게 그렇게 그렇게 그렇게 그렇게 그렇게 그렇게 그렇게 그렇게	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	1. 41		
	나도 가게 되었다. 역사 전쟁 전쟁적이 이렇게 살아왔다. 그렇게 하면 사람들이 되었다. 그렇게 되었다는 생각 그렇게 살아 살아 보고 하다면 하다 하는데 가게 하게 하다 하다 하다 하다. 이 없어	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			. 0
16	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	10		A
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			7.
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	134		10
	If "Yes," complete Schedule G, Part III	19	- 0	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	-	X

Form 990 (2009)

Part	IV Checklist of Required Schedules (continued)			
		-	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	42		21
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X	
24 a	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 question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
b	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
	990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26	Х	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X
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):	ij	П	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,		X	
35	III, IV, and V, line 1	34		
36	Schedule R, Part V, line 2	35	X	
	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, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	x	

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 168			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
100	this return?	3a	X	_
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
	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	4a		X
b	account)?	40		7,
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	1	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c	_=:	1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a	- 1	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
20	gifts were not tax deductible?	6b		
	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			
	and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	1 1	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1		
	required to file Form 8282?	7c		-
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	100	700	
	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
4	organization, have excess business holdings at any time during the year?	8		_
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
-0.40	Did the organization make a distribution to a donor, donor advisor, or related person?	95		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
Contract of	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120		

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

			Yes	No
1a	Enter the number of voting members of the governing body 1a 8			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	P.		
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct	1		
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6	Х	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members		-	-
	of the governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7 1		
	the year by the following:			
а	The governing body?	8a	Х	-
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	0.5		
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		х
Sac	tion B. Policies (This Section B requests information about policies not required by the Internal	Ju		
Rev	enue Code.)			
1.101	sindo codo.		Yes	No
10-	Does the organization have local chapters, branches, or affiliates?	10a	-=-	Х
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	iva	-	-
b	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	- 게임도 있다. 10 11대 에어지막 11대 이번에 대한 대학생들은 사람이 되었다면 하는 이번에 대한 사람들이 되었다면 하는데 대한 데이터 이번에 대한 경우를 가는데 함께 되었다. 그런 게임에 되었다. [1] 그리고 이번에 되었다.	100	-	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	11	X	_
	form?	211	- 14	
11A	The state of the first and the production of the first and the first of the first and the first of the first	40	X.	
12a		12a	6-	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		v	
	rise to conflicts?	12b	X	
C			32	
Lb.	describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		33	
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	11 1	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
_	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	- 1		
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only			LAT.
	available for public inspection. Indicate how you make these available. Check all that apply.	,		
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: DOUG EVANS 9110 E. NICHOLS AVENUE, #300 CENTENNIAL, CO 80112	بالنات		

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. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average	Docit	ion (e	0.00	C)	hat app	hely	(D) Reportable	(E) Reportable	(F) Estimated
Name and Thie	hours per week	or director	Institutional trustee	Officer	Key employee	-	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
STEVE FOGLESONG							Π			
PRESIDENT	1.00	X		X			-	0.	. 0	0
BILL DONALD		la,								
PRESIDENT ELECT	1.00	X		X			-	0.	. 0	0
JD ALEXANDER		10			17		1,			
VICE PRESIDENT	1.00	- X	ar J.	X	10		-	0.	. 0	0
BRUCE HAFENFELD				17	- 1	-				
CHAIR POLICY	1.00	X		X				0.	. 0	0
BOB MCCAN		11.								
VICE CHAIRMAN POLICY	1.00	X	Jul,	X	1		-4	0	. 0	0
SCOTT GEORGE										
CHAIR FEDERATION	1.00	X.		X			U.	Ö	. 0	.0
DAVID DICK								-		
VICE-CHAIRMAN FEDERATION	1.00	X	Ш	X	ļ.,		14	0	. 0	0
LUISA JACA	44 5 5 44			111						
TREASURER	1.00	X		X				0	. 0	0
DOUGLAS EVANS	7									
CHIEF FINANCIAL OFFICER	40.00			X				171,718.	0	28,899
FORREST ROBERTS										
CHIEF EXECUTIVE OFFICER	40.00			X				336,584.	0	19,942
KIM ESSEX										
SR. VP, CONSUMER MARKETING	40.00			-	X			167,891.	0	29,173
KENDAL FRAZIER										
SR. VP, PLAN, GOV & LEAD DEV	40.00				X		Ш	172,853.	. 0	24,536
RICHARD HUSTED										
VP, STRATEGIC PLANNING	40.00				X			173,466.	. 0	29,337
JAMES REAGAN			5.7							-53 (5.5)
SR. VP, REI	40.00				X			168,112.	. 0	24,051
J BURTON ELLER	1 - 47									
SR VP, PUB AFFAIRS & ADVOC DEV	40.00				x			186,538.	. 0	6,038
MARVIN KOKES			7							
VP, ASSOCIATION MARKETING	40.00					x		146,061.	. 0	27,387
ini				_	-	1	_			Form 990 (2009)

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Part VII Section A. Officers, Directors, Tru (A)	(B)	(C)						(D)	(E)		(F)	
Name and title	Average hours per week	P or director	Institutional trustee	Officer	May employee	Highest compensated a employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	comp fro orga and	timated nount of other pensation om the anization d related nization	on on d
RICK MCCARTY VP, ISSUES ANALYSIS & STRATEGY	40.00		1			х		147,489.	0.		22,	102
JEFFREY EISENBERG EXECUTIVE DIR, PUBLIC LANDS	40.00					X		145,236.	0.		12,	049
ELIZABETH PARKER CHIEF VET	40.00					Х		143,832.	0.		17,	139
THOMAS FIELD EXEC DIR, PRODUCER EDUCATION	40.00					X		136,058.	0.		25,	835
G ASHBY GREEN VP, PRODUCER EDUCATION	40.00						Х	130,925.	0.		19,	572
POLLY RUHLAND VP, MEMBER SERVICES ROXANNE JOHNSON	40.00						Х	145,832.	0.		23,	756
EXECUTIVE DIRECTOR, NCF	40.00						Х	127,665.	0.		20,	211
RANDY IRION DIRECTOR, CHANNEL MARKETING	40.00						Х	106,469.	0.		14,	958
	-											
			L									
1b Total								2,606,729.	0.	-	344,	985
Total number of individuals (including but not lin reportable compensation from the organization	nited to thos	se liste	ed a	bov	e) v	vho re	_				3.47	, , ,
Did the organization list any former office employee on line 1a? If "Yes," complete Sched	er, directo	or or	tru	iste	e,	key (emp	loyee, or highes	t compensated	3	Yes	No
For any individual listed on line 1a, is the the organization and related organizations individual	e sum of greater th	repor	table	e 0	com 0?	pensa	tion es,	and other com	pensation from Jule J for such	4	X	

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	X	
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	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		X
Co	ection B. Independent Contractors			

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization >

Form **990** (2009)

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Par	t VIII	Statement of Revenue		84-0738973						
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514			
Contributions, gifts, grants and other similar amounts	1a b c d	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) . 1e								
ibut	f	All other contributions, gifts, grants, and similar amounts not included above . 1f	0.							
ontr	g	Noncash contributions included in lines 1a-1f: \$								
_	h	Total. Add lines 1a-1f	▶	0.						
Program Service Revenue			Business Code							
eve	2a	BPOC CONTRACTS	900099	37,000,615.	37,000,615.					
S.	b	STATE BEEF COUNCIL	900099	10,372,884.	10,372,884.					
Ş.	С	SPONSORSHIPS/MTGS	900099	5,376,777.	5,376,777.					
Se	d	MEMBERSHIP DUES	900099	3,338,313.	3,338,313.					
ram	е	ADVERTISING	541900	324,767.		324,767.				
rog	f	All other program service revenue Total. Add lines 2a-2f		1,400,677.	1,400,677.					
Other Revenue	3 4 5 6a b c d 7a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(ii) Personal (iii) Other	6,735. 0. 0.			6,735. 83,624.			
Oth	c 9a	Less: direct expenses b Net income or (loss) from fundraising events . Gross income from gaming activities.		0.						
		See Part IV, line 19 a								
	b	Less: direct expenses b Net income or (loss) from gaming activities		2						
	10a	Gross sales of inventory, less returns and allowances		0.						
	b c	Less: cost of goods sold b Net income or (loss) from sales of inventory Miscellaneous Revenue	346,596.	500,462.			500,462			
	11a b	OTHER REVENUE RELATED TO EXEMPT FUNCTION	900099	273,149.	273,149.					
	С									
	d	All other revenue								
	е	Total. Add lines 11a-11d		273,149.						
_	12	Total Revenue. See instructions		58,678,003.	57,762,415.	324,767.	590,821			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	Ò.			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3	Grants and other assistance to governments,	0.			
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members ,	0.			
5	Compensation of current officers, directors, trustees, and key employees	2,604,727.		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) ,	0.			
7	Other salaries and wages ,	7,356,977.			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0.			
9	Other employee benefits	2,599,445.			
0	Payroll taxes	0.			
1	Fees for services (non-employees):			1	Photo Control of the
a	Management	0.			
b		594,958.			
	Accounting	63,663.			
	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17	0.			
	Investment management fees	8,664,599.			
g		26,647,287.			
2	Advertising and promotion	564,720.			
4	Information technology	270,830.			
5	Royalties	0.			
6	Occupancy	1,422,077.			
7	Travel	1,895,652.			
8	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
9	Conferences, conventions, and meetings	1,302,287.			
0	Interest	44,032.			1
1	Payments to affiliates	Ō.			
2	Depreciation, depletion, and amortization	147,370.			
3	Insurance ,	332,711.			
4	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a	MISCELLANEOUS	206,888.			
C					
d					
е	All all all all all all all all all all				
	All other expenses	54,718,223.			
	Total functional expenses. Add lines 1 through 24f Joint Costs, Check here ▶ ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	24/110/223.			

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Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	9,504,207.	2	9,748,309.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	7,138,486.	4	9,951,057.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of			
		Schedule L	150,000.	5	150,000.
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete	2007000.		130,000.
w		Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use		8	
il.	9	Prepaid expenses and deferred charges	194,676.	9	370,814.
	10 a	Land, buildings, and equipment: cost or 10a 3,445,481. other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation	416,192.	10c	403,291.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	1,626,134.	13	1,548,158.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	95,589.	15	97,671.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	19,125,284.	16	22,269,300.
	17	Accounts payable and accrued expenses	9,558,207.		8,990,172.
	18	Grants payable		18	
	19	Deferred revenue	2,691,999.	19	2,450,295.
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability, Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
Lia		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		24	
	25	Other liabilities. Complete Part X of Schedule D	47,798.	25	119,749.
	26	Total liabilities. Add lines 17 through 25	12,298,004.	26	11,560,216.
us.	20	Organizations that follow SFAS 117, check here X and complete lines 27 through 29, and lines 33 and 34.	12,220,004.	20	11/300/2103
ce	27		6,827,280.	27	10,709,084.
lan	28	Unrestricted net assets	0,021,200.	27	10,709,084.
Ba	29	Permanently restricted net assets		28	
Net Assets or Fund Balances	25	Permanently restricted net assets		29	
0 8	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
AS	32	Retained earnings, endowment, accumulated income, or other funds		32	
let	33	Total net assets or fund balances	6,827,280.	33	10,709,084.
4	34	Total liabilities and net assets/fund balances	19,125,284.	34	22,269,300.

Form 990 (2009)

Form 990 (2009) Page 12 Part XI Financial Statements and Reporting Yes No Accounting method used to prepare the Form 990: Cash X Accrual Other 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 b Were the organization's financial statements audited by an independent accountant? 2b c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in X 3a 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.

Form 990 (2009)

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

▶ See separate instructions

OMB No. 1545-0047

2009

Open to Public Inspection

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

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

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

	Section 501(c)(3) organizati	ions that have NOT filed Form 5768 (election	n under section 501(f	n)): Complete Part II-B. Do not c	omplete Part II-A
If th	e organization answered "Y	es," to Form 990, Part IV, line 5 (Proxy Tax), then		
	Section 501(c)(4), (5), or (6) organizations: Complete Part III.			
N	ame of organization			Employer iden	tification number
NA'	TIONAL CATTLEMEN'	S BEEF ASSOCIATION, INC		84-07	38973
Pa	rt I-A Complete if the	he organization is exempt under	section 501(c) o	r is a section 527 organ	ization.
1	Provide a description of	f the organization's direct and indirect p	olitical campaign a	ctivities in Part IV.	
2					
3					
Pa		he organization is exempt under		200000000000000000000000000000000000000	
1	Care to antonio and an area	y excise tax incurred by the organization			
2		y excise tax incurred by the organization ma			
3		red a section 4955 tax, did it file Form 4	and the second s		
4a	Was a correction made	7			Yes No
b	If "Yes," describe in Par	t IV.			Li res Li No
Pa	rt I-C Complete if t	he organization is exempt under	section 501(c), e	except section 501(c)(3)	
1	Enter the amount direc	tly expended by the filing organizatio	n for section 527	exempt function	
2	Enter the amount of the	e filing organization's funds contributed	to other organiza	ations for section	
		ctivities			
3	Total exempt function	expenditures. Add lines 1 and 2. Er	nter here and on	Form 1120-POL,	
	line 17b			▶\$	
4	Did the filing organization	on file Form 1120-POL for this year?			Yes No
5		esses and employer identification num			
		organization listed, enter the amount			
		received that were promptly and direct			
	segregated fund or a po	olitical action committee (PAC).If addi	tional space is nee	eded, provide information in	Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
		332333	10.00	filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly delivered to a separate
					political organization. If
_			14		none, enter -0
		LOCIOCOCCICTOR	J1 10		
			0.		
		444444444444444444444444444444444444444	N. Committee		
_					
			2		
_			11		
_					
_			-		

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 9E1294 2.000 Schedule C (Form 990 or 990-EZ) 2009

Part II-A Complete if the orga under section 501(h	nization is exem	pt under section (led Form 5768 (elect	ion
A Check ▶ if the filing organi	zation belongs to	an affiliated group oox A and "limited o		ns apply.	
Limits (The term "expenditu")	on Lobbying Exper			(a) Filing organization's totals	(b) Affiliated group totals
 1 a Total lobbying expenditures to inf b Total lobbying expenditures to inf c Total lobbying expenditures (add d Other exempt purpose expenditure e Total exempt purpose expenditure f Lobbying nontaxable amount. Enterolumns. 	luence a legislative lines 1a and 1b) res	body (direct lobbying			
If the amount on line 1e, column (a) Not over \$500,000		ng nontaxable amount i amount on line 1e.	s:		
Over \$500,000 but not over \$1,000,00		lus 15% of the excess of	ver \$500,000		
Over \$1,000,000 but not over \$1,500,	north a depart solu	lus 10% of the excess of			
Over \$1,500,000 but not over \$17,000	The second second	lus 5% of the excess over			
Over \$17,000,000	\$1,000,000				
	4-Year Ave ons that made a se nns below. See the	raging Period Under ction 501(h) election instructions for line	Section 501(h) do not have to o s 2a through 2f o	complete all of the five on page 4.)	Yes No
	Lobbying Expe	enditures During 4-Ye	ar Averaging Pe	riod	
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

84-0738973

	(election under section 501(h)).	meu	Form	5768	3	
	, , , , , , , , , , , , , , , , , , ,	(a)		(b)	
		Yes	No		Amount	
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? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
b						
d	Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements?					
е	i abilitations, or published of broadcast statements:		-			
f	Crante to other organizations for loopying purposes.					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		1-4			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? If "Yes," describe in Part IV	-	-			
i	Total. Add lines 1c through 1i					
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912		15			
C	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?			-		_
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	1(5)	or se	ction		_
	501(c)(6).	11011	01 00	odon		
3 Par	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, I "Yes."	:)(5),	or se	ction	3	X
_				SWCI	eu	
1	Dues, assessments and similar amounts from members			1	3,338	,313
1	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of	 politic				,313
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid).	politic	al	1	3,338	
	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid). Current year	politic	al		3,338	,313 ,787
2 a b c	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total	politic	al	1 2a 2b 2c	3,338 497 497	,787 ,787
2 a b	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid). Current year	politic	al	1 2a 2b	3,338 497 497	,787
a b c 3	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid). Current year	politic	al 	1 2a 2b 2c	3,338, 497, 497, 500	,787 ,787 ,747
2 a b c 3 4	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible leads to the reasonable est	politic	al 	2a 2b 2c 3	3,338, 497, 497, 500	,787 ,787

Schedule C (F	Form 990 or 990-EZ) 2009	84-0738973	Page 4
Part IV	Supplemental Information (continued)		

		~~	
	4.2572.7872.862.2652.264.004.26.25.26.2000.0000		662000000000000000000000000000000000000
		202 62 62 627224 22 267724 25 26772	
2595662			

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	IONAL CATTLEMEN'S BEEF ASSOCIATION,			84-0738973
Par	Organizations Maintaining Donor Adv the organization answered "Yes" to Fore	ised Funds or Oth m 990, Part IV, line	ier Similar Funds o e 6.	or AccountsComplete if
		(a) Donor ad	lvised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor adv	isors in writing that th	e assets held in dono	r advised
	funds are the organization's property, subject to the			
6	Did the organization inform all grantees, donors, and	donor advisors in wr	iting that grant funds of	can be
	used only for charitable purposes and not for the ben			
Do	purpose conferring impermissible private benefit?	the executed to a	and Week to Fe	Yes No
	Conservation Easements. Complete if			orm 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the or	스런데 하게 되었다면 가게 되게 되었다.		Michael Control Control Control Control
	Preservation of land for public use (e.g., recrea	ition or pleasure)	the same of the sa	of an historically important land area
	Protection of natural habitat		Preservation of	of a certified historic structure
	Preservation of open space	in in a contract of the contra		41.7.49.7.4
2	Complete lines 2a through 2d if the organization held	a qualified conserva	ition contribution in the	e form of a conservation
	easement on the last day of the tax year.			Held at the End of the Year
	Total associated and account to a second			
a	Total number of conservation easements			
b	Total acreage restricted by conservation easements			I I
C	Number of conservation easements on a certified his			A COLUMN TO THE PARTY OF THE PA
d	Number of conservation easements included in (c) a			
3	Number of conservation easements modified, transfer	erred, released, exting	guisned, or terminated	by the organization during
1	the tax year Mumber of states where property subject to conserve	ation agreement is los	atad b	
5	Does the organization have a written policy regarding			ing of
Đ	violations, and enforcement of the conservation ease			
6	Staff and volunteer hours devoted to monitoring, insp			
	>		, by the account the fact that the	
7	Amount of expenses incurred in monitoring, inspecting	ng, and enforcing con	servation easements	during the year
	►s			
8	Does each conservation easement reported on line 2			
	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?			
9	In Part XIV, describe how the organization reports co			The state of the s
	balance sheet, and include, if applicable, the text of t	and the second second second second second	ganization's financial s	statements that describes
GE.	the organization's accounting for conservation easer		Tablesiums 40 Oth	
Pal	Organizations Maintaining Collections Complete if the organization answered			er Similar Assets.
1a	If the organization elected, as permitted under S art, historical freasures, or other similar assets he provide, in Part XIV, the text of the footnote to its fi	SFAS 116, not to re	port in its revenue s on, education, or res	statement and balance sheet works of search in furtherance of public service
F.				
b	If the organization elected, as permitted under S historical treasures, or other similar assets held provide the following amounts relating to these iter	for public exhibition		
	(i) Revenues included in Form 990, Part VIII, line 1			> \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of a following amounts required to be reported under S	rt, historical treasur	es, or other similar	
a	Revenues included in Form 990, Part VIII, line 1			2
a	Treveniues included in Form 330, Fait VIII, lille I .	O R O R P O R P O R P I	* * * * * * * * * * * * * * * * * * *	(A. P. M. R. M. B.

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2009

Par	Organizations Maintainin	ng Collections	of Art, Histo	rical Treasures, o	r Other Similar A	Assets(continued)
3	Using the organization's acquisition, collection items (check all that apply)		other records, o	check any of the follo	owing that are a sign	nificant use of its
a	Public exhibition		d	Loan or exchan	ge programs	
b	Scholarly research		e	Other		
C	Preservation for future gen					
4	Provide a description of the organiza	tion's collections	s and explain h	ow they further the o	rganization's exemp	ot purpose in
	Part XIV.					
5	During the year, did the organization assets to be sold to raise funds rather					· · · Yes No
Par	Escrow and Custodial A IV, line 9, or reported an a				swered "Yes" to F	orm 990, Part
1a	Is the organization an agent, trustee included on Form 990, Part X?	*******		******		Yes No
b	If "Yes," explain the arrangement in	Part XI V and con	nplete the follow	wing table:	I Ar	mount
c	Beginning balance			10		1857 W
d	Additions during the year					
e	Distributions during the year					
f	Ending balance					
2a	Did the organization include an amo					Yes No
b	If "Yes," explain the arrangement in		15-15-11			🗀 🚾 🗀 🚾
	t V Endowment Funds. Com		ation answer	ed "Yes" to Form 9	990. Part IV. line	10.
-		(a) Current Year	(b) Prior year			
1a	Beginning of year balance					
b	Contributions					
C	Net investment earnings, gains,					
	and losses					
d	Grants or scholarships					
е	Other expenditures for facilities .					
	and programs					
f	Administrative expenses		1			
g	End of year balance					
2	Provide the estimated percentage of	the v ear end ba	lance held as:			
а	Board designated or quasi-endowne		%			
b	Permanent endowment	%				
c	[[[[[[[[[[[[[[[[[[[%				
3a	Are there endowment funds not in th	e pos session o	f the organizati	on that are held and	administered for the	e
	organization by:	a last attended				Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
b	If "Yes" to 3a(ii), are the related orga					3b
4	Describe in Part XIV the intended us				A COUNTY	
Par	t VI Investments - Land, Bui				line 10.	
	Description of investment	(a) Cos	st or other basis ivestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land					
b	Buildings	4.4.4				
C	Leasehold improvements	3,973		879,688.	776,721.	102,967.
d	Equipment	48.4				
е	Other			2,565,793.	2,265,469.	300,324.
Tota	I. Add lines 1a through 1e. (Column		orm 990. Part X			403,291.

Schedule D (Form 990) 2009 84 – 0738 973 Page 3

Part VII Investments - Other Securities. See F	orm 990, Part X, line 12.	01 0730373 Page 0
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related. See F		
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
INVESTMENT IN SUBSIDIARY	1,548,158.	FMV
	4	
	1 510 150	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets. See Form 990, Part X, li		MA Park with
(d,	Description	(b) Book value
		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		
Part X Other Liabilities. See Form 990, Part X		
1. (a) Description of liability	(b) Amount	
Federal income taxes	137.33.33.44	
NOTES PAYABLE	83,552.	
CAPITAL LEASE	36,197.	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	119,749.	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

PAGE 20

column (A), line 25) 2 54,718,223. ract line 2 from line 1 3 3,959,780. estments 4 s 5 6 7 8 8	Total revenue (Form 990, Part VIII, co Total expenses (Form 990, Part IX, co Excess or (deficit) for the year. Subtra
column (A), line 25) 2 54,718,223 ract line 2 from line 1 3 3,959,780 estments 4 s 5 6 7 s 8 through 8 9 udited financial statements. Combine lines 3 and 9 10 3,959,780	Total expenses (Form 990, Part IX, co
column (A), line 25) 2 54,718,223 ract line 2 from line 1 3 3,959,780 estments 4 s 5 6 7 8 through 8 9 udited financial statements. Combine lines 3 and 9 10 3,959,780	
ract line 2 from line 1 3 3,959,780 estments 4 5 6 7 8 through 8 udited financial statements. Combine lines 3 and 9 10 3,959,780	Excess or (deficit) for the year. Subtra
### ### ##############################	
5	Net unrealized gains (losses) on inves
through 8 9 3,959,780	Donated services and use of facilities
through 8 9 9 3,959,780	Investment expenses
through 8 9 udited financial statements. Combine lines 3 and 9 10 3,959,780	Prior period adjustments
through 8	Other (Describe in Part XIV.)
udited financial statements. Combine lines 3 and 9 10 3,959,780	Total adjustments (net). Add lines 4 th
	Excess or (deficit) for the year per aud
	Total revenue, gains, and other support
	Amounts included on line 1 but not on
s	
2c	c Recoveries of prior year grants
2d 346,596.	d Other (Describe in Part XIV.)
2e 346,596	e Add lines 2a through 2d
3 58,594,379	Subtract line 2e from line 1
(BENEROL MARCHER) (BEN	Amounts included on Form 990, Part
n Form 990, Part VIII, line 7b 4a	
4b 83,624.	
4c 83,624	c Add lines 4a and 4b
(This must equal Form 990, Part I, line 12.)	Total revenue. Add lines 3 and 4c. (7
es per Audited Financial Statements With Expenses per Return	
-d fine violation at	Total expenses and losses per audite
	Amounts included on line 1 but not on
£ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	a Donated services and use of facilities
	e Add lines 2a through 2d
2e 346,596 3 54,634,599	
t IX line 25 but not on line 1:	Amounts included on Form 990, Part
	a Investment expenses not included on
ns required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete	nplete this part to provide the descriptions
	E PAGE 5
ns required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete in.	rt XIV Supplemental Information nplete this part to provide the descriptions 2b; Part V, line 4; Part X, line 2; Part XI, I part to provide any additional information

Part XIV Supplemental Information (continued)

FIN 48 DISCLOSURE

PART X, LINE 2

THE ASSOCIATION ADOPTED NEW ACCOUNTING GUIDANCE FOR UNCERTAINTY IN INCOME TAXES ON OCTOBER 1, 2009. AFTER EVALUATING THE TAX POSITIONS TAKEN, NONE ARE CONSIDERED TO BE UNCERTAIN; THEREFORE, NO AMOUNTS HAVE BEEN RECOGNIZED AS OF SEPTEMBER 30, 2010 AND 2009. IF INCURRED, INTEREST AND PENALTIES ASSOCIATED WITH TAX POSITIONS ARE RECORDED IN THE PERIOD ASSESSED AS GENERAL SERVICES AND ADMINISTRATION EXPENSE. NO INTEREST OR PENALTIES HAVE BEEN ASSESSED AS OF SEPTEMBER 30, 2010 AND 2009. TAX YEARS THAT REMAIN SUBJECT TO EXAMINATION INCLUDE 2007 THROUGH 2010.

OTHER RECONCILING DECREASES

PART XII, LINE 2D, AND PART XIII, LINE 2D

COST OF GOODS SOLD

\$346,596

OTHER RECONCILING INCREASES

PART XII, LINE 4B, AND PART XIII, LINE 4B

RENTAL INCOME

\$83,624

AHIZAJ N752

SCHEDULE J (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC

Employer identification number 84-0738973

Part	Questions Regarding Compensation			Yes	No
1a		ovided any of the following to or for a person listed in Form or provide any relevant information regarding these items.		145	MO
	First-class or charter travel	Housing allowance or residence for personal use			
	X Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a is checked, did the orgor reimbursement or provision of all of the expenses explain	described above? If "No." complete Part III to	1b	X	
2	Did the organization require substantiation prior to re	eimbursing or allowing expenses incurred by all	1	15.5	
	officers, directors, trustees, and the CEO/Executive	Director, regarding the items checked in line 1a?	2	X	
3	Indicate which, if any, of the following the organization	on uses to establish the compensation of the			
	organization's CEO/Executive Director. Check all the				
	Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	X Approval by the board or compensation committee			ľ
4	During the year, did any person listed in Form 990, I organization or a related organization:	Part VII, Section A, line 1a, with respect to the filing		I K	
a	Receive a severance payment or change-of-control	payment?	4a	Х	
b	Participate in, or receive payment from, a suppleme	ntal nonqualified retirement plan?	4b		X
		ased compensation arrangement?	4c		X
		provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations	must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A,				
	compensation contingent on the revenues of:	and any and angular part of an analysis and			
a			5a		
b	Any related organization?		5b		
	If "Yes" to line 5a or 5b, describe in Part III.				
6	For persons listed in Form 990, Part VII, Section A, compensation contingent on the net earnings of:	line 1a, did the organization pay or accrue any			
а	- MANT NICHT TO NICHT (M. M. M. M. M. M. M. M. M. M. M. M. M. M		6a		
b	Any related organization?		6b		
	If "Yes" to line 6a or 6b, describe in Part III.		4.7		
7	For persons listed in Form 990, Part VII, Section A,				
	payments not described in lines 5 and 6? If "Yes," d	escribe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in	paid or accrued pursuant to a contract that was			
	in Part III		8		
9	If "Yes" to line 8, did the organization also follow the	rebuttable presumption procedure described in	1		
	Regulations section 53,4958-6(c)?		9	++	11.00

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

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(a) Dieakdowil of W-2	of W-2 and/or 1099-MISC compensation	mpensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reparted in prior Form 990 or Form 990-EZ
	(1)		0.	0.	13,967.	15,206.	197,064.	0.
	<u> </u>	0.	0.	0	0		0	0.
	8		0	0.	14,255.	10,281.	197,389.	0
KENDAL FRAZIER		0	0	0	0		0	0.
	ε	173,466.	0.	0.	14,270.	15,067.	202,803.	0.
RICHARD HUSTED		0.	0.	0	0.	0.		0.
	9		.0	0	13,781.	10,270.	192,163.	0.
JAMES REAGAN	(1)	1	0.	0	0.	0		0.
	(0.	0.	13,946.	14,953.	200,617.	0
DOUGLAS EVANS	1	0	0.	0	0			0.
	0		11,000.	66,098.	10,505.	9,437.	356,526.	0
FORREST ROBERTS	i (E)	1	0.	0	0.	0		0.
	0	11	0.	13,846.	8,640.	10,932.	150,497.	0
G ASHBY GREEN	•	0.	0.	0	0.	0	0	0.
	0		0	.0	12,220.	15,167.	173,448.	0
MARVIN KOKES	(1)	0	.0	.0	0		0	0.
	0	147,489.	0	.0	11,948.	10,154.	169,591.	0
RICK MCCARTY	(6)	1	0.	.0	0	0	D	0.
	9	H	0	.0	12,330.	11,426.	169,588.	0
POLLY RUHLAND		1	0.	.0	0.		0	0.
	0	185,276.	0	1,262.	3,700.	2,338.	192,576.	0
J BURTON ELLER	0	1	0.	10	0.	0		0.
	6		0.	0.	11,560.	489.	157,285.	0.
JEFFREY EISENBERG		0	0.	0	0.	0	0	0.
	0		0.	0.	11,618.	5,521.	160,971.	0
ELIZABETH PARKER	: 6		0	0	0	0	0	0.
	0		0	0.	10,733.	15,102.	161,893.	0.
THOMAS FIELD	(0	0.	0	0.		0	0.
	0		0.	17,193.	7,384.	12,827.	147,876.	0.
ROXANNE JOHNSON	(E)	0.	0	0	0.			0.
	(0)	106,469.	0	0.	9,488.	5,470.	121,427.	0.
RANDY IRION	0	0	0	0.	0.0	.0		0.

JSA 9E12911,000 AHIZAJ N752 Page 3

Schedule J (Form 990) 2009

Schedule J (Form 990) 2009

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047 Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC 84-0738973 Part I Excess Benefit Transacations (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? 1 (a) Name of disqualified person (b) Description of transaction Yes No Enter the amount of tax imposed on the organization managers or disqualified persons during the year ▶\$ Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (a) Name of interested person and purpose (b) Loan to or from (c) Original (d) Balance due (e) In default? (f) Approved (g) Written the organization? principal amount by board or agreement? committee? To From Yes No Yes No Yes No FORREST ROBERTS EMPLOYMENT AGREEMENT 150,000 150,000 Total Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the (c) Amount and type of assistance organization Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (a) Name of interested person (b) Relationship between (c) Amount of (d) Description of transaction (e) Sharing of interested person and the transaction organization's organization revenues? Yes No

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2009

AHIZAJ N752

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC

Employer identification number

84-0738973

ATTACHMENT

BOARD REVIEW OF FORM 990

FORM 990, PART VI, LINE 11

THE FORM 990 IS PREPARED BY THE ORGANIZATION'S PROFESSIONAL TAX PREPARER AND REVIEWED IN DETAIL BY THE ORGANIZATION'S CFO AND CONTROLLER. THE FORM 990 IS PRESENTED TO THE ORGANIZATION'S AUDIT COMMITTEE BY THE PROFESSIONAL TAX PREPARER. A COMPLETE COPY OF THE FORM 990 IS PROVIDED TO THE GOVERNING BODY BEFORE IT IS FILED.

CONFLICT OF INTEREST DISCLOSURE

FORM 990, PART VI, LINE 12C

THE ORGANIZATION REQUIRES ALL EMPLOYEES TO SIGN A CONFLICT OF INTEREST POLICY UPON HIRE AND ANNUALLY THEREAFTER.

COMPENSATION SETTING PROCESS

FORM 990, PART VI, LINE 15

CHIEF EXECUTIVE OFFICER COMPENSATION IS REVIEWED AND APPROVED BY THE VOLUNTEER OFFICER GROUP. ALL OTHER SENIOR EXECUTIVE COMPENSATION IS REVIEWED AND APPROVED BY THE CHIEF EXECUTIVE OFFICER.

EMPLOYEE COMPENSATION IS COMPARED AGAINST COMPARABILITY DATA AS PROVIDED BY A THIRD PARTY COMPENSATION CONSULTANT. COMPENSATION DECISIONS ARE DOCUMENTED IN EACH EMPLOYEE'S PERSONNEL FILE.

DOCUMENTS AVAILABLE TO THE PUBLIC

Schedule O (Form 990) 2009 Page 2

Name of the organization

NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC

Employer identification number

84-0738973

ATTACHMENT 1 (CONT'D)

FORM 990, PART VI, LINE 19

THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

CLASSES OF MEMBERSHIP

PART VI, LINE 6

THE ORGANIZATION HAS SIX CLASSES OF MEMBERSHIP: REGULAR MEMBERS, ALLIED INDUSTRY MEMBERS, PRODUCT COUNCIL MEMBERS, STATE AND NATIONAL INDUSTRY ORGANIZATION MEMBERS, BEEF BREED ORGANIZATION MEMBERS, AND SUPPORTING MEMBERS.

ELECTION OF THE GOVERNING BODY

PART VI, LINE 7A

THE ASSOCIATION MEMBERS AND REGISTRANTS SHALL ELECT THE PRESIDENT,
PRESIDENT-ELECT AND A VICE PRESIDENT AT THE STAKEHOLDERS CONGRESS.

DECISIONS OF THE GOVERNING BODY

PART VI, LINE 7B

DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY THE BOARD OF DIRECTORS. HOWEVER, AMENDMENTS TO REPEAL OF THE BYLAWS REQUIRE A TWO-THIRDS AFFIRMATIVE VOTE OF THE BOARD OF DIRECTORS.

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

LEO BURNETT COMPANY PO BOX 91451 ADVERTISING

12,655,290.

JSA

Schedule O (Form 990) 2009

AHIZAJ N752

1647-00 DJE

PAGE 29

Schedule O (Form 990) 2009

Name of the organization Employer identification number NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC 84-0738973

ATTACHMENT 2 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

CHICAGO, IL 60693

U.S. MEAT EXPORT FEDERATION 8,412,541. EXPORT

PO BOX 5722 DENVER, CO 80217

KETCHUM, INC. ADVERTISING 1,924,004.

PO BOX 60000 FILE 72294 SAN FRANCISCO, CA 94160

DANIEL J. EDELMAN, INC. 1,361,516. PUBLIC RELATIONS

21992 NETWORK PLACE CHICAGO, IL 60673

GOLIN HARRIS 818,810. PUBLIC RELATIONS

PO BOX 7247-659

PHILADELPHIA, PA 19170

TOTAL COMPENSATION

25,172,161.

ATTACHMENT 3

Page 2

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

BEGINNING ENDING DESCRIPTION BOOK VALUE BOOK VALUE

PREPAID EXPENSES 194,676. 370,814.

TOTALS 194,676. 370,814.

AHIZAJ N752

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37.
 ► Attach to Form 990.

INC

NATIONAL CATTLEMEN'S BEEF ASSOCIATION,

Open to Public 2009

OMB No. 1545-0047

Employer identification number Inspection

84-0738973

(f) Direct controlling entity

(e) End-of-year assets (d) Total income Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) (c) Legal domicile (state or foreign country) (b) Primary activity (a)Name, address, and EIN of disregarded entity Part

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Part II

(a) Name, address, and EIN of related organization	lated organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
NATIONAL CATTLEMEN'S BUILDING CORP	RP.	74-2200677					
9110 E. NICHOLS AVENUE, #300	CENTENNIAL,	CENTENNIAL, CO 80112-3450	LAND INVSTMNT	CO	501(C)(2)		N/A
CATL FUND		84-1256522					
9110 E. NICHOLS AVENUE, #300 C	300 CENTENNIAL,	CENTENNIAL, CO 80112-3450	FUNDRAISING	00	501(C)(3)	7	N/A
NATIONAL CATTLEMEN'S FOUNDATION	NO	23-7259504					
	CENTENNIAL,	CENTENNIAL, CO 80112-3450	FUNDRAISING	CO	501(C)(3)	6	N/A
NATIONAL CATTLEMEN'S ASSOCIATION PAC	PAC	84-0622929					
9110 E. NICHOLS AVENUE, #300 C	CENTENNIAL,	CENTENNIAL, CO 80112-3450	LOBBYING	CO	527		N/A
For Privacy Act and Paperwork Reduction Act Notice. see the Instructions for Form	e Instructions for Fo	rm 990.				Sched	Schedule R (Form 990) 2009

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

1647-00 DJE

9E1307 2,000

84-0738973

Page 2

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

Schedule R (Form 990) 2009

Part III

(J) General or managing partner?	Yes No				
Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)					m 990, Part
(h) Orsproportionale allocations ?	Yes No				s" on For
(g) Share of end-of-year assets					ation answered "Ye
(f) Share of total income					Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV line 34 hazages it had one or more related organizations treated as a composation or trust during the fax year.)
(e) Predominant income (related, unrelated, excluded from tax under sections	512-514)				ation or Trust(Co
(d) Direct controlling entity					able as a Corpor
(c) Legal domicile (state or foreign	/6mmon				ions Taxa
(b) Primary activity					lated Organizat
(a) Name, address, and EIN of related organization					Partive Identification of Related Organizations Taxable as a Corporation or Trust(Complete if the organization answer)

Natile, audress, and Ein of refered organization	livity Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership

Schedule R (Form 990) 2009

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.) Part V

No	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	S S
	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II—IV?	Parts II-IV?	6	×
m	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		19	×
9	Giff, grant, or capital contribution to other organization(s)		2 4	×
U	Gift, grant, or capital contribution from other organization(s)		4	4
P	Loans or loan guarantees to or for other organization(s)		1	4
a	Loans or loan guarantees by other organization(s)			×
4-	Sale of assets to other organization(s)		11	×
0	Purchase of assets from other organization(s)		19	× :
F	Exchange of assets			× >
-	Lease of facilities, equipment, or other assets to other organization(s)		:	4
-	Lease of facilities, equipment, or other assets from other organization(s)	************	1	×
×	Performance of services or membership or fundraising solicitations for other organization(s)	************	¥ ;	×
-	Performance of services or membership or fundraising solicitations by other organization(s)			١,
E	Sharing of facilities, equipment, mailing lists, or other assets			4 5
_	Sharing of paid employees		u	
0	Reimbursement paid to other organization for expenses	500000000000000	9	×
Q	Reimbursement paid by other organization for expenses	***********	1p	×
0.1	Other transfer of cash or property to other organization(s)		<u> </u>	××
2	is for information on who must complete this line, including covered	relationships and transaction thresholds.	n thresholds.	
	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	
3	NATIONAL CATTLEMEN'S BUILDING CORPORATION	D	236,347	7.
(2)	NATIONAL CATTLEMEN'S FOUNDATION	D, M, N	576,097	37.
(3)				
4				
(5)				
(9)				
			Schedule R (Form 990) 2009	0) 2009

Page 4

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.) Part VI

Schedule R (Form 990) 2009

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	Yes No	Yes	(con mon)	
				Yes No

1647-00 DJE

FORM 990, PART VIII - GROSS SALES AND COST OF GOOD	Boons sorn			ATTACHMENT 4			
DESCRIPTION	GROSS SALES	BEGINNING INVENTORY	PURCHASES	SALARIES AND WAGES	OTHER COSTS	MINUS; ENDING INVENTORY	COST OF
SALE OF MATERIALS	847,058.	0.	346,596.	0	0.	0	346,596,
	847,058	0	346, 596	ď	0	0	346,596.

Instructions for filing
National Cattlemen's Beef Association, Inc
Form 990T - Exempt Organization Business Return
for the period ended September 30, 2010

Signature...

The original return should be signed (using full name and title) and dated on page 2 by an authorized officer of the organization.

Filing ...

The signed return should be filed on or before August 15, 2011 with...

Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027

Payment of tax...

No payment of tax is required.

			ot Organization Business In					5033(e))	OM	8 No. 1545-0687
Department of the Internal Revenue	10 10 Total		For calendar year 2009 or other tax ye ending 09/30, 20 10	ar begin			instructions.	-	Open	to Public Inspection (3) Organizations Only
A Chec	ck box if ress changed				e changed and see				oyer iden	1(3) Organizations Only tification number sinstructions for Block O
B Exempt und	ter section		NATIONAL CATTLEMEN'S	S BEE	F ASSOCIA	TION,	INC	on page	2.)	
X 501(C	(6)	Print Number, street, and room or suite no. If a P.O. box, see page 8 of instructions.							73897	3
408(e)	220(e)	Type				ness activity codes				
408A	530(a)	Type 9110 EAST NICHOLS AVENUE 300							structions	or Block E on page 9.)
529(a)			City or town, state, and ZIP code							
C Book value			CENTENNIAL, CO 80113	2-345	0			5419	0.0	
at end of ye	ar	F Gro	up exemption number (See instruction	ons for	Block F on page	9.) >				
22,26	9,300.		ck organization type > X 501			1	c) trust	401(a)	trust	Other trust
H Describe			mary unrelated business activity.							
			orporation a subsidiary in an affiliate			idiary co	ntrolled group?			Yes X No
			entifying number of the parent corpo				District British			
J The book	s are in care	of >	DOUG EVANS			Telepho	ne number > 3	03-69	4-030	5
Part I	Unrelated	Trade	or Business Income		(A) Incon	ne	(B) Expen	ses		(C) Net
1a Gross	receipts or s	ales								
10.5 47 75 75	turns and allowani		c Balance >	1c						
			lle A, line 7)	2						
			from line 1c	3						
			ach Schedule D)	4a						
			rt II, line 17) (attach Form 4797)	4b						
			usts	4c						
			s and S corporations (attach statement)	5						
				6					-	
			come (Schedule E)	7						
			ies, and rents from controlled							
				8						
			section 501(c)(7), (9), or (17)							
				9						
10 Exploi	ited exempt a	ctivity in	come (Schedule I)	10						
			ule J)	11	324	,767.	17	3,650.		151,117.
			of the instructions; attach schedule.)	12						
			ugh 12		324	,767.	17	3,650		151,117.
			Taken Elsewhere (See pag							
			ibutions, deductions must be							ne.)
			lirectors, and trustees (Schedule K)						T	
15 Salarie	es and wages	5		4.0	*******			15	1	
16 Repair	rs and mainte	enance			******			16		
17 Bad de	ebts	0.6.45		50.0			*****	17		
18 Interes	st (attach sch	edule)						18		
19 Taxes	and licenses							19		
20 Charit	table contribu	tions (Se	ee page 13 of the instructions for lim	itation r	ules.)	• • • • •		20		
			4562)					0.		
			on Schedule A and elsewhere on ret					22b		0.
23 Deple	**							- 1		
7		ferred co	ompensation plans							
25 Emplo	ovee benefit n	rograms			*****	4111		25		
26 Exces	s exempt ex	enses (Schedule I)		*******			26	1	
27 Exces	s readership	costs (S	chedule J)				*****	27		151,117.
			chedule)							/
29 Total	deductions	Add line	s 14 through 28		***		*****	29		151,117.
			income before net operating loss de							
			n (limited to the amount on line 30)							
32 Unrela	ated hosiness	tavahla	income before specific deduction. S	Libtract	line 31 from lies	30	223.63324	31		
			lly \$1,000, but see line 33 instruction							1,000.
			e income. Subtract line 33 from line					33		1,000:
			o or line 32					24		
201 011	difficilly						The second second second	34		

-		84-07389	373	P	age 2
Pai	t III Tax Computation				
	Controlled group members (sections 1561 and 1563) check here Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ (2) \$ (3) \$ Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$	15.			
	(2) Additional 3% tax (not more than \$100,000)				
36	Income tax on the amount on line 34 Trusts Taxable at Trust Rates. See instructions for tax computation on page 16. Income tax the amount on line 34 from: Tax rate schedule or Tax rate schedule or	. ► 35c on ► 36			0.
37	Proxy tax. See page 16 of the instructions	. ▶ 37			
38	Alternative minimum tax	38			
39	Total. Add lines 37 and 38 to line 35c or 36, whichever applies	39			0.
	t IV Tax and Payments				
40 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a				
b		_			
C		_			
d					
е.		40e			-
41	Subtract line 40e from line 39				0.
42	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedul		_		0.
43	Total tax. Add lines 41 and 42	43			0.
44 a	Payments: A 2008 overpayment credited to 2009	-			
b					
C C	Tax deposited with Form 8868 44c Foreign organizations: Tax paid or withheld at source (see instructions) 44d	-			
u	Foreign organizations: Tax paid or withheld at source (see instructions)	-			
f	Other credits and payments: Form 2439 Other Total				
45	Total payments. Add lines 44a through 44f	45			
46	Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached	46			
47	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	.▶ 47			0.
48	Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	. ▶ 48			0.
49	Enter the amount of line 48 you want: Credited to 2010 estimated tax Refunded	1 40	1000		0.
Section 2	Statements Regarding Certain Activities and Other Information (see instruct		million to the second		
1	At any time during the 2009 calendar year, did the organization have an interest in or a signature or other auth account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22		_	Yes	No
	Bank and Financial Accounts. If YES, enter the name of the foreign country here	. I, Report of	Foreign		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a	foreign trust?			X
-	If YES, see page 5 of the instructions for other forms the organization may have to file.	oreign trust:	263.59		43
3	Enter the amount of tax-exempt interest received or accrued during the tax year				
Sch	nedule A - Cost of Goods Sold. Enter method of inventory valuation				_
1	Inventory at beginning of year . 1 6 Inventory at end of year	6			
2	Purchases				
3	Cost of labor	in			
4 a	Additional section 263A costs Part I, line 2, ,	7			
	(attach schedule) 4a 8 Do the rules of section 263A	(with resp	pect to	Yes	No
b	Other costs (attach schedule) , 4b property produced or acquired	for resale)	apply	i.I	
5	Total. Add lines 1 through 4b . 5 to the organization?			N/	A.
Sig	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the torrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
Her			discuss this shown below		with
	Signature of officer Date Title	instructions)			No
	Preparer's Date Chaptif	Prepare	er's SSN or P	-	
Pai	signature 8/11/2011 Self-employed	P	0064525	2	
	1 JOIN I VOURS It self-employed)	4-086972	21		
-	address, and ZIP code 7979 E. TUFTS AVE., #400 Phone no. 30	3-740-94	00		
	DENVER, CO 80237-2843		Form 99	0-T	(2009)

(1)								
(2)								
(3)								
4)								
	2. Rent recei	ved or accr	ued					
(a) From personal property (if the p for personal property is more than more than 50%)	an 10% but not	percer	From real and personal prop ntage of rent for personal prop or if the rent is based on profi	erty ex	ceeds	3(a) Deductions dir in columns 2(a	ectly conne a) and 2(b)	ected with the income (attach schedule)
1)								
2)					10			
3)		-						
(4)								
Total		Total						
c) Total income. Add totals of conere and on page 1, Part I, line 6,						(b) Total deducti Enter here and on Part I, line 6, colur	page 1,	
Schedule E - Unrelated D	ebt-Financed	Income(see instructions on pag	e 19)				
			2. Gross income from			ctions directly conne	cted with o	allocable to
1. Description of det	ot-financed property		allocable to debt-finance			debt-financed ne depreciation schedule)	(b	Other deductions attach schedule)
(1)						7.1		
(2)								
(3)								
(4)				- 1		1		
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adju of or alloca debt-financed (attach scho	ble to property	6. Column 4 divided by column 5		7. Gross inco (column 2)	me reportable column 6)		llocable deductions n 6 x total of columns 3(a) and 3(b))
(1)				%		- 1		
(2)				%				
(3)				%				
(4)				%				
Totals	tions included in co			olled	Part I, line 7,		Part I,	ere and on page 1, ine 7, column (B).
Total dividends-received deduct Schedule F - Interest, An	nuities, Royal		Exempt Controlled Org	aniza	IIIOIIO	indiduce in the contro		- 7
	2. Employe identification nu	er.		4. To	otal of specified yments made		ntrolling	
Schedule F - Interest, An 1. Name of controlled organization	2. Employe	er.	Exempt Controlled Org 3. Net unrelated income	4. To	tal of specified	included in the co	ntrolling	connected with incom
1. Name of controlled organization (1)	2. Employe	er.	Exempt Controlled Org 3. Net unrelated income	4. To	tal of specified	included in the co	ntrolling	connected with incom
1. Name of controlled organization (1) (2)	2. Employe	er.	Exempt Controlled Org 3. Net unrelated income	4. To	tal of specified	included in the co	ntrolling	connected with incom
1. Name of controlled organization (1) (2) (3)	2. Employe	er.	Exempt Controlled Org 3. Net unrelated income	4. To	tal of specified	included in the co	ntrolling	Deductions directly connected with income in column 5
1. Name of controlled organization (1) (2) (3)	2. Employe identification nu	er.	Exempt Controlled Org 3. Net unrelated income	4. To	tal of specified	included in the co	ntrolling	connected with incom
1. Name of controlled organization (1) (2) (3)	2. Employe identification nur	er mber	Exempt Controlled Org 3. Net unrelated income (loss) (see instructions)	4. To pay	otal of specified yments made	included in the co organization's gros	ntrolling as income	connected with incom in column 5
1. Name of controlled organization 1. Name of controlled organization 1) 2) 3) 4) Nonexempt Controlled Organ 7. Taxable Income	2. Employe identification nu	ed income	Exempt Controlled Org 3. Net unrelated income	4. To pay	otal of specified yments made	included in the co	ntrolling ss income	connected with incom
1. Name of controlled organization 1. Name of controlled organization 1) 2) 3) 4) Nonexempt Controlled Organ 7. Taxable Income	2. Employe identification null identification	ed income	Exempt Controlled Org 3. Net unrelated income (loss) (see instructions) 9. Total of specific	4. To pay	otal of specified yments made	included in the co organization's gros	ntrolling ss income	connected with incomin column 5 1. Deductions directly nected with income in
1. Name of controlled organization 1. Name of controlled organization (1) (2) (3) (4) Nonexempt Controlled Organ 7. Taxable Income (1) (2)	2. Employe identification null identification	ed income	Exempt Controlled Org 3. Net unrelated income (loss) (see instructions) 9. Total of specific	4. To pay	otal of specified yments made	included in the co organization's gros	ntrolling ss income	connected with incomin column 5 1. Deductions directly nected with income in
1. Name of controlled organization 1. Name of controlled organization (1) (2) (3) (4) Nonexempt Controlled Organ 7. Taxable Income (1) (2) (3)	2. Employe identification null identification	ed income	Exempt Controlled Org 3. Net unrelated income (loss) (see instructions) 9. Total of specific	4. To pay	otal of specified yments made	included in the co organization's gros	ntrolling ss income	connected with incomin column 5 1. Deductions directly nected with income in
1. Name of controlled organization (1) (2) (3) (4) Nonexempt Controlled Organ	2. Employe identification null identification	ed income	Exempt Controlled Org 3. Net unrelated income (loss) (see instructions) 9. Total of specific	4. To pay	otal of specified yments made	included in the co organization's gros	ntrolling ss income	connected with incomin column 5 1. Deductions directly nected with income in

1. Description of income	2. Amount of		3. Deductions directly connected (attach schedule)	4. Set	uctions on page -asides chedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)						
(2)		"-				
(3)						
(4)						
	Enter here and of Part I, line 9, col					Enter here and on page 1, Part I, line 9, column (B).
	raiti, into 5, con	Milit (/3).				Part I, line 9, column (b).
Totals ▶	1000					
Schedule I - Exploited Exe	mpt Activity Inc	ome, Other Th	an Advertising Ir	ncome (see instruc	tions on page 2	21)
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3), if a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)				-		
(2)						
(3)						
(4)	1					
Totals	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Schedule J - Advertising In		etions on page 2:	1)			
Part I Income From Per						
Part Income From Fer	louicais Repor	ted on a Consc	lidated Basis			T
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5, Circulation income	6. Readership costs	Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) ATCH 1						
(2)						
(3)						
(4)						
, ,						
Totals (carry to Part II, line (5))	324,767.	173,650.	151,117.	37,903.	361,661	151,117.
Part II Income From Pe through 7 on a line	riodicals Repor	ted on a Separ				
Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3), If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	324,767.	173,650.				151,117.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 324, 767.	Enter here and on page 1, Part I line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Schedule K - Compensation			ruetoee/poo instru	ctions on near 241		151,117.
1. Name	on of officers, b	mrectors, and r	2. Title	3. Percent of time devoted to business	4. Compe	nsation attributable to elated business
				Dualifeaa		Control of the Contro
					%	
					%	
					%	
Total Enter here and so sees 4. D.	act II line 44				%	
Total. Enter here and on page 1, Pa	artii, iine 14					C 000 T (2000)

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			ATTACHMENT 1			
	ei ei	ė				7.
	GROSS	DIRECT	4.	35.	ı.i	EXCES:
1.	ADVERTISING	ADVERTISING	ADVERTISING	CIRCULATION	READERSHIP	READERSHIP
NAME OF PERIODICAL	INCOME	COSTS	GAIM OR LOSS	INCOME	COSTS	COSTS
NATIONAL CATTLEMEN'S MAGAZINE	4,767.	2,826.		202.	.0	
CATTLEMAN TO CATTLEMAN	326,006.	170,824		37,701.	361,661.	
COLUMN FOTALS	784, 767	173,650	151, 117	37,903	361,661	151, 117

NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC. FEDERAL NET OPERATING LOSS CARRYOVER FORM 990-T

84-0738973

YEAR	NOL GENERATED	NOL UTILIZED	NOL CARRYOVER
9/30/1999	66,288	(1,789)	64,499
9/30/2000	59,976	1	59,976
9/30/2001	8,795	-	8,795
9/30/2002	69,776	511	69,776
9/30/2003	4	-	19
9/30/2004	14	211	-
9/30/2005	-	>	-
9/30/2006	122,578	÷	122,578
9/30/2007	21,479	-1	21,479
9/30/2008	2	1	-
9/30/2009	-		4
9/30/2010		31	
	348,892		347,103

* * * * *

National Cattlemen's Beef Association, Inc.
Instructions for filing
Form 112
Colorado State C Corporation Income Tax Return

for the year ended September 30, 2010

* * * * *

Signature . . .

The original return should be signed and dated on page two by an authorized officer of the corporation.

Filing . . .

The original return should be filed on or before August 15, 2011 with the following:

Colorado Department of Revenue Denver, CO 80261-0006

No tax due . . .

There is no tax due for the current year.

DO NOT SEND FEDERAL RETURN, FORMS OR SCHEDULES WITH THIS RETURN. (0023)

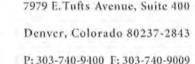
2009 Form 112 Colorado State C Corporation Income Tax Return

For the tax year beginning 10/01, 2009, ending 09/30, 20 10.		To the state of th
Name of Corporation NATIONAL CATTLEMEN'S BEEF ASSOCIATION, II	NIC.	Colorado Account Number
Address	NC,	Federal Employer I.D. Number
9110 EAST NICHOLS AVENUE, #300		• 84-0738973
City	State	ZIP
CENTENNIAL	CO	80112-3450
IF YOU DO NOT NEED A CORPORATE TAX BOOKLET MAILED TO YOU NEXT YEAR, C	HECK THIS BOX	X
If you are attaching a statement disclosing a listed or reportable transaction, check this be	ox , . ,	
A. Apportionment of Income. This return is being filed for:	4,,,,,,	
(42) A corporation not apportioning income;		
(43) A corporation engaged in interstate business apportioning income using single-factor app	ortionment (Attach :	Schedule SF);
(44) A corporation engaged in interstate business apportioning income under special regulation	Q.	
(45) A corporation electing to pay a tax on its gross Colorado sales;		
X (47) Other, federal form filed 990 T		
B. Separate/Consolidated/Combined Filing. This return is being filed by:		
X A single corporation filing a separate return;		
An affiliated group of corporations electing to file a consolidated return (Warning: such election		years).
If your election was made in a prior year, enter the year of election here: (Attack	ch Schedule C);	
An affiliated group of corporations required to file a combined return (Attach Schedule C);		
An affillated group of corporations required to file a combined return that includes another affi	iliated, consolidated	group (Attach Schedule C).
Service Comment of th		THE NEAREST DOLLAR
1 Federal taxable income from Form 1120	4 1	NONE.00
2 Federal taxable income of companies not included in this return	• 2	.00
3 Net federal taxable income, line 1 minus line 2	3	NONE.00
Additions to federal taxable income		1
4 Federal net operating loss deduction	4	.00
5 Colorado income tax deduction	• 5	.00
6 Other additions, attach explanation	• 6	.00
/ Total of lines 3 through 6	7	NONE.00
Subtractions from rederal taxable income		
8 Exempt federal interest	8	.00
9 Excludable foreign source income	9	.00
10 Colorado source capital gain (asset acquired on or after 5/9/94, held five years)	• 10	.00
11 Other subtractions, attach explanation	• 11	.00
12 Total of lines 8 through 11	12	.00
13 Modified federal taxable income, line 7 minus line 12	13	NONE.00
14 Colorado taxable income before net operating loss deduction	* 14	NONE.00
15 Colorado net operating loss deduction	• 15	.00
16 Colorado taxable income, line 14 minus line 15	16	NONE.00
17 Tax, 4.63% of the amount on line 16	• 17	NONE.00
18 New investment tax credit from From 112CR, line 6b	• 18	.00
19 Enterprise zone investment tax credit from Form 112CR, line 15b	• 19	.00
20 Enterprise zone employee credits from Form 112CR, line 25b	• 20	.00.
21 Enterprise zone contribution credit from Form 112CR, line 36b	• 21	.00
22 Other enterprise zone credits from form 112CR, lines 40b, 53b, 54b and 55b		.00
23 Alternative fuel vehicle credit from Form 112CR, line 56b	• 23	0.0

Form 112 Page 2 .00 00 • 26 00 26 Other credits from Form 112CR, line 71b 00 28 NONE 00 00 NONE .00 a 31 00 00 • 32 • 33 00 00 35 If amount on line 30 exceeds amount on line 31, enter amount owed. NONE 00 .00 36 37 .00 • 38 .00 Routing number Account number MAIL TO AND MAKE CHECKS PAYABLE TO: Colorado Department of Revenue, Denver, CO 80261-0006 The State may convert your check to a one time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from C. The corporation's books are in care of: Telephone Number 303-694-0305 DOUG EVANS Address City State ZIP CENTENNIAL 9110 EAST NICHOLS AVENUE, 80112-3450 Business code number per federal return . 541900 Year corporation began doing business in Colorado . 01-01-1996 Kind of business in detail: ADVERTISING G. Has the Internal Revenue Service made any adjustments in the corporation's income or tax or have you filed amended federal income tax returns at any time during the last four years? Yes X No If Yes, for which year(s)? Did you file amended Colorado returns to reflect such changes or submit copies of the Federal Agent's reports? Under penalties of periury in the second degree, I declare that I have examined this return and Name, address and telephone number of to the best of my knowledge it is true, correct and complete. Declaration of preparer (other than person or firm preparing return: taxpayer) is based on all information of which preparer has any knowledge. EKS& H Signature and Title of Officer 7979 E. TUFTS AVE., #400 CLIENT COPY DENVER, CO CO 80237-2843 (303) 740-94

NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC. COLORADO NET OPERATING LOSS CARRYOVER FORM 112

YEAR	NOL GENERATED	NOL UTILIZED	NOL CARRYOVER
9/30/1997	99,269	(13, 176)	86,093
9/30/1998	40,308		40,308
9/30/1999	66,288	4.	66,288
9/30/2000	59,976		59,976
9/30/2001	8,795	-	8,795
9/30/2002	69,776	1.0	69,776
9/30/2003	4	-	-
9/30/2004			- 8
9/30/2005			8
9/30/2006	122,578		122,578
9/30/2007	21,479	***	21,479
9/30/2008	-	-	
9/30/2009	4	(2)	4.
9/30/2010	· ·	-	
	488,469		475,293





Taxpayers have seen a significant increase in the past six to eight months in the receipt of state tax notices. In most cases after researching the underlying matters, we have found very few problems or issues with our clients' tax returns. There are several reasons for this increase in correspondence received from state taxing authorities. Most importantly, states are facing severe budget shortages and have increased their compliance efforts through increased scrutiny of returns, more examinations and audits, and more aggressive positions on those examinations. States are requesting additional detail for documentation and being more particular about the adequacy of that documentation. Several states including Alabama, Hawaii, New York, and North Carolina have said that they will be delaying refunds. Others states are expected to follow.

Colorado's problems have been compounded by a major software conversion that has been painful for both taxpayers and the Department of Revenue; this conversion has caused delays that still persist and will for some time. EKS&H is working with the Colorado Society of CPAs, other CPA firms, and the Colorado Department of Revenue to mitigate these problems to the extent possible.

In the meantime, please notify us immediately of any notices you may receive so we can help you make sure they are handled as quickly and efficiently as possible.

Sincerely,

Ehrhardt Keefe Steiner & Hottman PC

Ehrhardt Keefe Steiner + Hottman PC



7979 E.Tufts Avenue, Suite 400
Denver, Colorado 80237-2843
P: 303-740-9400 F: 303-740-9009

Mr. Doug Evans National Cattlemen's Beef Association, Inc. 9110 E. Nichols Avenue, #300 Centennial, CO 80112-3450

Dear Doug:

Enclosed are the original and one copy of your income tax returns for the period ended September 30, 2009 for:

National Cattlemen's Beef Association, Inc. as follows ...

2008 990 - Return of Organization Exempt from Income Tax

2008 Schedule C - Political Campaign and Lobbying Activities

2008 Schedule D - Supplemental Financial Statements

2008 Schedule J - Compensation Information

2008 Schedule L - Transactions with Interested Persons

2008 Schedule O - Supplemental Information to Form 990

2008 Schedule R - Related Organizations and Unrelated Partnerships

2008 990-T - Exempt Organization Business Income Tax Return

2008 CO 112 - Colorado Corporation Income Tax Return

2008 8879-EO - IRS e-file Signature Authorization

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

We sincerely appreciate this opportunity to serve you. Please contact us if you have questions concerning the returns or if we may be of further assistance.

Sincerely,

Ehrhardt Keefe Steiner + Hottman PC

Ehrhardt Keefe Steiner & Hottman PC

Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection A For the 2008 calendar year, or tax year beginning 10/01, 2008, and ending 09/30,2009 C Name of organization NATIONAL CATTLEMEN'S BEEF ASSOCIATION D Employer Identification number B Check if applicable Please Address Doing Business As 84-0738973 label or Number and street (or P.O. box if mail is not delivered to street address) print or Room/suite E Telephone number type. Initial return See NICHOLS AVENUE (303) 694-0305 Specific City or town, state or country, and ZIP + 4 Termination Instruc Amended tions. G Gross receipts \$ CENTENNIAL, CO 80112-3450 57, 118, 310. return F Name and address of principal officer: FORREST ROBERTS Application pending H(a) Is this a group return for X No Yes #300 CENTENNIAL, CO 80112 H(b) Are all affiliates included? Yes No NICHOLS AVENUE, Tax-exempt status: X 501(c) (6) ◀ (insert no.) 4947(a)(1) or 527 If "No." attach a list. (see instructions) Website: > WWW. BEEF. ORG H(c) Group exemption number Type of organization: X Corporation Trust Association Other > L Year of formation: 1996 M State of legal domicile: CO Part I Summary Briefly describe the organization's mission or most significant activities: _ TO WORK TO INCREASE PROFIT OPPORTUNITIES FOR CATTLE AND BEEF Governance PRODUCERS BY ENHANCING THE BUSINESS CLIMATE AND BUILDING CONSUMER 2 Check this box | if the organization discontinued its operations or disposed of more than 25% of its assets, Number of voting members of the governing body (Part VI, line 1a) ø Activities Number of independent voting members of the governing body (Part VI, line 1b) 8 4 Total number of employees (Part V, line 2a) 5 193 Total number of volunteers (estimate if necessary) 9 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) 7a 746,109 b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** Contribution and grants (Part VIII, line 1h) NONE NONE Revenue Program service revenue (Part VIII, line 2g) 9 64,053,726. 55,611,704. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 159,969 7, 362. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 1,369,788 1,075,094. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 56,694,160. 65,583,483 Grants and similar amounts paid (Part IX, column (A), lines 1-3) NONE NONE 14 Benefits paid to or for members (Part IX, column (A), line 4) NONE NONE 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 13,671,056. 13, 192, 569. 16a Professional fundraising fees (Part IX, column (A), line 11e) NONE b Total fundraising expenses, Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 54, 160, 389. 42,501,633. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 67,831,445. 55, 694, 202. -2,247,962 999,958. ets or Beginning of Year End of Year 20 Total assets (Part X, line 16) 19, 125, 284. 19,139,875 Total liabilities (Part X, line 26) 21 13, 257, 924 12, 298, 004. 22 Net assets or fund balances. Subtract line 21 from line 20. 6,827,280. Signature Block Part II 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. Sign CLIENT COPY Here Signature of officer Type or print name and title Date Check if Preparer's identifying number Preparer's Paid self-(see instructions) signature 8/11/2010 employed P00173718 Preparer's Firm's name (or yours if self-employed), address, and ZIP + 4 EIN -84-0869721

JSA. 8E1010 2.000

Use Only

TUFTS AVENUE, SUITE 400 DENVER,

May the IRS discuss this return with the preparer shown above? (See instructions) For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

303-740-9400

Part III State	ement of Program Service A	ccomplishments (see instructions)	04.0730373	
1 Briefly descri	be the organization's mission			
TO WORK	TO INCREASE PROFIT	OPPORTUNITIES FOR CATTLE	AND BEEF	
	S BY ENHANCING THE	BUSINESS CLIMATE AND BUIL	DING CONSUMER	
DEMAND.				
2 Did the orga	inization undertake any sign	ificant program services during the y	ear which were not listed on	
the prior Form	n 990 or 990-EZ?		ear which were not listed on	Yes X No
If "Yes" descr	ribe these new services on Sc	chedule O.		
	nization cease conducting, o	r make significant changes in how it	conducts, any program	
services?				Yes X No
	ribe these changes on Sched			
Section 501(c)(3) and 501(c)(4) organizat	nts for each of the organization's three ions and section 4947(a)(1) trusts are nd revenue, if any, for each program s	required to report the amount o	
4a (Code:) (Expenses \$	including grants of \$) (Revenue \$)
		1.77.47.27	32.000	
4b (Code:) (Expenses \$	including grants of \$) (Revenue \$	
4c (Code:) (Expenses \$	including grants of \$) (Revenue \$)
1				
4d Other progra (Expenses \$	nm services. (Describe in Sche including gra		\$	
	am service expenses ▶\$	(Must equal Part IX,		
JSA 8E1020 1.000				Form 990 (2008)

Part	IV Checklist of Required Schedules			
		= 1	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	101	10	-
- 2	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3	X	-
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
5	Schedule C, Part II Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	4		
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		14.6	
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to	5	Х	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			100
	Parts VI, VIII, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return	35		7
N/E	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
15	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	14b		X
15	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	4.5		4.55
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	15		X
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		17
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete Schedule J	23	x	
24a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		- 0	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b-24d and complete Schedule K. If "No," go to question 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		100
C	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	to defease any tax-exempt bonds? 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) and 501(c)(4) 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		Ver		
20	person from a prior year? If "Yes," complete Schedule L, Part I	25b	-	-
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	20		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or	26	X	-
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		· cò
JSA	11,000		990	(2008

Part IV Checklist of Required Schedules (continued)

			Yes	No
28 a	employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
t	Part IV	28a		X
c				x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		=	x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	×	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	x	
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		1	
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, Part		1	Į,
	W	37		X

Form 990 (2008)

Form 990 (2008) Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of b Enter the number of Forms W-2G included in line 1a, Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 10 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . 26 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by 3a this return? 3b b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 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 4a b If "Yes," enter the name of the foreign country: >__ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to question 5a or 5b, did the organization file Form 8886-T. Disclosure by Tax-Exempt Entity Regarding 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). 7a a Did the organization provide goods or services in exchange for any guid pro guo contribution of more than \$75?. 7b b If "Yes." did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7e 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?..... For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as 7h Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring 8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. 9a 9b Section 501(c)(7) organizations. Enter:

If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b

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

Form 990 (2008)

Section 501(c)(12) organizations, Enter:

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.) Part VI

Sect	ion A. Governing Body and Management			
		= 11	Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, process, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	9		
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			7
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	Х	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	1		
	of the governing body?	7a	X	4.
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	그런 그런 사람들이 있었다면서 하다 하는 사람들이 되었다면 하는 사람이 되었다면 하는 사람들이 되었다면 하는 사람들이 되었다면 하는 사람들이 되었다면 하는 사람들이 되었다면 하는 사람들이 되었다면 하는 사람들이 되었다면	8a	v	
b	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X	_
9a	Does the organization have local chapters, branches, or affiliates?	9a	-1	- 17
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	эа	_	X
D	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations	90		_
10	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	177	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at	10	X	_
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	44		100
Socti	ion B. Policies	11	_	. X.
OCCU	ON D. I diffices		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	7.00
b	그렇게 하나니까 아들은 사람들이 되었다. 이번에 가는 사람들이 되었다. 나는 이번 사람들이 되었다. 아들은 아들은 아들은 사람들이 아들은 사람들이 가지 않는데 하다면 하다면 다른데 나를 하는데 하다면 다른데 다른데 다른데 다른데 다른데 다른데 다른데 다른데 다른데 다른데	120	Δ.	
		12b	17	
c	rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	X	
	describe in Schedule O how this is done	12c	v	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	-
15	Did the process for determining compensation of the following persons include a review and approval by	14	X	
10	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
	The organization's CEO, Executive Director, or top management official?	150		
h	이 부러워지는 14일 그는 것이 되었다면 지원이 되었다면 가게 되었다면 되었다면 그렇게 그래요? 그렇게 그래요? 그렇게 그래요? 그렇게 그래요? 그렇게 그래요? 그렇게 그래요? 그렇게 그래요? 그렇게 그래요?	15a	X	-
	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	15b		X
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
104	with a terratile patity divisor the range	40-		43
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	16a		X
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	406		
Soct	ion C. Disclosure	16b	_	
17	List the states with which a copy of this Form 990 is required to be filed >		_	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)	e only		
10	available for public inspection. Indicate how you make these available. Check all that apply.	S Only	,	
10	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inte	est		
20	policy, and financial statements available to the public.	el.		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne		
	organization: ▶DOUG EVANS 9110 E. NICHOLS AVENUE, #300 CENTENNIAL, CO 80112	1		
_	303-694-0305			_

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. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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.

(A) Name and Title	(B)	Don't			2)	tal sale	-6.A	(D) Reportable	(E) Reportable	(F) Estimated
name and file	Average hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	ল Highest compensated ল employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
SEE SCHEDULE J-2		1								
					-					
		111								
		hai								
	-	F								
	5 = 1		T		1					

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(A) Name and title	(B) Average hours per week	il Individual trustee	institutional trustee		Key employee	के Highest compensated के employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MIS		Esti amo compo fro organ and	(F) imated bunt of ther ensatio m the nizatior related nization	1
						ted					organ	iization	
				1.4									
										+			
										+			
			Н							+			
										-			
										4			
	1 7 7 1												

tal number of individuals (including those	 ∋ in 1a) v	vho r	ece	ivec	d m	ore t	▶ han	2,440,998. \$100,000 in re					
	C 5.0									Г		Yes	No
d the organization list any former offic aployee on line 1a? <i>If "Yes," complete Schedu</i>	er, direct ule J for su	or or ch ind	tru ivid	uste lual	e, I	key e	emp	loyee, or highes	t compensate	d	3	x	
e organization and related organizations	greater th	nan \$	150	00,0	00?	If "Y	es,"	complete Sched	ule J for suc	h			
d any person listed on line 1a receive	e or accr	ue c	omp	pens	satio	n fro	om	any unrelated of	rganization for	or	4	X	
rvices rendered to the organization? If "Yes,"	complete	Sched	ule	J fo	r su	ch pe	rsor				5		X
omplete this table for your five highest	compensa	ted ir	dep	pend	dent	con	trac	tors that receive	d more than	\$100	000	of	
(A) Name and business adde	ress							(B) Description of se	rvices	Cor	(C)	ation	
STATEMENT 1							T						
							-						
	d the organization list any former office in ployee on line 1a? If "Yes," complete Scheduler any individual listed on line 1a, is the eorganization and related organizations dividual	d the organization list any former officer, direct imployee on line 1a? If "Yes," complete Schedule J for sure or any individual listed on line 1a, is the sum of the organization and related organizations greater the dividual	tal number of individuals (including those in 1a) who reganization 15 d the organization list any former officer, director or inployee on line 1a? If "Yes," complete Schedule J for such individual listed on line 1a, is the sum of reporter organization and related organizations greater than \$\frac{dividual}{dividual}	that number of individuals (including those in 1a) who receive ganization 15 d the organization list any former officer, director or translove on line 1a? If "Yes," complete Schedule J for such individual or any individual listed on line 1a, is the sum of reportable organization and related organizations greater than \$150 dividual	that number of individuals (including those in 1a) who received ganization 15 d the organization list any former officer, director or truster inployee on line 1a? If "Yes," complete Schedule J for such individual or any individual listed on line 1a, is the sum of reportable of eorganization and related organizations greater than \$150,00 dividual	that number of individuals (including those in 1a) who received m ganization 15 d the organization list any former officer, director or trustee, Inployee on line 1a? If "Yes," complete Schedule J for such individual or any individual listed on line 1a, is the sum of reportable come e organization and related organizations greater than \$150,000? dividual	that number of individuals (including those in 1a) who received more to ganization 15 d the organization list any former officer, director or trustee, key employee on line 1a? If "Yes," complete Schedule J for such individual	that number of individuals (including those in 1a) who received more than ganization 15 d the organization list any former officer, director or trustee, key empenployee on line 1a? If "Yes," complete Schedule J for such individual	tall number of individuals (including those in 1a) who received more than \$100,000 in reganization ► 15 Individual to the organization list any former officer, director or trustee, key employee, or highes imployee on line 1a? If "Yes," complete Schedule J for such individual to any individual listed on line 1a, is the sum of reportable compensation and other come organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such person the organization? If "Yes," complete Schedule J for such person to the organization? If "Yes," complete Schedule J for such person to the organization? If "Yes," complete Schedule J for such person to the organization. (A) Name and business address STATEMENT 1	total number of individuals (including those in 1a) who received more than \$100,000 in reportable companization ▶ 15 Individual the organization list any former officer, director or trustee, key employee, or highest compensate including the sum of reportable compensation and other compensation or 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 dividual. Individual the organization of the organization? If "Yes," complete Schedule J for such person the organization? If "Yes," complete Schedule J for such person the Independent Contractors of the organization. In B. Independent Contractors In B. Independent C	atal number of individuals (including those in 1a) who received more than \$100,000 in reportable compensated an including the serious of the organization of the organization of the organization list any former officer, director or trustee, key employee, or highest compensated including the organization list any former officer, director or trustee, key employee, or highest compensated in the organization and other compensation from the organization of 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 dividual	and the properties of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ 15 In the organization I ist any former officer, director or trustee, key employee, or highest compensated and the organization list any former officer, director or trustee, key employee, or highest compensated and the organization ist any former officer, director or trustee, key employee, or highest compensated and organizated 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 dividual	otal number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the ganization \(\) 15 It is any former officer, director or trustee, key employee, or highest compensated individual issued 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 dividual. If any person listed on line 1a receive or accrue compensation from any unrelated organization for revices rendered to the organization? If "Yes," complete Schedule J for such person In B. Independent Contractors

Page 9

Total revenue	rt VIII	Statement of Revenue		8	4-0738973		
b Membership dues . 16 c Fundralising events . 16 d Related organizations . 16 d Related organizations . 16 d Related organizations . 16 d Related organizations . 16 d Related organizations . 16 d Related organizations . 16 d Related organizations . 16 d Related organizations . 17 d Related organizations . 18 d Related organizations				to the second of the second	Related or exempt function	Unrelated business	(D) Revenue excluded from to under sections 512, 513, or 51
b Membership dues	1a	Federated campaigns	1a				
Total Add Intest 18-11	b		1 34				
Total Add Intest 18-11	c		100				
Total Add Intest 18-11	d		19.7				
Total Add Intest 18-11	e		Tarini I				
Business Code 30,0059 35,832,980, 35	f						
Description			1f NONE				
Business Code 30,0059 35,832,980, 35	a						
Business Code 900099 35, 832, 980, 35, 832, 980, 900099 10, 254, 288, 10, 254,	h			NONE			
b STATE BEEF COUNCIL 900089 10, 254, 288. 10, 254, 288. c SPONSORSHES/MICS 900099 4, 133, 901. 1, 133, 901. d MEDMEDSSHEF DUES 900099 3, 400, 614. 3, 400, 614. e 20VERTISING 541900 746, 109. f All other program service revenue 900099 1, 243, 512. g Total, Add lines 2a-2f. 541900 746, 109. 5419000 746, 109. 541900 746, 109. 541900 746, 109. 541900 746,							
b STATE BEEF COUNCIL 900099 10,254,288. 10,254,288. c SPONSORSHER/MICS 900099 4,133,901. 4,133,901. d MCRMERSHER DUES 900099 3,400,614. 3,400,614. g Total, Add lines Ze-2f 900099 1,243,3152. 1,243,812. g Total, Add lines Ze-2f 55,611,704. 3 Investment income (including dividends, interest, and other similar amounts) 7,362. d Income from investment of tax-exempt bond proceeds NONE NONE	2a	BPOC CONTRACTS	900099	35, 832, 980,	35,832,980.		
C SPONSORSH PS/MRCS 900069 4,133,901. 4,133,901.	000						
d MEMBERSHIP DUES 900099 3,400,614. 3,400,614. e 20VERTISING 746,109. 746,109. 746,109. f All other program service revenue 900099 1,243,812. g Total. Add lines 2a-2f 55,611, 704. 3 Investment income (including dividends, interest, and other similar amounts) 5,611,704. 4 Income from investment of tax-exempt bond proceeds MONE NONE 5 Royalties (i) Real (ii) Personal 82,274. b Less: rental expenses MONE Royalties NONE 6 Royalties (ii) Other Royalties	7						
E 20 20 21 21 24 25 27 20 20 20 20 20 20 20	100	A TANA TOR ON THE					1
f All other program service revenue 900099 1, 243, 812. 1, 243, 812. 9 Total, Add lines 2a-2f > 55, 611, 704. 9 3 Investment income (including dividends, interest, and other similar amounts)	1000	TOTAL CONTRACTOR OF THE STATE O			3,400,014.	746 100	7 1
g Total Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 82, 274. b Less: cental expenses Rontal income or (loss) Rental income or (loss) Ross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) None (ii) Other 82, 274. (iii) Other 82, 274. (iv) Securities (iv) Other 82, 274. (v) Securities (vi) Other 82, 274. (vi) Securities (vi) Other 82, 274. (vi) Securities (vi) Other 82, 274. (vi) Securities (vi) Other 82, 274. (vi) Securities (vi) Other 82, 274. (vi) Other 82, 274. (vi) Other 82, 274. (vi) Securities (vi) Other 82, 274. (vi) Securities (vi) Other 82, 274. (vi) Other 82,	e		7 17.137		1 242 012	740, 103.	
3 Investment income (including dividends, interest, and other similar amounts)	1 0	보고 있는 다 보고 있어야 한다면 살빼왔다면 하는 사이를 입어하면 먹고 말았다면 하셨다. 이 때문			1,243,012.		
ther similar amounts) Income from investment of tax-exempt bond proceeds Royalties Royalties Royalties Royalties Rental income or (loss) R				33,011,704.			
A Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal (ii) Real (iii) Personal (iii) Real (iii) Personal (iv) Real (iii) Personal (iv) Real (iv) Personal (iv) Cher Revenue Revenue Roya Park (iv) Personal (iv) Cher Revenue Revenue Roya Park (iv) Personal (iv) Cher Revenue Revenue Roya Park (iv) Personal (iv) Cher Revenue Revenue Roya Park (iv) Personal (iv) Cher Revenue Revenue Roya Park (iv) Personal (iv) Cher Revenue Revenue Roya Park (iv) Personal (iv) Cher Revenue Roya Park (iv) Personal (iv) Cher Revenue Roya Park (iv) Personal (iv) Cher Revenue Roya Park (iv) Personal (iv) Cher Revenue Roya Park (iv) Personal (iv) Cher Revenue Roya Park (iv) Personal (iv) Cher Revenue Roya Park (iv) Personal (iv) Cher Roya Park (iv) Personal (iv) Cher Roya Park (iv) Park (iv	3			7 262			7.30
Securities							7,36
(i) Real (ii) Personal 82, 274. b Less: rental expenses	1000				-		1
b Less: rental expenses	5			NONE		-	
b Less: rental expenses	6a	Gross Rents	82, 274.				
c Rental income or (loss)	100	A STATE OF THE PROPERTY OF THE	NONE				
d Net rental income or (loss). 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses . c Gain or (loss) . d Net gain or (loss) . None 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18. b Less: direct expenses . c Net income or (loss) from fundraising events . b Less: direct expenses . c Net income or (loss) from gaming activities. See Part IV, line 19. a b Less: direct expenses . b c Net income or (loss) from gaming activities . See Part IV, line 19. a b Less: cost of goods sold . b Less: cost of goods sold . c Net income or (loss) from sales of inventory, ess returns and allowances . a b Less: cost of goods sold . b Less: cost of goods sold . c Net income or (loss) from sales of inventory. STNT. 2. Miscellaneous Revenue Business Code 11a OTHER REVENUE RELATED TO EXEMPT FUNCTION 900099 491,754. 491,754.	100		82,274.				
Ta Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses	100	A CONTRACTOR OF THE PROPERTY O		82, 274			82, 27
b Less: cost or other basis and sales expenses		Gross amount from sales of (i) Sec	curities (ii) Other				02/2
c Gain or (loss)	b	Less: cost or other basis					
d Net gain or (loss) NONE 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18							
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18							-
events (not including \$	1.0			NONE			d A
of contributions reported on line 1c). See Part IV, line 18	8a						
See Part IV, line 18			-	4			
b Less: direct expenses							1
c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19							
9a Gross income from gaming activities. See Part IV, line 19. b Less: direct expenses	100			- Links			-
See Part IV, line 19			events	NONE			
b Less: direct expenses b NONE 10a Gross sales of inventory, less returns and allowances	9 a						
c Net income or (loss) from gaming activities	h						
returns and allowances	100			NONE			
b Less: cost of goods sold b 424,150. c Net income or (loss) from sales of inventory STMT. 2 > 501,066. Miscellaneous Revenue Business Code 11a OTHER REVENUE RELATED TO EXEMPT FUNCTION 900099 491,754. 491,754.	10a						
c Net income or (loss) from sales of inventory STMT. 2 ▶ 501,066. Miscellaneous Revenue Business Code 11a OTHER REVENUE RELATED TO EXEMPT FUNCTION b 900099 491,754. 491,754. b C d All other revenue	h						
Miscellaneous Revenue Business Code 11a	100						501,08
b				301/0001			301700
b	11a	OTHER REVENUE RELATED TO EXEMPT !	FUNCTION 900099	491,754.	491.754.		
c d All other revenue	100			100,000			
d All other revenue							
e Total. Add lines 11a-11d		All other revenue	7.5%				
	100			101 751			
12 Total Revenue. Add lines 1n, 2g, 3, 4, 5, 6d, 7d, 8C,	100			471, /34.			
9c, 10c, and 11e · · · · · · · · ► 56,694,160. 55,357,349. 746,109.	12			EC (04 100	EE 257 246	746 100	590,70

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and	- Casa			
	organizations in the U.S. See Part IV, line 21	NONE			
	Grants and other assistance to individuals in				
	he U.S. See Part IV, line 22	NONE			
	Grants and other assistance to governments,				
	organizations, and individuals outside the	200.00			
	J.S. See Part IV, lines 15 and 16	NONE			
	Benefits paid to or for members	NONE			
	Compensation of current officers, directors,				
	rustees, and key employees	2,441,000.			
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
		NONE			
	Other salaries and wages	8,063,475.			
	Pension plan contributions (include section 401				
_	k) and section 403(b) employer contributions)	NONE			
	Other employee benefits	2,688,094.			
	Payroll taxes	NONE			
	ees for services (non-employees):				
	Management	NONE			
	egal	230,120.			
	Accounting	59, 296.			
	obbying	NONE			
	Professional fundraising services. See Part IV, line 17 nvestment management fees	NONE			
		NONE			
	Other	8, 153, 264.			
	Advertising and promotion	27, 235, 646.			
	Office expenses	544, 252.	-		
	nformation technology	250, 257.			
	Royalties	NONE		1	
	Occupancy	1,680,667. 2,056,269.			
	Payments of travel or entertainment expenses	2,036,269.			
	or any federal, state, or local public officials	NONE			
	Conferences, conventions, and meetings	1,028,525.			
		39,619.			
	nterest	NONE			
	Payments to affiliates	168,105.			
		307, 625.			
	nsurance	301,023.			
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
	BAD_DEBT_EXPENSE	338, 336.			
	RELOCATION	150, 582.			
	REGISTRATION	110,995.			
	FI NANCE_CHARGES	46,145.)
	VOLUNTEER	16,507.			7
	All other expenses	85, 423.			
	Total functional expenses. Add lines 1 through 24f	55, 694, 202.			
	loint Costs. Check here	33, 034, 202.			
	60P 98-2. Complete this line only if the organization				
re	eported in column (B) joint costs from a				V a
	ombined educational campaign and fundraising olicitation				

JSA 8E1052 1.000

Form 990 (2008)

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Balance Sheet

Part X

			(A) Beginning of year			B) of year	
	1	Cash - non-interest-bearing		1			
	2	Savings and temporary cash investments	5, 479, 652.	2	9, 5	504,2	207.
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	9,919,542.	4	7,1	138,	486.
	5	Receivables from current and former officers, directors, trustees, key					
	-	employees, or other related parties. Complete Part II of Schedule L	NONE	5	-	150,0	000.
	6	Receivables from other disqualified persons (as defined under section					
	150	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II					
	120	of Schedule L		6			
2	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sales or use		8			_
As	9	Prepaid expenses and deferred charges STMT. 3	472,404.	9	3	194,	676
	10a	Land, buildings, and equipment: cost basis 10a 3, 745, 627.	372/104.			1741	570.
	b	Less: accumulated depreciation. Complete					
		Part VI of Schedule D	498,523.	100	3	416,	100
	11	Investments - publicly traded securities STMT 4	993, 400.	11			
	12	Investments - other securities. See Part IV, line 11	993,400.	12			NONE
	13	Investments - program-related. See Part IV, line 11	1 500 765	13	10.4		104
	14	Intangible assets	1,680,765.	14	11	626,	134.
	15	Other assets. See Part IV, line 11	05 500	15		0.5	F.0.0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	95, 589.		4 8 3		589.
	17		19,139,875.	16		125,	
	10.00	Accounts payable and accrued expenses	11,481,964.	17	9,	558,	207.
	18	Grants payable		18			
	19	Deferred revenue	1,775,960.	19	2,6	691,	999.
	20	Tax-exempt bond liabilities		20			
Liabilities	21	Escrow account liability. Complete Part IV of Schedule D		21			
Ħ	22	Payables to current and former officers, directors, trustees, key employees,					
iab		highest compensated employees, and disqualified persons. Complete Part II		1591			
-	las:	of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties		23			
	24	Unsecured notes and loans payable		24			
	25	Other liabilities. Complete Part X of Schedule D	NONE	25		47,	798.
	26	Total liabilities. Add lines 17 through 25	13, 257, 924.	26	12,	298,	004.
Balances		Organizations that follow SFAS 117, check here ▶ 🔯 and complete lines 27 through 29, and lines 33 and 34.					
and	27	Unrestricted net assets	5,881,951.	27	6.1	827,	280.
Bal	28	Temporarily restricted net assets		28			
	29	Permanently restricted net assets		29			
Net Assets or Fund		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.					
ts	30	Capital stock or trust principal, or current funds		30			
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund	T	31			
A	32	Retained earnings, endowment, accumulated income, or other funds		32			
Vet	33	Total net assets or fund balances	5,881,951.	33	6	827,	280
7	34	Total liabilities and net assets/fund balances	19,139,875.	34		125,	
Pa	rt XI		19,139,673.	.0.7	121	20,	204.
					- 11	Yes	No
1	Acco	ounting method used to prepare the Form 990: Cash X Accrual Other	er				
2a	Were	e the organization's financial statements compiled or reviewed by an independent accoun	tant?		2a		Х
b		e the organization's financial statements audited by an independent accountant?			2b	X	
C		es" to lines 2a or 2b, does the organization have a committee that assumes responsibility					
		t, review, or compilation of its financial statements and selection of an independent account		24225	2c	X	1
3a		result of a federal award, was the organization required to undergo an audit or audits as					
		Single Audit Act and OMB Circular A-133?			3a		x
ь		es," did the organization undergo the required audit or audits?					**
						m 990	(201

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

► To be completed by organizations described below.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. Section 527 organizations: Complete Part I-A only. If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(cy)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization Employer identification number NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC 84-0738973 To be completed by all organizations exempt under section 501(c) and section 527 organizations. See the instructions for Schedule C for details. Provide a description of the organization's direct and indirect political campaign activities in Part IV. 1 2 To be completed by all organizations exempt under section 501(c)(3). See the instructions for Schedule C for details. 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . > \$___ 3 No No If "Yes," describe in Part IV. To be completed by all organizations exempt under section 501(c), except section 501(c)(3). See the instructions for Schedule C for details. Enter the amount directly expended by the filing organization for section 527 exempt function NONE Enter the amount of the filing organization's funds contributed to other organizations for section NONE Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and NONE State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received and promptly and directly funds. If none, enter -0-. delivered to a separate political organization. If none, enter -0-.

Schedule C (Form 990 or 990-EZ) 2008			84-0	738973	Page 2
		ions exempt under se . See the instructions fo			
		ongs to an affiliated ground ecked box A and "limited		ons apply.	
Limits (The term "expendi	s on Lobbying itures" means	Expenditures amounts paid or incurre	d.)	(a) Filing organization's totals	(b) Affiliated group totals
Total lobbying expenditures to Total lobbying expenditures to Total lobbying expenditures (ad Other exempt purpose expende Total exempt purpose expendif Lobbying nontaxable amount. columns.	influence a le dd lines 1a and litures itures (add line	gislative body (direct lobby d 1b)	ying)		
If the amount on line 1e, column (nt is:		
Not over \$500,000		of the amount on line 1e.			
Over \$500,000 but not over \$1,00		0,000 plus 15% of the exces			
Over \$1,000,000 but not over \$1,5		5,000 plus 10% of the exces			
Over \$1,500,000 but not over \$17		5,000 plus 5% of the excess	over \$1,500,000.		
g Grassroots nontaxable amoun		000,000.			
	4-Ye	er line 1h or line 1i, did the	e organization file er Section 501(h) ion do not have t	o complete all of the fi	Yes No
	Lobbying	Expenditures During 4-	Year Averaging Pe	riod	
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures		_11			

Schedule C (Form 990 or 990-EZ) 2008

Pai	To be completed by organizations exempt under section 501(c)(3) that have 5768 (election under section 501(h)). See the instructions for Schedule C for c	NOT letails	filed	Form	Ų.	
		(a	- 1		(b)	
		Yes	No		Amou	nt
1	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					
a	referendum, through the use of: Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C		1770				
d	Media advertisements? Mailings to members, legislators, or the public?	lief.				
e	Publications, or published or broadcast statements?	15				
f	Cidito to other diganizations for loop ing purposes:	100				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	-				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?				_	
1	Other activities? If "Yes," describe in Part IV			-		
j 2 a	Total lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		-	-		
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If 'Yes," enter the amount of any tax incurred by organization managers under section 4912		1	-		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pa	t III-A To be completed by all organizations exempt under section 501(c)(4), se	ction	501	(c)(5	. or	
	section 501(c)(6). See the instructions for Schedule C for details.	****	22.5	1-17-	9	
1 2 a	To be completed by all organizations exempt under section 501(c)(4), se section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "N question 3 is answered "Yes." See Schedule C instructions for details. Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year	o" O	R if		ili-A, 3, 4	00,614
b	Carryover from last year			2b		
C	Total			2c		66,374
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion			3	6	80,123
7	excess does the organization agree to carryover to the reasonable estimate of nondeductible lo					
	[2012] [1012] [1012] [1012] [1012] [1012] [1012] [1012] [1012] [1012] [1012] [1012] [1012] [1012] [1012] [1012]			4		
5	and political expenditure next year? Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)			5	-4	13,749
Pai	t IV Supplemental Information					
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, complete this part for any additional information.			l Part	II-B, Jin	e 1i.
						0.000
			4444	- he-		
_35			00.0			
						4.7.4.4.4.4

Schedule C (Form 990 or 990-E2) 2008	84-0738973	Page 4
Part IV	Supplemental Information (continued)		
400-000			
222222			
Carre			
مامالياتيان ب			
ennere.			

SCHEDULE D (Form 990)

Supplemental Financial Statements

2008
Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Nam	e of the organization			Employer identification number
NAT	TIONAL CATTLEMEN'S BEEF ASSOCIATION	N, INC		84-0738973
Pa	Organizations Maintaining Donor Adv the organization answered "Yes" to Fo	vised Funds or Othe rm 990, Part IV, line	r Similar Funds 6.	or Accounts. Complete if
		(a) Donor adv	vised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor a	advisors in writing that	the assets held in	donor advised
6	funds are the organization's property, subject to the Did the organization inform all grantees, donors, a	he organization's exclu	sive legal control?	Yes No
o	used only for charitable purposes and not for the I	benefit of the donor or	donor advisor or o	other
result.	impermissible private benefit?			· · · · · · · · · · · Yes □ No
_	Conservation Easements, Complete i			Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the	네트 선생님은 사람이 되었다.		
	Preservation of land for public use (e.g., recre Protection of natural habitat Preservation of open space	reation or pleasure)		n of an historically importantly land area n of certified historic structure
2	Complete lines 2a-2d if the organization held a qu	alified conservation of	entribution in the f	orm of a conservation easement
	on the last day of the tax year.	allinea conservation co	ontribution in the n	offit of a conservation casement
	27 312 (322 227 27 312 322 7 241			Held at the End of the Year
а	Total number of conservation easements			. 2a
b	Total acreage restricted by conservation easement			
C	Number of conservation easements on a certified			
d	Number of conservation easements included in (c			
3	Number of conservation easements modified, transthe taxable year ▶			
4	Number of states where property subject to conse	ervation easement is lo	cated >	
5	Does the organization have a written policy regard enforcement of the conservation easements it hold	ding the periodic moni	toring, inspection,	
6	Staff or volunteer hours devoted to monitoring, ins			
7	Amount of expenses incurred in monitoring, inspe			
8	Does each conservation easement reported on lin			
	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	the control of the co		the state of the s
9	In Part XIV, describe how the organization reports			
	balance sheet, and include, if applicable, the text			
	the organization's accounting for conservation eas			Marie de Marie de Marie de Marie de Marie
Pa	rt III Organizations Maintaining Collection Complete if the organization answered	is of Art, Historical of d "Yes" to Form 990	Freasures, or Ot , Part IV, line 8.	ther Similar Assets.
1a	If the organization elected, as permitted under SF art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its	AS 116, not to report eld for public exhibition financial statements the	in its revenue sta , education, or re- nat describes these	tement and balance sheet works of search in furtherance of public service, titems.
b	If the organization elected, as permitted under SF historical treasures, or other similar assets held for provide the following amounts relating to these ite	or public exhibition, ed ems:	ucation, or resear	ch in furtherance of public service,
	(i) Revenues included in Form 990, Part VIII, line	1.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	201241111	.,,,,,,,,, ▶ \$
	(ii) Assets included in Form 990, Part X		1921125113	
2	If the organization received or held works of art, h	nistorical treasures, or	other similar asse	ets for financial gain, provide the
	following amounts required to be reported under \$			
a	Revenues included in Form 990, Part VIII, line 1 .			
b	Assets included in Form 990, Part X			
For	Privacy Act and Paperwork Reduction Act Notice, see the Instru	ictions for Form 990		Schedule D (Form 990) 2008

Par	t III	Organizations Maintainin	g Collections o	f Art, Histo	rical Treasures,	or Other Similar A	ssets (continued)
2	Heine	the propriention's people in	and athor repords	abook any	of the fallentine the		a at the collection
3		the organization's accession a	and other records	, cneck any	of the following the	at are a significant us	e of its collection
	items	(check all that apply):		S. 1	1 1000 2000		
a		Public exhibition		d		nange programs	
b		Scholarly research		e	Other		
C		Preservation for future gen					
4	Provid Part X	le a description of the organization.	ation's collections	and explain	how they further t	he organization's exe	empt purpose in
5		the year, did the organization					
Par	tIV	Trust, Escrow and Custo	dial Arrangeme	nts. Comp	lete if organization		
_		Part IV, line 9, or reported	an amount on	Form 990,	Part X, line 21.		
1a	Is the	organization an agent, trustee	, custodian or oth	er intermedi	iary for contribution	ns or other assets no	
	include	ed on Form 990, Part X?					Yes No
b	If "Yes	," explain the arrangement in	Part XIV and com	plete the fol	lowing table:		
						A	mount
C	Begin	ning balance			2 2 2 2 2 2 2 2 2 4	1c	30 - 71007
d		ons during the year					
е		outions during the year					
f		g balance					
22	Did th	e organization include an amo	unt on Form 990	Part Y line	212	11	Yes No
h	If "You	s," explain the arrangement in	Doct VIV	, Fait A, line	All 23.49.60		Yes No
	THE REAL PROPERTY.			ation analis	ared IIVaall ta Far	000 D-+ IV II	10
Par	t V	Endowment Funds. Com					
	Design	-	(a) Current Year	(b) Prior ye	ear (c) Two year	s back (d) Three yea	ers back (e) Four years back
		ning of year balance					
b		butions					
		ment earnings or losses , .					
		s or scholarships					
е	Other	expenditures for facilities .					
		rograms					
f	Admin	istrative expenses				3413	
g	End of	f year balance					
2		le the estimated percentage of	f the year end ba	ance held as	V.		
a		designated or quasi-endowme	and the second s	%			
		anent endowment >	%				
			/0				
		ere endowment funds not in t	7	the organiza	ation that are hold	and administrated for	Mar.
Ju			ne possession of	the organiza	ation that are neig	and administered for	
		zation by:					Yes No
		related organizations					
10	(II) rela	ated organizations					3a(ii)
		s" to 3a(ii), are the related orga					3b
4		ibe in Part XIV the intended us					
Pai	t VI	Investments - Land, Build	lings, and Equi	pment. See	Form 990, Part	X, line 10.	
		Description of investment		or other basis estment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a	Land.	********					
b	Buildir	ngs	1111				
		hold improvements			1,029,413	898,947.	120 466
C			-		1,029,41	030,347.	130,466.
d	Equip	ment	T. A. A. A.				
d e		ment			2,716,214	. 2,430,488.	285, 726.

Schedule D (Form 990) 2008

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
nancial derivatives and other financial products		
osely-held equity interests		
ner		
	5 -	
	V P	
tal. (Column (b) should equal Form 990, Part X, col. (B) line 12.)	>	
art VIII Investments - Program Related. Se		
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
WINDSWIND THE CONTRACTOR	1 200 (- :	
NVESTMENT IN SUBSIDIARY	1,626,134.	FMV
otal. (Column (b) should equal Form 990. Part X. col. (B) line 13.)	1 626 124	
	1,626,134.	
Part IX Other Assets. See Form 990, Part X	K, line 15.	(h) Peek value
Part IX Other Assets. See Form 990, Part X	1,626,134. K, line 15. (a) Description	(b) Book value
Part IX Other Assets. See Form 990, Part X	K, line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X	K, line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X	K, line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X	K, line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X	K, line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X	K, line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X	K, line 15.	(b) Book value
art IX Other Assets. See Form 990, Part X	K, line 15.	(b) Book value
art IX Other Assets. See Form 990, Part X	K, line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X	K, line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part	K, line 15. (a) Description	
Part IX Other Assets. See Form 990, Part 2	K, line 15. (a) Description	
Part IX Other Assets. See Form 990, Part X Other Assets. See Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X	X, line 15. (a) Description	
otal. (Column (b) should equal Form 990, Part X, col. (B) line 15.) Other Liabilities. See Form 990, Part X (a) Description of liability	K, line 15. (a) Description	
tal. (Column (b) should equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, col. (a) Description of liability ederal income taxes	x, line 15. (a) Description rt X, line 25. (b) Amount	
tal. (Column (b) should equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, col. (B) line 15.) (a) Description of liability ederal income taxes	X, line 15. (a) Description	
tal. (Column (b) should equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, col. (B) line 15.) (a) Description of liability ederal income taxes	x, line 15. (a) Description rt X, line 25. (b) Amount	
tal. (Column (b) should equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, col. (a) Description of liability ederal income taxes	x, line 15. (a) Description rt X, line 25. (b) Amount	
Part IX Other Assets. See Form 990, Part X Other Liabilities. See Form 990, Part X (a) Description of liability ederal income taxes	x, line 15. (a) Description rt X, line 25. (b) Amount	
Part IX Other Assets. See Form 990, Part X Other Liabilities. See Form 990, Part X (a) Description of liability ederal income taxes	x, line 15. (a) Description rt X, line 25. (b) Amount	
Part IX Other Assets. See Form 990, Part X Other Liabilities. See Form 990, Part X (a) Description of liability ederal income taxes	x, line 15. (a) Description rt X, line 25. (b) Amount	
Part IX Other Assets. See Form 990, Part X Other Liabilities. See Form 990, Part X (a) Description of liability ederal income taxes	x, line 15. (a) Description rt X, line 25. (b) Amount	
Part IX Other Assets. See Form 990, Part X Other Liabilities. See Form 990, Part X (a) Description of liability ederal income taxes	x, line 15. (a) Description rt X, line 25. (b) Amount	
Part IX Other Assets. See Form 990, Part X Other Liabilities. See Form 990, Part X (a) Description of liability ederal income taxes	x, line 15. (a) Description rt X, line 25. (b) Amount	
Part IX Other Assets. See Form 990, Part X Other Liabilities. See Form 990, Part X (a) Description of liability ederal income taxes	x, line 15. (a) Description rt X, line 25. (b) Amount	
otal. (Column (b) should equal Form 990, Part X, col. (B) line 15.). Part X Other Liabilities. See Form 990, Pa (a) Description of liability ederal income taxes AUTO FINANCING	x, line 15. (a) Description rt X, line 25. (b) Amount	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

AHIZAJ N752

Schedule D (Form 990) 2008

_FIN_48_DISCLOSURE
PART X
FIN 48 WAS NOT APPLICABLE TO THE ORGANIZATION FOR THE FISCAL YEAR ENDED
9/30/2009. THEREFORE, THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS DO
NOT HAVE A FOOTNOTE THAT REPORTS UNCERTAIN TAX POSITIONS UNDER FIN 48.
_MOI_NAVE_K_1001MOIE_INAI_NECONO_ONCENTAIN_IAK_FOSIIIONS_ONDER_FIN_46
OTHER RECONCILING DECREASES
PART XII, LINE 2D, AND PART III, LINE 2D
COST OF GOODS SOLD \$424,150
OTHER RECONCILING INCREASES
PART XII, LINE 4B, AND PART III, LINE 4B
RENTAL INCOME 82,274
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

AHIZAJ N752

#### SCHEDULE J (Form 990)

#### Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047 Open to Public

Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number

NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC. 84-0738973 Questions Regarding Compensation No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a: a Receive a severance payment or change of control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement?..... If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?..... 5a 5b If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?..... 6b If "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

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

Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53,4958-4(a)(3)? If "Yes," describe

Schedule J (Form 990) 2008

7

Page 2

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Schedule J (Form 999) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of W-2	of W-2 and/or 1099-MISC compensation	compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ
	(9)	163,740.		NONE	13,662.	18,156.	200,558.	NONE
KIM ESSEX	(E)		NONE	NONE	NONE	NONE	NONE	NONE
	(E)		5,	NONE	13,944.	12,211.	202,614.	NONE
KENDAL FRAZIER	<b>E</b>	NONE		NONE	NONE	NONE	NONE	NONE
	(3)		5,000.	NONE	14,655.	18,042.	212,223.	NONE
RICHARD HUSTED	<b>E</b>		NONE	NONE	NONE	NONE	NONE	NONE
	<b>©</b>	165,944.	5,000.	NONE	13,780.	16,897.	201,621.	NONE
JAMES REAGAN	<b>E</b>		NONE	NONE	NONE	NONE	NONE	NONE
	6	237,943.	15,000.	NONE	19,617.	17,086.	289,646.	NONE
TERRY STOKES	<b>(E)</b>	i i		NONE	NONE	NONE	NONE	NONE
	(i)	47,709.	NONE	116,201.	9,848.	19,065.	192,823.	NONE
TIMOTHY DOWNEY	(E)		NONE	NONE	NONE	NONE	NONE	NONE
	(i)	46,	NONE	121,518.	9,540.	12,628.	190,061.	NONE
DONALD RICKETTS	(i)		NONE	NONE	NONE	NONE	NONE	NONE
	(6)	48,	NONE	120,852.	10,271.	12,766.	192,014.	NONE
MARK THOMAS	(II)		NONE	NONE		NONE	NONE	NONE
	(i)	142,917.	NONE	NONE	11,520.	17,963.	172,400.	NONE
G ASHBY GREEN	(ii)		NONE	NONE			NONE	NONE
	(2)	149,487.	NONE	NONE	12, 264.	17,984.	179, 735.	NONE
MARVIN KOKES	(9)	l L L	NONE	NONE			NONE	NONE
	(3)	144,318.	NONE	NONE	11,687.	12,123.	168,128.	NONE
RICK MCCARTY	(E)		NONE	NONE		1	NONE	NONE
	(2)	148,	NONE	NONE	12,087.	16,843.	177,096.	NONE
POLLY RUHLAND	(E)		NONE	NONE	NONE		NONE	NONE
	(2)	144,470.	NONE	NONE	11,730.	17,946.	174,146.	NONE
MARY YOUNG	(1)		NONE	NONE		NONE	NONE	NONE
	(E)	59,	NONE	81,250.	10,681.	14,531.	165,542.	NONE
JAY TRUITT	(1)	1	NONE	NONE	- 1		NONE	NONE
	()							
	(ii)							
	€ (							-
	Ξ							

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JSA 8E1291 1,000

Serial Sunniamental Information
TRAVEL FOR COMPANIONS
SCHEDULE J. PART I. 1A
THE ORGANIZATION ALLOWS FOR REIMBURSEMENT OF UP TO TWO TRIPS PER YEAR FOR
CEO SPOUSAL TRAVEL. THE REIMBURSEMENT AMOUNT IS INCLUDED IN THE CEO'S
<u>M-2.</u>
Schedule J (Form 990) 2008

## SCHEDULE J-2 (Form 990)

## Continuation Sheet for Form 990

2008
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the Organization

Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Employer Identification number

NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC

84-0738973

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours	Dasit	ian /	(C) (D) (E) on (check all that apply) Reportable Reportable			(F)			
Name and Title	per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
GARY_VOOGTPRESIDENT	1.	x		X				NONE	NONE	NONE
STEVE FOGELSONG	2.			1		91 1	7	110114	2101112	17011
PRESIDENT ELECT	1.	X		x				NONE	NONE	NONE
BILL DONALD		1.00				-				
VICE PRESIDENT	1.	X		X			13	NONE	NONE	NONE
TRACY BRUNNER		7	-							
CHAIR POLICY	1.	X		X				NONE	NONE	NONE
BRUCE HAFENFELD										
VICE CHAIRMAN POLICY	1.	X		X	-			NONE	NONE	NONE
JD_ALEXANDER				H			6.0			
CHAIR FEDERATION	1.	X		X				NONE	NONE	NONE
SCOTT_GEORGE							1	1 1	1000	
VICE CHAIRMAN FEDERATION	1.	X		X				NONE	NONE	NONE
LUISA JACA										
TREASURER	1.	X	-	X	-		-	NONE		NONE
RICHARD HUSTED	127				1.			1702 523	Laurina de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la company	42 440
CHIEF OPERATING OFFICER	40.	-	-	X			-	179,526.	NONE	32,697.
TERRY STOKES	- 10							250 242	11011	25 252
CEO - TERM END 1/09	40.	-		X				252,943.	NONE	36,703.
DOUGLAS EVANS	40.			v				101 010	MONTE	17 070
CHIEF FINANCIAL OFFICER	40.			X		-	-	121,918.	NONE	17, 279.
FORREST ROBERTS CEO - TERM BEG 1/09	40.			Х				NONE	NONE	NONE
KIM ESSEX	40.			^				NONE	IVOINE	NOM
SR. VP MKTG & COMMUNICATIONS	40.				x		4	168,740.	NONE	31,818.
KENDAL FRAZIER					1			20077107	1,0112	01/010.
SR. VP LEADERSHIP & GOVERNANCE	40.				X		ш	176,459.	NONE	26,155.
JAMES REAGAN			11			-				
SR. VP REI	40.				X			170,944.	NONE	30,677.
G ASHBY GREEN								1.000	T	
VP PRODUCER EDUCATION	40.					X		142,917.	NONE	29,483.
MARVIN KOKES						1.4				
VP CORPORATE RELATIONS	40.					X		149,487.	NONE	30,248.
RICK MCCARTY										
VP ISSUES MANAGEMENT	40.				_	X		144,318.	NONE	23,810.
POLLY RUHLAND	1 1		0.0							
VP MEMBER SERVICES	40.	-				X	_	148,166.	NONE	28,930.
MARY YOUNG	(73							324.45		Cr. Acr.
VP NUTRITION	40.			-	-	X	-	144,470.	NONE	29,676.
TIMOTHY DOWNEY							24	400 500	160/-30	42.223
VP PLANNING & ADMINISTRATION	40.		1				LX	163,910.	NONE	28,913.

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

Schedule J-2 (Form 990) 2008

## **SCHEDULE J-2** (Form 990)

## Continuation Sheet for Form 990

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the Organization

Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Employer Identification number

84-0738973

Employees (A)	(B)			((	c)			(D)	(E)	(F)		
Name and Title	Average hours	Posit	ion (			that app	ply)	Reportable	Reportable			Estimated
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations		
DONALD RICKETTS  VP GOVERNANCE & FEDERATION	40.						Х	167,893.	NONE	22,168		
MARK THOMAS VP GLOBAL MARKETING	40.						Х	168,977.	NONE	23,037		
JAY_TRUITT												
VP GOVERNMENT AFFAIRS	40.						Х	140,330.	NONE	25,212		
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			0									
			0									
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				4								
								1				

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

Schedule J-2 (Form 990) 2008

### SCHEDULE L (Form 990 or 990-EZ)

## **Transactions With Interested Persons**

08 Open To Public

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or Form 990-EZ.

➤ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, lines 38b or 40b.

Inspection

OMB No. 1545-0047

Name of the organization  NATIONAL CATTLEMEN'S BEEF AS:	SOCIA	TION.	TNC			E	nploye 84-	riden 0738		on nun	nber	
Part I Excess Benefit Transacations To be completed by organizations	(sectio	n 501(c)(	3) and sect	ion 501(c) rm 990, P	(4) organiza art IV, lines	ations only) 25a or 25b				Part	V, line	e 40b
						13 1 = 3					(c) cor	rected?
1 (a) Name of disqualified person				(b	) Description	of transacti	on			- 4	Yes	No
2 Enter the amount of tax imposed on	the ord	anization	managers	or disqual	lified persons	s during the	vear					
under section 4958								1	\$_ \$_			
Part II Loans to and/or From Intere				orm 990,	Part IV, line	26, or For	m 990-	EZ, F	art V,	line 3	8a.	
(a) Name of interested person and purpose		n to or from anization?	(c) Orig principal a		(d) Bala	nce due	(e) In (	default?	by bo	proved ard or nittee?		/ritten ment?
	То	From					Yes	No	Yes	No	Yes	No
FORREST ROBERTS EMPLOYMENT AGREEMENT		X	15	50,000.		150,000.		.Х	X		X	
						-	1					15
Total						150,000.	1					
Part III Grants or Assistance Benefit To be completed by organization					Dart IV line	27						
(a) Name of interested person	_		between int organizat	erested per			ount of	grant	or typ	e of as	sistan	се
Down IV. Duningson Transportions Invo	luine l		d Davasus									
Part IV Business Transactions Invo	ns that	answere	d "Yes" on I	orm 990,	Part IV, line	s 28a, 28b	, or 28	C.				
(a) Name of interested person			ip between son and the ation		nount of saction	(d) Des	scription	n of tra	ansacti	ion	organi	naring of ization's nues?
											Yes	No
	1								-			

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

Schedule L (Form 990 or 990-EZ) 2008

## SCHEDULE O (Form 990)

## Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047
2008
Open to Public Inspection

Department of the Treasury
Internal Revenue Service Form 990 or to provide any
Name of the organization

Employer identification number

NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC	84-0738973
BOARD REVIEW OF FORM 990	***************************************
FORM 990, PART VI, LINE 10	
THE FORM 990 IS PREPARED BY THE ORGANIZATION'S PROFESSIONAL TAX P	REPARER
AND REVIEWED IN DETAIL BY THE ORGANIZATION'S CFO AND CONTROLLER.	THE
FORM 990 IS PRESENTED TO THE ORGANIZATION'S AUDIT COMMITTEE BY TH	E
PROFESSIONAL TAX PREPARER. A COMPLETE COPY OF THE FORM 990 IS PRO	VIDED TO
THE GOVERNING BODY BEFORE IT IS FILED.	
	~ >>

Schedule O (Form 990) 2008	Page Z
Name of the organization NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC	Employer identification number 84-0738973
_COMPENSATION_SETTING_PROCESS	
FORM 990, PART VI, LINE 15	
CHIEF EXECUTIVE OFFICER COMPENSATION IS REVIEWED 2	AND APPROVED BY THE
VOLUNTEER OFFICER GROUP. ALL OTHER SENIOR EXECUT	IVE COMPENSATION IS
REVIEWED AND APPROVED BY THE CHIEF EXECUTIVE OFFI	CER.
EMPLOYEE COMPENSATION IS COMPARED AGAINST COMPARA	BILITY DATA AS PROVIDED
BY A THIRD PARTY COMPENSATION CONSULTANT. COMPENS	SATION DECISIONS ARE
DOCUMENTED IN EACH EMPLOYEE'S PERSONNEL FILE.	
	. <del>, , , , , , , , , , , , , , , , , , ,</del>

Name of the organization	Employer identification number
NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC	84-0738973
DOCUMENTS AVAILABLE TO THE PUBLIC	
FORM 990, PART VI, LINE 19	
_THE_ORGANIZATION_DOES_NOT_MAKE_ITS_GOVERNING_DOCUMENT	IS, CONFLICT OF
INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO	O THE PUBLIC.
	NOT TO BE AS SET TO SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SET TO THE SE
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Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC	84-0738973
CLASSES OF MEMBERSHIP	
PART VI, LINE 6	
THE ORGANIZATION HAS SIX CLASSES OF MEMBERSHIP: REGULAR ME	MBERS, ALLIED
INDUSTRY MEMBERS, PRODUCT COUNCIL MEMBERS, STATE AND NATIO	NAL INDUSTRY
ORGANIZATION MEMBERS, BEEF BREED ORGANIZATION MEMBERS, AND	SUPPORTING
MEMBERS.	
	*************
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
2446694969949494624924425555555555555555	

Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC	84-0738973
ELECTION OF THE GOVERNING BODY	
PART_VI, LINE_7A	
THE ASSOCIATION MEMBERS AND REGISTRANTS SHALL ELECT THE E	PRESIDENT,
PRESIDENT-ELECT AND A VICE PRESIDENT AT THE STAKEHOLDERS	CONGRESS.

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	

Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer Identification number
NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC	84-0738973
DECISIONS OF THE GOVERNING BODY	
PART_VI, LINE 7B	
DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO APPROVAL	BY THE BOARD OF
DIRECTORS. HOWEVER, AMENDMENTS TO REPEAL OF THE BYLAWS R	EQUIRE A
TWO-THIRDS AFFIRMATIVE VOTE OF THE BOARD OF DIRECTORS.	
	-,
</td <td></td>	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	4

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

➤ See separate instructions.

INC

NATIONAL CATTLEMEN'S BEEF ASSOCIATION,

Name of the organization Department of the Treasury

Internal Revenue Service

Identification of Disregarded Entities

Partl

Employer identification number

84-0738973

(F)
Direct controlling
entity (F) Direct controlling entity Schedule R (Form 990) 2008 N/A N/A N/A N/A (E)
Public charity status
(if section 501(c)(3)) (E) End-of-year assets 1 0 (D) Exempt Code section (D) Total income 501(C)(2) 501(C)(3) 501(C)(3) 527 (C) Legal domicile (state or foreign country) (C) Legal domicile (state or foreign country) 00 00 000 00 LAND INVSTMNT (B) Primary activity (B) Primary activity FUNDRAISING FUNDRAISING LOBBYING 84-1256522 23-7259504 84-0622929 74-2200677 CO 80112 CO 80112 CO 80112 CO 80112 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Identification of Related Tax-Exempt Organizations CENTENNI AL, CENTENNI AL, CENTENNI AL CENTENNI AL, (A)Name, address, and EIN of related organization (A) Name, address, and EIN of disregarded entity NATIONAL CATTLEMEN'S ASSOCIATION PAC NATIONAL CATTLEMEN'S BUILDING CORP. NATIONAL CATTLEMEN'S FOUNDATION 9110 E. NICHOLS AVENUE, #300 NICHOLS AVENUE, #300 NICHOLS AVENUE, #300 #300 NICHOLS AVENUE, CATL FUND 9110 E. 9110 E. 9110 E. Part II

JSA BE1307 1,000

Page 2

84-0738973

Schedule R (Form 990) 2008

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign	(Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Dispreparties	Code V-UBI G amount in box 20 of m Schedule K-1 (Form 1065)	(J) General or managing partner?
		country)					Yes No		Yes No

Trust
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	/4/	(B)	(3)		(F)	(F)	(9)	E
	Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp. S corp. or trust)	Share of total income	Share of end-of-year assets	Percentage ownership
1 }								
1		1						
1		1						
1		1						
		1						
1								
1								

Part V Transactions With Related Organizations

1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II—IV? a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	tions listed in Parts ILIV?	

	***************************************	1b
c Gift, grant, or capital contribution from other organization(s)		
d Loans or loan guarantees to or for other organization(s)	***************************************	x pt
e Loans or loan guarantees by other organization(s)	*************	1e ×
f Sale of assets to other organization(s)	**************	11 >
g Purchase of assets from other organization(s)		19
	**************	ж ч
	***************************************	1i
i Lease of facilities, equipment, or other assets from other organization(s)		4
k Performance of services or membership or fundraising solicitations for other organization(s)		, , ,
1 Performance of services or membership or fundraising solicitations by other organization(s)		=
m Sharing of facilities, equipment, mailing lists, or other assets		× mt
n Sharing of paid employees	***************************************	× 4
o Reimbursement paid to other organization for expenses	***************************************	
p Reimbursement paid by other organization for expenses	*************	1p ×
g Other transfer of cash or property to other organization(s)		11 × ×
la	ing covered relationships and tra	nsaction thresholds.
(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) NATIONAL CATTLEMEN'S BUILDING CORPORATION	Ω	157,804.
(2) NATIONAL CATTLEMEN'S FOUNDATION	D, M, N	388, 337.
(3) NATIONAL CATTLEMEN'S FOUNDATION	Δι	.000,000.
(4)		
(5)		
(9)		

84-0738973

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

	country)	501(c)(3) organizations?	assets	allocations?	of Schedule K-1	partner?
		Yes No		Yes No	(000)	Yes No

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVI	CES COMPENSATION
LEO BURNETT COMPANY PO BOX 91451 CHICAGO, IL 60693	ADVERTISING	9,859,181.
U.S. MEAT EXPORT FEDERATION PO BOX 5722 DENVER, CO 80217	EXPORT	9,379,744.
KETCHUM, INC. PO BOX 60000 FILE 72294 SAN FRANCISCO, CA 94160	ADVERTISING	1,859,935.
DANIEL J. EDELMAN, INC. 21992 NETWORK PLACE CHICAGO, IL 60673	PUBLIC RELATIONS	1,326,807.
MIDAN MARKETING, INC. 2039 SIMONTON ROAD, SUITE A STATESVILLE, NC 28625	MARKETING	933, 391.
TOTAL COMPA	ENSATION	23, 359, 058.

FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD

GROSS SALES LESS RETURNS AND ALLOWANCES INVENTORY AT BEGINNING OF YEAR PURCHASES SALARIES AND WAGES OTHER COSTS	
SUBTOTAL MINUS ENDING INVENTORY	424,150.
COST OF GOODS SOLD	424,150.

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

		BEGINNING	ENDING
DESCRIPTION		BOOK VALUE	BOOK VALUE
PREPAID EXPENSES		472,404.	194,676.
	TOTALS	472,404.	194,676.
		A ====================================	

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION		BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST OR FMV
US GOVT OBLIGATION		993,400.	NONE	FMV
	TOTALS	993,400.	NONE	
			=======================================	

Instructions for filing
National Cattlemen's Beef Association, Inc
Form 990T - Exempt Organization Business Return
for the period ended September 30, 2009

Signature...

The original return should be signed (using full name and title) and dated on page 2 by an authorized officer of the organization.

Filing...

The signed return should be filed on or before August 16, 2010 with...

Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027

Payment of tax...

No payment of tax is required.

Depletion 23 Contributions to deferred compensation plans 24 Employee benefit programs 25 Excess exempt expenses (Schedule I) 26 Excess readership costs (Schedule J) 27 388, 297. Other deductions (attach schedule) 28 Total deductions. Add lines 14 through 28 29 388, 297. Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 Net operating loss deduction (limited to the amount on line 30) 31	Form	990-T Exempt Organization Business					5033(e))	OMB 1	No. 1545-0687
Name of organization Check box if name changed and see instructions.)		em e me mesery					- 0	Open to	Public Inspection
Exempt under section	A	Check box if Name of organization (Check					(Employe	er identifi	cation number
H Describe the organization type ▶ x 501(c) corporation 501(c) trust 401(a) trust Other trust H Describe the organization's primary unrelated business activity. ▶ ADVERTISTING If Yes, "enter the name and identifying number of the parent corporation. ▶ Yes x No If Yes, "enter the name and identifying number of the parent corporation. ▶ Telephone number ▶ 303-694-0305 Part Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1	X 5 4 4 5 C Book	Number, street, and room or suite or Type O8(e)	00. If a P.O. bo	ox, see page 9 of ins	tructions.		84-0 E Unrelat (See ins	738973 led busine tructions for	ess activity codes
Durring the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No If Yes, 'enter the name and identifying number of the parent corporation. Parent Corporation Parent Co	1.0			- 1		farint	404/nl 4	munt	Other trust
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No. Yes X No. Xes X					501(0)	trust	401(a) t	IUSL	Other libst
If Yes,* enter the name and identifying number of the parent corporation. ■ Jesphone number ■ 303-694-0305					sidiary co	ntrolled group?		P	Ves X No
Telephone number 303-694-0305					aidiai y co	Tholica group!	*****		
Part Unrolated Trade or Business Income (A) Income (B) Expenses (C) Net	_				elephone	number ▶ 30	3-694	-0305	
C Cost of goods sold (Schedule A, line 7), 2	100								(C) Net
Description and allowances Cost of goods sold (Schedule A, line 7), 2	1a								***
2 Cost of goods sold (Schedule A, line ?), 2 3 5 7 6 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			D 1c						
3 3 3 3 3 3 3 3 3 3									
4 a Capital gain net income (attach Schedule D) b Net gain (loss) (Form 4797, Part III, Ine 17) (attach Form 4797) C apital loss deduction for trusts C Capital loss deduction for trusts C C C C C Capital loss deduction for trusts C C C C C C C C C C C C C C C C C C C									
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts for come (loss) from partnerships and Scorporations (attach statement) for Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 8 Interest, annuties, royalties, and rents from controlled organizations (Schedule F) 8 Interest, annuties, royalties, and rents from controlled organizations (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (See page 11 of the instructions; attach schedule) 13 Total. Combine lines 3 through 12. 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 16 Repairs and maintenance 17 Deductions Not Taken Elsewhere (See page 11 of the instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) 16 Repairs and maintenance 16 Rent income (Schedule I) 17 Salaries and wages 18 Interest (attach schedule) 19 Taxes and licenses 10 Depreciation (attach Form 4562), 20 Charitable contributions (See page 13 of the instructions for limitation rules) 21 Depreciation (attach Form 4562), 22 Less depreciation claimed on Schedule A and elsewhere on return 22 Less depreciation claimed on Schedule A and elsewhere on return 22 Less depreciation claimed on Schedule I) 23 Depletion 24 Contributions to deferred compensation plans 24 Contributions to deferred compensation plans 25 Employee benefit programs 26 Excess exempt expenses (Schedule I) 27 Total deductions, Add lines 14 through 28 29 Total deductions, Add lines 14 through 28 30 Unrelated business taxable income before net operating loss deduction, Subtract line 29 from line 13 31 Net operating loss deduction (limited to the amount on line 30) 31 Net operating loss deduction (limited to the amount on line 30)									
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Exploited exempt activity income (Schedule I)									
11	10	Exploited exempt activity income (Schedule I)	10					4	
12				746.1	09	35	1.812	7	388.297
Total. Combine lines 3 through 12.	12	Other income (See page 11 of the instructions; attach schedule)	12	11072			, ore.		2001,521,
Part II Deductions Not Taken Elsewhere (See page 11 of the instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 16 Repairs and maintenance 16 Repairs and maintenance 18 Interest (attach schedule) 19 Taxes and licenses 19 Charitable contributions (See page 13 of the instructions for limitation rules.) 20 Charitable contributions (See page 13 of the instructions for limitation rules.) 21 Depreciation (attach Form 4562), 22 Less depreciation claimed on Schedule A and elsewhere on return 22 Depletion 23 Depletion 24 Contributions to deferred compensation plans 25 Employee benefit programs 26 Excess exempt expenses (Schedule I) 27 Taxes expensed (Schedule J) 28 Other deductions (attach schedule) 29 Total deductions, Add lines 14 through 28 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Net operating loss deduction (limited to the amount on line 30) 31 Net operating loss deduction (limited to the amount on line 30)				746.1	0.9	35	7.812.		388, 297
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Taxes and licenses Charitable contributions (See page 13 of the instructions for limitation rules.) Depreciation (attach Form 4562)									
Charitable contributions (See page 13 of the instructions for limitation rules.) Depreciation (attach Form 4562)									
Depreciation (attach Form 4562)	20	Charitable contributions (See page 13 of the instructions	for limitation	rules.)	25.		20		
Less depreciation claimed on Schedule A and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions, Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Net operating loss deduction (limited to the amount on line 30)									
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27 388, 297. 28 Other deductions (attach schedule)									
28 Other deductions (attach schedule)									388, 297.
Total deductions. Add lines 14 through 28 29 388, 297. Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Net operating loss deduction (limited to the amount on line 30) 31								J =	
Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	29	Total deductions, Add lines 14 through 28			25.00	in a state.	29	111	388.297
31 Net operating loss deduction (limited to the amount on line 30)	30	Unrelated business taxable income before net operating	loss deducti	on. Subtract line	29 from li	ne 13	30		
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	Unrelated business taxable income before specific deduc	tion Subtraction	ct line 31 from line	30		32		
									1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line									-1.000.
32, enter the smaller of zero or line 32				And the second second			. 34		

Phone no.

303-740-9400

Form 990-T (2008)

7979 E

DENVER, CO

TUFTS AVE.

80237-2843

#400

Schedule C - Rent Incom (see instructions on page	ne (From Real P 19)	roperty	and Personal Prop	erty l	Leased Wi	th Real Prope	rty)	
1 Description of property								
(1)								
(2)								
(4)								
	2 Rent receiv	ed or accru	ued		11			
(a) From personal property (if the for personal property is more to more than 50%	han 10% but not	percen	From real and personal pro stage of rent for personal pr or if the rent is based on pr	perty e	exceeds			nected with the income in (attach schedule)
(1)				_				
(2)					- 1			
(3)								
(4)					-			
Total		Total						
(c) Total income. Add totals of	columns 2(a) and 2(b					(b) Total deduct		
here and on page 1, Part I, line						Enter here and or Part I, line 6, colu	page 1,	
Schedule E - Unrelated D			ee instructions on na	ne 10	9)	art i, line o, colu	mir (D) .	
onioadio E oniolatoa E	JOBET MIGNOCA II	icome (s	1			ctions directly conn	ected with	or allocable to
1 Description of de	ebt-financed property		2 Gross income from allocable to debt-finan			debt-finance	d property	or anyone to
1 353 300 1 153 1 163 1			property		(a) Straight	line depreciation schedule)		Other deductions (attach schedule)
(1)				-	landen	acricuale)	-	attach scriedule)
(2)				-				
(3)				-				
				-				
(4)	Track and the same	7		-				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjuste or allocable debt-financed p (attach sche	e to property	6 Column 4 divided by column 5			ome reportable x column 6)		llocable deductions n 6 x total of columns 3(a) and 3(b))
(1)				%				
(2)				%				
(3)				%				
(4)				%				
Totals Total dividends-received deduc Schedule F - Interest, An	tions included in co	es, and F	Rents From Contro	lled (Part I, line 7		Part I,	nere and on page 1, line 7, column (B).
Name of controlled organization	2 Employer identification nur	nber	3 Net unrelated income (loss) (see instructions)	0.77	tal of specified ments made	5 Part of column included in the corganization's gro	ontrolling	6 Deductions directly connected with income in column 5
(1)						-		
(2)								
(3)								
(4)								
Nonexempt Controlled Orga	nizations			-				
7 Taxable Income	8 Net unrelated (loss) (see insti		9 Total of specific payments made		include	of column 9 that is ed in the controlling ation's gross income	1 cor	1 Deductions directly nected with income in column 10
(1)			7					
(2)							11211	
(3)								
(4)								
					Enter here	nns 5 and 10, and on page 1, 8, column (A),	Enter	columns 6 and 11. here and on page 1, line 8, column (B).
Totals	********			>				Form 990-T /2008

JSA

orm 990-T (2008

Form 990-T (2008)		No F04/-	1/71	(0) (47) 0	84-	0738973		Course Sec	Page 4
Schedule G - Investment I	ncome of a Sec	ction 501(c)(7),	(9), or (17) Organ	nizatio				
1 Description of income	2 Amount o	f income		directly connected (attach schedule)		4 Set (attach	t-aside sched		5 Total deductions and set-asides (col. 3 plus col. 4)
(1)									
(2)		1							
(3)									
(4)									
	Enter here and Part I, line 9, co								Enter here and on page 1, Part I, line 9, column (B).
Totals ▶							-		
Schedule I - Exploited Ex	empt Activity In	come, Othe	r Th	an Advertising In	come	(see instru	ction	s on page	21)
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly conne with production unrelated busincome	ected on of	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols, 5 through 7.	from a	oss income activity that unrelated ass income		Expenses tributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)									
(2)		-							
(3)		+	_						
(4)			-				-		
Totals	Enter here and on page 1, Part I, line 10, col. (A).	Enter here an page 1, Par line 10, col.	t 1,						Enter here and on page 1, Part II, line 26.
Schedule J - Advertising In	ncome (see instr	uctions on n	ane 2	1)			_		
Part I Income From Per							-		
Parti Income From Fer	louicais Repor	ted on a Co	nson	luated basis			_		1
1 Name of periodical	2 Gross advertising income	3 Direct advertising c	osts	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		irculation ncome	6	Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) STMT 1									
(2)									
(3)			_						
(4)					_		1		
<u>V-1</u>			_	-					
Totals (carry to Part II, line (5)) >	746 100	257.0	10	200 007		74 010		505 476	222
		357,8		388, 297.		74, 248.	and in	636,178	388, 297.
Part II Income From Per through 7 on a lin	e-by-line basis.)	ted on a Se	para	te Basis (For eac	cn peri	lodical list	ea ir	n Part II, fi	II in columns 2
1 Name of periodical	2 Gross advertising income	3 Direct advertising c		4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols, 5 through 7.		irculation ncome	6	Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) STMT 2									1
(2)									
(3)						_			+
			_			\rightarrow	-		
(4)	212 222	200							
(5) Totals from Part I Totals, Part II (lines 1-5) ▶	746, 109. Enter here and on page 1, Part I, line 11, col. (A). 746, 109.	357, 8 Enter here an page 1, Pa line 11, col. 357, 8	d on rt I (B).						388, 297. Enter here and on page 1, Part II, line 27. 388, 297.
Schedule K - Compensation		Directors a	nd Tr	ustees (see instru	ictions	on page 22	2)		300, 237.
1 Name	.,, 0, 0, 1100, 0, 1	l dottor of ar		2 Title		3 Percent of ime devoted t			ensation attributable to related business
					-	business			
		-					%		
		-			-		%		
					-		%		
Take Catal Catal	Deat II It - A 1						%		
Total. Enter here and on page 1, I	Part II, line 14						. ▶		

NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC. FEDERAL NET OPERATING LOSS CARRYOVER FORM 990-T

84-0738973

YEAR	NOL GENERATED	NOL UTILIZED	NOL CARRYOVER
9/30/1999	66,288	(1,789)	64,499
9/30/2000	59,976	-	59,976
9/30/2001	8,795	-	8,795
9/30/2002	69,776	÷	69,776
9/30/2003	400	=	
9/30/2004	3	į.	5
9/30/2005	(3	2	4
9/30/2006	122,578		122,578
9/30/2007	21,479	049	21,479
9/30/2008	-	-	-
9/30/2009		-	-
	348,892		347,103

84-0738973

NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC

SCHED J - PART I, ADVERTISING INCOME REPORTED ON A CONSOLIDATED BASIS

3.	EXCESS	READERSHIP	COSTS	1111111				388, 297.	
	.0		COSTS		302,464.	333, 714.		636,178.	
	ś	CIRCULATION	INCOME		42,437.	31,811.		74,248.	
	4		GAIN OR LOSS				-	388, 297.	
ei.	DIRECT	ADVERTISING	COSTS	12 11 11 11 11	266,431.	91, 381.		357,812.	
7	GROSS	ADVERTISING	INCOME	11 13 14 18 18	281,109.	465,000.		746,109.	
			NAME OF PERIODICAL		NATIONAL CATTLEMEN'S MAGAZINE	CATTLEMAN TO CATTLEMAN		COLUMN FOTALS	

STATEMENT 1

B4-0738973

NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC

SCHEDULE J - PART II, ADVERTISING INCOME REPORTED ON A SEPARATE BASIS

GROSS ADVENTISING INCOME 746,109.
--

STATEMENT 2

1647-DD DJE

* * * * *

National Cattlemen's Beef Association, Inc. Instructions for filing Form 112

Colorado State C Corporation Income Tax Return for the year ended September 30, 2009

* * * * *

Signature . . .

The original return should be signed and dated on page two by an authorized officer of the corporation.

Filing . . .

The original return should be filed on or before August 16, 2010 with the following:

Colorado Department of Revenue Denver, CO 80261-0006

No tax due . . .

There is no tax due for the current year.

DO NOT SEND FEDERAL RETURN, FORMS OR SCHEDULES WITH THIS RETURN.

(23)

2008 Form 112 Colorado State C Corporation Income Tax Return For the tax year beginning 10/01, 2008, ending 09/30, 2009

Nam	NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC.	Colorado Accour	nt Number
Add	9110 E. NICHOLS AVENUE, #300	Federal Employe	r Identification Number
City	State, ZIP Code	• Cociai Employe	Tashinisalish Number
200	CENTENNI AL CO 80112	84-073	8973
IF Y	OU DO NOT NEED A CORPORATE TAX BOOKLET MAILED TO YOU NEXT YEAR, CHECK TH		
•	A. Apportionment of Income. This return is being filed for: (42) A corporation not apportioning income; (43) A corporation doing an interstate business apportioning income under the Colorad (44) A corporation doing an interstate business apportioning income under the Multistat (45) A corporation electing to pay a tax on its gross Colorado sales; X (47) Other, federal form filed 990T		
	B. Separate/Consolidated/Combined Filing. This return is being filed by:		
	A single corporation filing a separate return; An affiliated group of corporations electing to file a consolidated return. (Warning: such election was made in a prior year - enter the year of election here: An affiliated group of corporations required to file a combined return. (Attach Schedule C An affiliated group of corporations required to file a combined return that includes anoth Schedule C)	ach Schedule C); C);	
	4730 7734 7	LL AMOUNTS TO TH	IE NEAREST DOLLAR
2	Federal taxable income from Form 1120 Federal taxable income of companies not included in this return Net federal taxable income, line 1 minus line 2	• 1	NONE.00 ,00 NONE.00
	Additions to federal taxable income		1101101.01
4	Federal net operating loss deduction	• 4	.00
5	Colorado income tax deduction	• 5	.00
6	Other additions, attach explanation	• 6	.00
7	Total of lines 3 through 6		NONE.0
ŀ	Subtractions from federal taxable income		
8	Exempt federal interest	. 8	.00
9	Excludable foreign source income	9	.00
10	Excludable foreign source income Colorado source capital gain (asset acquired on or after 5/9/94, held five years)	• 10	1.00
11	Other subtractions, attach explanation	• 11	.00
17	Total of lines 8 through 11	12	.0
13	Modified federal taxable income, line 7 minus line 12	13	NONE O
14	Colorado taxable income before net operating loss deduction	o 14	NONE.0
15	Colorado net operating loss deduction	• 15	.0
16	Colorado taxable income, line 14 minus line 15	16	NONE.0

DEPARTMENTAL USE ONLY

1062 Form 112 Page 2 NONE.00 • 18 .00 • 19 .00 00 .00 .00 .00 24 00 25 Gross conservation easement credit from Form 112CR 00 00 00 .00 28 NONE • 29 00 NONE 00 .00 .00 .00 00 NONE 00 00 00 • 37 00 Make checks payable to and mail return to the COLORADO DEPARTMENT OF REVENUE, DENVER COLORADO 80261-0006. The State may convert your check to a one time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically. The corporation's books are in care of: Name Telephone Number 303-694-0305 DOUG EVANS City State ZIP Address CENTENNIAL 9110 E. NICHOLS AVENUE, #300 CO 80112 D. Business code number per federal return . 541900 E. Year corporation began doing business in Colorado • 1996 Kind of business in detail: ADVERTISING G. Has the Internal Revenue Service made any adjustments in the corporation's income or tax or have you filed amended federal income tax returns at any time during the last four years? Yes X No If Yes, for which year(s)? Did you file amended Colorado returns to reflect such changes or submit copies of the Federal Agent's reports? Under penalties of perjury in the second degree, I declare that I have examined this return and to the best of my knowledge it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature Name and telephone number of person or firm preparing return Date

EKS&H

8/11/2010

303) 740-9400

Title

CLIENT COPY

NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC. COLORADO NET OPERATING LOSS CARRYOVER FORM 112

YEAR	NOL GENERATED	NOL UTILIZED	NOL CARRYOVER
9/30/1997	99,269	(13,176)	86,093
9/30/1998	40,308		40,308
9/30/1999	66,288	4	66,288
9/30/2000	59,976	- 6	59,976
9/30/2001	8,795	8	8,795
9/30/2002	69,776	o.	69,776
9/30/2003	1.6.1	4	
9/30/2004	4	19	Y-
9/30/2005	8	÷	4
9/30/2006	122,578		122,578
9/30/2007	21,479	8	21,479
9/30/2008	1.2	2	2
9/30/2009			
	488,469		475,293



7979 E. Tufts Avenue, Suite 400

Denver, Colorado 80237-2843

P: 303-740-9400 F: 303-740-9009

Mr. Doug Evans National Cattlemen's Beef Association, Inc. 9110 E. Nichols Avenue, #300 Centennial, CO 80112-3450

Dear Doug:

Enclosed are the original and one copy of your income tax returns for the period ended September 30, 2008 for:

National Cattlemen's Beef Association, Inc. as follows...

2007 990 - Return of Organization Exempt from Income Tax
2007 990-T - Exempt Organization Business Income Tax Return
2007 8879 - IRS e-file Signature Authorization
2007 112 - Colorado Corporation Income Tax Return
Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

We sincerely appreciate this opportunity to serve you. Please contact us if you have questions concerning the returns or if we may be of further assistance.

Sincerely,

Ehrhardt Keefe Steiner & Hottman PC

Ehrhardt Keefe Steiner + Hottman PC

Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A Fo	or the 2007 calendar year, or tax year beginning 10/01, 2007, and ending	09/30/2008	
B che	ck if applicable Please use IRS C Name of organization	D Employer identifica	tion number
Н	change label or NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC.	84-0738973	
-	Name change print or type. Number and street (or P.O. box if mail is not delivered to street address) Room/s	suite E Telephone number	
-	Initial return See 9110 E. NICHOLS AVENUE 300	(303) 694-03	05
	Termination Instruc- City or town, state or country, and ZIP + 4	F Accounting method: Cash	X Accrual
	Amended return CENTENNI AL. CO 80112-3450	Other (specify)	
J O K C re to	Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Website: WWW. BEEF. ORG Organization type (check only one) X 501(c) (6) (insert no.) 4947(a)(1) or 527 Check here if the organization is not a 509(a)(3) supporting organization and its gross are ceipts are normally not more than \$25,000. A return is not required, but if the organization chooses of file a return, be sure to file a complete return. I Ground M Check on the complete return is not required, but if the organization chooses of file a return, be sure to file a complete return. I Ground M Check on the complete return is not required, but if the organization chooses of file a return, be sure to file a complete return. I Ground M Check on the complete return is not required, but if the organization chooses of file a return, be sure to file a complete return. I Ground M Check on the complete return is not required, but if the organization chooses or file a return, be sure to file a complete return. I Ground M Check on the complete return is not required, but if the organization chooses or file a return, be sure to file a complete return. I Ground M Check on the complete return is not required, but if the organization chooses or file a return, be sure to file a complete return. I Ground M Check on the complete return is not required, but if the organization chooses or file a return, be sure to file a complete return. I Ground M Check on the complete return is not required, but if the organization chooses or file a complete return is not required, but if the organization or file a complete return is not required. I Ground M Check on the complete return is not required, but if the organization or file a complete return is not required, but if the organization or file a complete return is not required, but if the organization or file a complete return is not required, but if the organization or file a complete return is not required, but if the organization or file a	re not applicable to saction 527 or is a group return for affiliates? Tes," enter number of affiliates all affiliates included? No," attach a list. See instructions.) is a separate return filed by an inization covered by a group ruling? The example of the organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization	ganizations. Yes X No Yes No Yes X No
	c Indirect public support (not included on line 1a) 1c		
	d Government contributions (grants) (not included on line 1a) 1d		
	Total (add lines ta through 1d) (cash \$) 1e	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2 60	,481,537.
	3 Membership dues and assessments		,572,189.
	4 Interest on savings and temporary cash investments	4	159,969.
	5 Dividends and interest from securities	5	
	6 a Gross rents		
	b Less rental expenses		
	c Net rental income or (loss). Subtract line 6b from line 6a ,	6c	
uc	7 Other investment income (describe) 7	
Revenue	8 a Gross amount from sales of assets other (A) Securities (B) Other		
R	than inventory		
	b Less: cost or other basis and sales expenses . 8b		
	c Gain or (loss) (attach schedule)		
	d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d	
	9 Special events and activities (attach schedule). If any amount is from gaming, check here		
	a Gross revenue (not including \$ of		
	contributions reported on line 1b)		
	b Less: direct expenses other than fundraising expenses 9b		
	c Net income or (loss) from special events. Subtract line 9b from line 9a	9c	
	10 a Gross sales of inventory, less returns and allowances , STMT, 3, 10a 1, 101,	,649.	
		, 377.	
	c Gross profit or (loss) from sales of inventory (attach schedule), Subtract line 10b from line 10a .	100 1	,044,272.
	11 Other revenue (from Part VII, line 103)	11	325, 516.
	12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12 65	, 583, 483.
- E	13 Program services (from line 44, column (B))	13	
Expenses	14 Management and general (from line 44, column (C))		
ben	15 Fundraising (from line 44, column (D))		
Ж	16 Payments to affiliates (attach schedule)	16	
	17 Total expenses. Add lines 16 and 44, column (A)		,831,445.
ets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18 -2	, 247, 962.
155	19 Net assets or fund balances at beginning of year (from line 73, column (A))		,129,913.
Net Assets	20 Other changes in net assets or fund balances (attach explanation)		
_	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20		,881,951.
For P	Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.	F	orm 990 (200

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	rusts but optional for other (C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule)	-				
(cash \$noncash \$ If this amount includes foreign grants,)				
check here	22a				
2b Other grants and allocations (attach schedule)					
(cash \$noncash \$)	9.11			
check here	22b				
23 Specific assistance to individuals	12.11)
(attach schedule)	23				
4 Benefits paid to or for members					
(attach schedule)	24				
5a Compensation of current officers,					
directors, key employees, etc. listed in					
Part V-A	25a	486,144.			
b Compensation of former officers,					
directors, key employees, etc. listed in					
Part V-B	25b				
C Compensation and other distributions, not includ-					
ed above, to disqualified persons (as defined					
under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
6 Salaries and wages of employees not					
included on lines 25a, b, and c	26				
27 Pension plan contributions not)	
included on lines 25a, b, and c	27	32,470.			
8 Employee benefits not included on		52,470.			
lines 25a - 27	28				
9 Payroll taxes	29				
Professional fundraising fees	30			+	
	31				
	32			+	
	33				
4 Telephone	34				
Postage and shipping	35				
6 Occupancy	36	-		1	
7 Equipment rental and maintenance	37				
8 Printing and publications	38				
9 Travel,	39				
O Conferences, conventions, and meetings .	40			1	
1 Interest,	41				
2 Depreciation, depletion, etc. (attach schedule)	-	286, 273.			
Other expenses not covered above (itemize):					
a STMT 4	43a	67,026,558.			
b	43b	100			
c	43c				
d	43d				
е	43e				
f	43f				
g	43g				
4 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	44	67 021 145			
Joint Costs. Check ▶ if you are follo	wing SC	67, 831, 445.			
그 아이들은 이 많이 되었다. 이 이 이 없는 것이 하는 ^^			totion reported in (D) (Dengen and O	· [].
Are any joint costs from a combined educationa	campai	gn and rundraising solici			
f "Yes," enter (i) the aggregate amount of these				ocated to Program services	
(iii) the amount allocated to Management and ge	nerai \$, and (iv) the amount	allocated to Fundraising \$	Form 990 (2

Fo	rm 990 (2007)	84-0738973	Page 3
P	art III Statement of Program Service Accon	nplishments (See the instructions.)	
Fo	orm 990 is available for public inspection a articular organization. How the public perceiv	nd, for some people, serves as the primary or sole source es an organization in such cases may be determined by the return is complete and accurate and fully describes, in Par	of information about a information presented till, the organization's
-	hat is the organization's primary exempt purpos		Program Service
All	organizations must describe their exempt purpos clients served, publications issued, etc. Discuss	se achievements in a clear and concise manner. State the number achievements that are not measurable. (Section 501(c)(3) and (4)	the primary or sole source of information about a smay be determined by the information presented the and fully describes, in Part III, the organization's III, the organization's III, the organization's III, the organization's III, the organization's IIII, IIIIIIIIIIIIIIIIIIIIIIIIIIIII
org	ganizations and 4947(a)(1) nonexempt charitable tr	usts must also enter the amount of grants and allocations to others,)	others.)
a		EEF THROUGH CONSUMER MARKETING ON, PROMOTION AND INFORMATION.	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶	
	Accompanies and a serious and		
D	INDUSTRY IN THE UNITED STATES.		
	(Grants and allocations \$) If this amount includes foreign grants, check here	
C		IVITIES IN COMPLIANCE WITH THE D ORDER DATED JULY 18, 1986.	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶	
d			
	(Grants and allocations \$) If this amount includes foreign grants, check here	
•	Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here	100

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

Form 990 (2007)

Page 4

_	rt IV			· ·	
No		Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
1	15	Cash - non-interest-bearing		45	
4	16	Savings and temporary cash investments	5,547,030.	46	5, 479, 652.
11,	140	Accordence and a second of the land of the second of the s			
1		Accounts receivable	47 200 210		-0-00-00-00-0
Ш	b	Less: allowance for doubtful accounts	11, 267, 718.	47c	9,919,542.
1	18a	Pledges receivable			
Ш		Less: allowance for doubtful accounts 48b		48c	
1		Grants receivable		49	
1	50a	Receivables from current and former officers, directors, trustees, and			
		key employees (attach schedule),		50a	
Ш	b	Receivables from other disqualified persons (as defined under section			
П		4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
s i	51a	Other notes and loans receivable (attach			
Assets	1	schedule)			
As		Less; allowance for doubtful accounts	22 212	51c	Atman
	52	Inventories for sale or use	28, 918.		NON
		Investments - publicly-traded securities S.T.MT . 7 X Cost FMV	306, 307.		472,404.
	h	Investments - other securities (attach schedule) Cost FMV	1,016,617.	54b	993,400.
		Investments - land, buildings, and		540	
		equipment: basis			
	b	Less: accumulated depreciation (attach			
		schedule)		55c	
	56	Investments - other (attach schedule) STMT. 8	1,821,525.	56	1,680,765.
		Land, buildings, and equipment: basis 57a 3, 713, 740.			
		Less: accumulated depreciation (attach			
		schedule)	705, 915.	57c	498,523.
13	58	Other assets, including program-related investments			
		(describe ►STMT 9_)	95,676.	58	95,589.
- 3	59	Total assets (must equal line 74). Add lines 45 through 58	20,789,706.	59	19, 139, 875.
1	50	Accounts payable and accrued expenses	11,488,106.	60	11,481,964.
1	51	Grants payable		61	
		Deferred revenue	1,168,077.	62	1,775,960.
ties	63	Loans from officers, directors, trustees, and key employees (attach			
≣	5.1	schedule)		63	
Liabilit	64a	Tax-exempt bond liabilities (attach schedule)		64a	
11		Mortgages and other notes payable (attach schedule)		64b	NON
1	65	Other liabilities (describe >	3,610.	65	NON
	66	Total liabilities. Add lines 60 through 65	12,659,793.	66	13, 257, 924.
1/2	Orga	nizations that follow SFAS 117, check here 🕨 🗶 and complete lines		0.00	
		67 through 69 and lines 73 and 74.			
ses	67	Unrestricted	8,129,913.	67	5,881,951.
au	8 8	Temporarily restricted		68	
Ba	69	Permanently restricted		69	
or Fund Balances	Orga	inizations that do not follow SFAS 117, check here and complete lines 70 through 74.			
	70	Capital stock, trust principal, or current funds		70	
and the	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
SS	72	Retained earnings, endowment, accumulated income, or other funds		72	
T A	73	Total net assets or fund balances. Add lines 67 through 69 or lines			
S		70 through 72. (Column (A) must equal line 19 and column (B) must			
		equal line 21)	8,129,913.		5,881,951.
- 0	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	20, 789, 706.	74	19,139,875.

Part IV	 Reconciliation of Revenue per Audited Fi instructions.) 	nancial Statemen	ts With Revenue	e per Return (Se	e the
b Amo	Il revenue, gains, and other support per audited finance ounts included on line a but not on Part I, line 12: unrealized gains on investments		b1 b2 b3	aa	65, 583, 483.
d Amo	lines b1 through b4		d1		65, 583, 483.
Add e Tota Part IV	lines d1 and d2	inancial Statemer	d2	es per Return	65, 583, 483.
b Amo 1 Don 2 Prio 3 Loss 4 Othe Add c Sub d Amo 1 Inve	all expenses and losses per audited financial statements bunts included on line a but not on Part I, line 17: ated services and use of facilities		b1 b2 b3 b4	b	67, 831, 445.
Part V-		Key Employees (List each person of mpensated.) (See (C) Compensation	who was an office	W
SEE ST	PATEMENT 12	week devoted to position	486, 144.	sompensation plans 32, 740.	NONI
		-			
					Form 990 (2007)

	the year, list that person below and enter the amount instructions.)	unt of compensation	or other benefit	s in the appropriate	colum	n. Se	e the
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter-0-)	(D) Contributions to amployee benefit plans & deferred compensation plans	accou) Expendent and lowance	other
_		-0-	-0-	-0-	-0-		
			4				
777	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						
Par	t VI Other Information (See the instructions.)					Yes	No
76	Did the organization make a change in its activities or detailed statement of each change				76		х
77	Were any changes made in the organizing or governing d	locuments but not re	ported to the IRS	?	7.7		X
If "Yes," attach a conformed copy of the changes. 78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?						x	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	******			78b	X	
79	Was there a liquidation, dissolution, termination, or sub a statement				79		x

80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt

Form 990 (2007)

AHIZAJ N752

_____ and check whether it is X exempt or L

80a

Part VI Other Information (continued)		Yes	No.
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge			110
or at substantially less than fair rental value?	82a	Ш	X
b If "Yes," you may indicate the value of these items here. Do not include this amount	OLU		Λ.
as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	20.1		
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a Did the organization solicit any contributions or gifts that were not tax deductible? b If "Yes," did the organization include with every solicitation an express statement that such contributions or	84a	X	
gifts were not tax deductible?	84b	X	
85 a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a		X
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b		X
c Dues, assessments, and similar amounts from members			
d Section 162(e) lobbying and political expenditures			
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f NONE			
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/	A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			
to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	X	
86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12			
b Gross receipts, included on line 12, for public use of club facilities			
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders			
b Gross income from other sources. (Do not net amounts due or paid to other			
sources against amounts due or received from them.)			
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or			
partnership, or an entity disregarded as separate from the organization under Regulations sections			
301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		X.
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:	7 1		
section 4911 ► NONE ; section 4912 ► NONE ; section 4955 ► NONE			
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction			
during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach			
a statement explaining each transaction	89b	N/	TS:
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under	000	197	3
sections 4912, 4955, and 4958			
d Enter: Amount of tax on line 89c, above, reimbursed by the organization N/A e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
transaction?	89e		X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89F		X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings			
	89g	N/	A
90 a List the states with which a copy of this return is filed >		2.17	
19.1. J. 19.2. 19.3. 19.3. 19.4. J. 19.4.	90b	148	
91 a The books are in care of ▶ DOUG EVANS Telephone no. ▶ 303-69	_		
Located at ▶ 9110 E. NICHOLS AVE #300 CENTENNIAL, CO ZIP+4 ▶ 80112	1 00	22	
h At any time during the colondar year, did the generication have an interest in an animal state.		Vac	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over	Con	res	
a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		X
If "Yes," enter the name of the foreign country			

Form 990 (2007)

and Financial Accounts.

1647-00

c At any tin	ther Information (continue	ed)				
						Yes No
IF IIV II	ne during the calendar year,			n office outside o	f the United States?	91c X
n res,	enter the name of the foreign	country >				
92 Section	4947(a)(1) nonexempt charita	able trusts fi	ling Form 990 in lieu	of Form 1041 - 0	Check here	
	r the amount of tax-exempt in				▶ 92	N/A
Part VII A	nalysis of Income-Produc	ing Activit	ies (See the instru	ictions.)		
	s amounts unless otherwise	Unrel	ated business income	Excluded by	section 512, 513, or 514	(E) Related or
ndicated.		(A)	(B)	(C)	(D)	exempt function
93 Program s	service revenue:	Business code	Amount	Exclusion code	Amount	income
a BPOC (CONTRACTS					42,681,347.
b STATE	BEEF COUNCIL					11,180,630.
c PACKER	R/PROCESSOR					1,348,761.
d SPONS	ORSHIPS/MTGS					4,383,131.
e ADVER	rising	541900	887,6	68.		
f Medicare/N	Medicaid payments					
g Fees and c	contracts from government agencies .					
94 Membersh	nip dues and assessments					3,572,189.
95 Interest on s	avings and temporary cash investments .			14	159,969.	
96 Dividends	and interest from securities					
	income or (loss) from real estate:			1	1	
a debt-finan	nced property					
b not debt-f	inanced property					
98 Net rental in	come or (loss) from personal property					
99 Other inve	estment income		,			
) from sales of assets other than inventory			_		
	ne or (loss) from special events .					
	t or (loss) from sales of inventory					1,044,272.
	enue: a STMT 16					325, 516.
				-12		
d						
е			A44.00		1000000	
	add columns (B), (D), and (E))		887,6		159,969.	64, 535, 846.
	l line 104, columns (B), (D), and (B					65, 583, 483.
	plus line 1e, Part I, should equal to			Down	/Con the instruction	
-	Relationship of Activities					7 1 7 7 7 7 7 3 7 3 7 7 7 7 7 7 7 7 7 7
	xplain how each activity for whi rganization's exempt purposes (or				intributed importantly to	the accomplishment of the
			Alexandre de Ser	- Farbasay.		
5	TMT 17					
Part IX II	nformation Regarding Tax	able Subs	idiaries and Disre	garded Entities	s (See the instruction	18)
Tarrest II	(A)	unio Ouno	(B)	(C)	(D)	
	e, address, and EIN of corporation, artnership, or disregarded entity		Percentage of N	ature of activities	Total income	(E) End-of-year assets
P	artiforanip, or disregarded entity		ownership interest %			4550(5
			%			
			%			
			%			
Part X In	formation Regarding Tra	nsfers Ass		onal Benefit C	ontracts (See the in	structions.)
	ganization, during the year, receive		4			
	organization, during the year, recently					
	s" to (b), file Form 8870 and F			idirectly, on a p	eraunai benent contta	C
	to populate a office of the and F	DI 11 7/20 (oo mondononoj.			

	controlling organi	zation as defined in section 512	107(10).		lv.	LAG
106		nization make any transfers to a co plete the schedule below for each o		tion 512(b)(13) of	Yes	No
	(A) Name, address, of eac controlled entity	(B)	(C) Description of transfer	(D) Amount of tra	nsfer	
a						
b						
c						
	Totals					
107		ization receive any transfers from a ? If "Yes," complete the schedule		ection	Yes	No
	(A) Name, address, of eac controlled entity	(B)	(C) Description of transfer	(D) Amount of tra	ansfer	
a						
ь						
c						
	Totals					-
108		ive a binding written contract in eff nuities described in question 107 a		the interest,	Yes	No
Pleas Sign	and belief, it is true, co	ury, I declare that I have examined this return or each correct, and complete. Declaration of prepare COPY	보고 있다니까 이 이 이 이 프로스 보고 있다. 그리지 이 라고 보고 한 때 이 나를 보고 있다. 그 모든			
Here	Type or print name	e and title				
Paid Prepa		& Alfon	Date Check if self- 8/10/2009 Employed ▶	Preparer's SSN or PTIN (718	Inst.
Use O	if self-employed), address, and ZIP + 4	EHRHARDT KEEFE STEIN	AFIL & HOLLINAM LC	N ≥ 84-0869 Phone no. ≥ 303-740		

1647-00

FORM 990 - GENERAL EXPLANATION ATTACHMENT

FIXED ASSETS SCHEDULE FORM 990, PART IV, LINES	57A AND 57B				
DESCRIPTION	06/30/2007	ADDITIONS	DELETIONS	06/30/2008	
FURNITURE & FIXTURES	2,636,189	89,209	(41,070)	2,684,328	
LEASEHOLD IMPROVEMENTS	1,029,413			1,029,413	
TOTAL FIXED ASSETS	3,665,602	89,209	(41,070)	3,713,741	
ACCUMULATED DEPRECIATION	(2,959,687)	(286, 273)	30,743	(3,215,217)	
NET FIXED ASSETS	705,915			498,524	
DEPRECIATION EXPENSE		286,273			

FORM 990,	PART	I -	MEMBERSHIP	DUES	AND	ASSESSMENTS
	=====	===				

DESCRIPTION

TOTAL 3,572,189.

84-0738973

NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC.

FORM 990, PART I - GROSS SALES AND COST OF GOODS SOLD

						MINUS:	
		BEGI NNI NG		SALARIES		ENDING	TO TEOD
DESCRIPTION	GROSS SALES	INVENTORY	PURCHASES	AND WAGES	OTHER COSTS	INVENTORY	GOODS SOLD
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1					
SALES OF MATERIALS	1,101,649.	28,918.	28,459.	NONE	NONE	NONE	57,377.
TOTALS	1,101,649.	28,918.	28, 459.	NONE	NONE	NONE	57,377.
						000000000000000000000000000000000000000	

EXPENSES	
OTHER	
1	ij
II	
PART	
,066	
FORM	

DESCRIPTION	TOTAL
GLOBAL MARKETING	65
INTERNATIONAL MARKETING	067,49
RESEARCH AND KNOWLEDGE MGMT	113,58
ER RELATIONS	02
MEMBER SERVICES	908,91
ASSOCIATION MARKETING	465,94
GOVERNMENT AFFAIRS	1,931,502.
FEDERATION INITIATIVE	58
BRAND STRATEGY	67
POLITICAL EDUCATION FUND	00
GENERAL SERVICES AND ADMIN	88
STATOTALS.	67.026.558.

16

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE PRIMARY EXEMPT PURPOSES OF THE NCBA ARE A) TO INCREASE CONSUMER DEMAND FOR BEEF THROUGH MARKETING PROGRAMS FOR RESEARCH, EDUCATION, PROMOTION & INFORMATION, (B) TO PROMOTE THE COMMON BUSINESS INTERESTS OF THE BEEF INDUSTRY IN THE UNITED STATES, AND(C) TO CONDUCT CHECKOFF FUNDED ACTIVITIES IN COMPLIANCE WITH THE BEEF PROMOTION RESEARCH ACT AND ORDER DATED JULY 18, 1986.

17

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION		BEGINNING BOOK VALUE	ENDING BOOK VALUE
		5101111101	
PREPAID EXPENSES		306,307.	472,404.
	TOTALS	306, 307.	472,404.
			================

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION		BEGINNING BOOK VALUE	ENDING BOOK VALUE
US GOVT OBLIGATION		1,016,617.	993,400.
	TOTALS	1,016,617.	993,400.

FORM 990, PART IV - INVESTMENTS - OTHER

	BEGI NNI NG	ENDING
DESCRIPTION	BOOK VALUE	BOOK VALUE
INVESTMENT IN SUBSIDIARY	1,821,525.	1,680,765.
TOTALS	1,821,525.	1,680,765.

FORM 990, PART IV - OTHER ASSETS

DESCRIPTION		BEGINNING BOOK VALUE	ENDING BOOK VALUE
SECURITY DEPOSITS		95,676.	95,589.
	TOTALS	95,676.	05 500
	TOTALS	=======================================	95,589.

FORM 990, PART IV - DEFERRED REVENUE

	BEGINNI NG	ENDING
DESCRIPTION	BOOK VALUE	BOOK VALUE
DEFERRED REVENUE - SPEC PROJ	30,879.	17,525.
DEFERRED MEMBERSHIP DUES	259,316.	375,513.
DEFERRED REVENUE - TRADESHOW	622, 305.	641,495.
DEFERRED REVENUE - OTHER	243, 394.	698, 394.
DEFERRED REVENUE - USMEF	12,183.	17,200.
DEFERRED REVENUE - ALC	NONE	3,000.
DEFERRED REVENUE - SBC	NONE	22,833.
TOTALS	1,168,077.	1,775,960.

	to be a supplied to the state of the state o					
NATIONAL	CATTLEMEN'	S	BEEF	ASSOCI	ATION.	INC.

84-0738973

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION

BEGINNING BOOK VALUE BOOK VALUE

ENDING

AUTO FINANCING

3,610. NONE

TOTALS

3,610. NONE -----

84-0738973

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND IRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
ANDY GROSETA 9110 E. NICHOLS AVENUE 300 CENTENNIAL, CO 80112-3450	PRESIDENT 1.00	NONE	NONE	NONE
LUISA MUNSEE 9110 E. NICHOLS AVENUE 300 CENTENNIAL, CO 80112-3450	TREASURER 1.00	NONE	NONE	NONE
STEVE FOGLESONG 9110 E. NICHOLS AVENUE 300 CENTENNIAL, CO 80112-3450	VICE PRESIDENT 1,00	ENON	NONE	NONE
BILL DONALD 9110 E. NICHOLS AVENUE 300 CENTENNIAL, CO 80112-3450	POLICY DIV CHAIR 1.00	NONE	NONE	NONE
GARY VOOGT 9110 E. NICHOLS AVENUE 300 CENTENNIAL, CO 80112-3450	PRESIDENT-ELECT 1.00	NONE	NONE	NONE
ALAN ALBRIGHT	FSBC DIV CHAIR 1.00	NONE	NONE	NONE

1647-00

AHIZAJ N752

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
9110 E. NICHOLS AVENUE 300 CENTENNIAL, CO 80112-3450				
TERRY STOKES 9110 E. NICHOLS AVENUE 300 CENTENNIAL, CO 80112-3450	CHIEF EXECUTIVE OFFICER 40.00	235,000.	18,800.	NONE
RICK HUSTED 9110 E. NICHOLS AVENUE 300 CENTENNIAL, CO 80112-3450	CHIEF OPERATING OFFICER 40.00	174,250.	13,940.	NONE
DOUG EVANS 9110 E. NICHOLS AVENUE 300 CENTENNIAL, CO 80112-3450	CHIEF FINANCIAL OFFICER 40.00	76, 894.	NONE	NONE
ERIC SMITH 9110 E. NICHOLS AVENUE 300 CENTENNIAL, CO 80112-3450	POLICY DIV VICE CHAIR 1.00	NONE	NONE	NONE
JD ALEXANDER 9110 E. NICHOLS AVENUE 300	FEDERATION DIV VICE CHAIR 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

			The state of the s	1
	TITLE AND AVERAGE HOURS PER		TO EMPLOYEE	AND
NAME AND ADDRESS	WEEK DEVOTED TO POSITION	COMPENSATION	BENEFIT PLANS	ALI
				i
CENTENNIAL, CO 80112-3450				

GRAND TOTALS

EXPENSE ACCT	AND OTHER	ALLOWANCES		NONE	
CONTRIBUTIONS	TO EMPLOYEE	BENEFIT PLANS		32,740.	
		COMPENSATION		486,144.	

AHIZAJ N752

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS

RELATED ORGANIZATION NAME: CATL FUND

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: NATIONAL CATTLEMEN'S BUILDING CORP

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: NATIONAL CATTLEMEN'S FOUNDATION

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: NATIONAL CATTLEMEN'S ASSOCIATION PAC

EXEMPT: X NONEXEMPT:

FORM 990, PART VII - OTHER REVENUE

	BUSINESS		EXCLUSION		RELATED OR EXEMPT
SCRIPTION	CODE	AMOUNT	CODE	AMOUNT	FUNCTION INCOME
	-		1	1 1 1 1 1	
HER REVENUE RELATED TO EXEMPT FUNCTIONS					325,516.
TOTALS					325, 516.

AHIZAJ N752

STATEMENT 16

28

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
93A	SPECIAL PROJECTS/CONVENTIONS AND TRADE SHOWS UNDERTAKEN TO PROMOTE THE BEEF INDUSTRY.
94 102 103B	DUES COLLECTED TO MAINTAIN AND ADVANCE THE BEEF INDUSTRY. INDUSTRY LITERATURE PROMOTING THE BEEF INDUSTRY. OTHER REVENUE RELATED TO EXEMPT FUNCTIONS

Instructions for filing
NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC.
Form 990T - Exempt Organization Business Return
for the period ended September 30, 2008

Signature...

The original return should be signed (using full name and title) and dated on page 2 by an authorized officer of the organization.

Filing ...

The signed return should be filed on or before August 15, 2009 with...

Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027

Payment of tax...

No payment of tax is required.

Form	990-T Exempt Organization Business In For calendar year 2007 or other tax ye						033(e))	OMB	No. 1545-0687
	Revenue Service (77) ending 09/30, 2008					tructions.	- 17	Open t	o Public Inspection (3) Organizations Only
_A L			e changed and s		_		(Employe	er identi	(3) Organizations Only fication number e instructions for Block D
B Exe	npt under section NATIONAL CATTLEMEN	C D	PER ACCO	TATT	ON	TNC	on page 9	1	
	501(C)(6) Print Number, street, and room or suite no.					INC.	01 0	72007	2
	or or		som ose page s	or money	3(10)101	h		73897 ted busin	ess activity codes
-	408(e) 220(e) Type 9110 E. NICHOLS AV	CATEUR							r Block E on page 9.)
	529(a) City or town, state, and ZIP code	ENUE							
_		100	450						
	nd of year			011			5419)()	
	F Group exemption number (See instruct						.E.S. OT		T
	9, 139, 875. G Check organization type 🕨 X 501			5	01(c)	trust	401(a) t	rust	Other trust
	scribe the organization's primary unrelated business activity.								
	ring the tax year, was the corporation a subsidiary in an affili			-subsid	ary co	ntrolled group?.	42.42	▶ L	Yes X No
	Yes," enter the name and identifying number of the parent co	poratio	n. 🕨						
Contract of the Contract of th	e books are in care of DOUG EVANS			Tele	phone	number ► 30	3-694	-0305	
Par	Unrelated Trade or Business Income		(A) Inco	ome		(B) Expens	es		(C) Net
1 a	Gross receipts or sales								
b	Less returns and allowances C Balance	1 c							
2	Cost of goods sold (Schedule A, line 7)	2							
3	Gross profit. Subtract line 2 from line 1c	3							
4 a	Capital gain net income (attach Schedule D)	4a							
	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	46							
c	Capital loss deduction for trusts			-					
	Capital loss deduction for trusts	4c		_	-			_	
5	Income (loss) from partnerships and S corporations (attach statement)	5							
6	Rent income (Schedule C)	6							
7	Unrelated debt-financed income (Schedule E) , , , .	7	-		-		-		
8	Interest, annuities, royalties, and rents from controlled	10.1							
	organizations (Schedule F)	8			-		_		
9	Investment income of a section 501(c)(7), (9), or (17)								
	organization (Schedule G)	9							
10	Exploited exempt activity income (Schedule I)	10							
11	Advertising income (Schedule J)	11	88	7,66	3.	536	, 298.		351,370.
12	Other income (See page 11 of the instructions; attach schedule.)	12						7	
13	Total. Combine lines 3 through 12	13	88	7,66	3.	536	, 298.		351,370.
Par	Deductions Not Taken Elsewhere (See page (Except for contributions, deductions must be page 1)								ne)
14	Compensation of officers, directors, and trustees (Schedule K)						_	110011	NONE
15	Salaries and wanes	3.50	******				15		INOTAES
16	Salaries and wages						16		
17	Repairs and maintenance								
	Bad debts				• • •		. 17		
18	Interest (attach schedule)								
19	Taxes and licenses			¥			. 19		
20	Charitable contributions (See page 14 of the instructions for								
21	Depreciation (attach Form 4562),					NON	E		
22	Less depreciation claimed on Schedule A and elsewhere on re-						22b	_	NONE
23	Depletion			v7.			. 23		
24	Contributions to deferred compensation plans			000			. 24		
25	Employee benefit programs						2.5	-	
26	Excess exempt expenses (Schedule I)						. 26		
27	Excess readership costs (Schedule J)		111111	9.45		LLANDER	27	F	351,370.
28	Other deductions (attach schedule)							7	
29	Total deductions. Add lines 14 through 28					er er er er	29		351,370.
30	Unrelated business taxable income before net operating loss	deduc	tion Sublemet I	ine 20	rom li-	13	30		221,200.
31									347, 103.
	Net operating loss deduction (limited to the amount on line 3)		nel lie - 24 f	in a s			. 31	-	
32	Unrelated business taxable income before specific deduction								-347,103.
33	Specific deduction (Generally \$1,000, but see line 33 instruc						. 33		1,000.
34	Unrelated business taxable income. Subtract line 33 from lin								The second second
	32, enter the smaller of zero or line 32			Carrier.			. 34		-347, 103.

DENVER, CO 80237-2843

Form 990-T (2007)

Schedule C - Rent Incom (see instructions on page		operty	and Personal Prope	erty I	Leased Wi	th Real Prope	rty)	
1 Description of property								
(1)								
(2)								
(3)								
(4)								
(1)	2 Rent receive	d or accr	ued					
(a) From personal property (if the for personal property is more t more than 50%	percentage of rent han 10% but not	(b) percer	From real and personal pro ttage of rent for personal pro or if the rent is based on pro	perty e	exceeds			eted with the income in attach schedule)
(1)								
(2)				_				
(3)		-						
(4)		_						
		Total						
Total	madaka masa					Total deductions	. Enter	
Total income. Add totals of columere and on page 1, Part I, line of Schedule E - Unrelated D	6, column (A)		and the production of the	00		here and on page line 6, column (B)	1, Part I,	
Schedule E - Unrelated L	Dept-Financed inc	come (s	see instructions on pa	ge 20		ctions directly conn	ected with	or allocable to
1 Description of debt-financed property			2 Gross income from allocable to debt-finance property		(a) Straight	debt-finance line depreciation schedule)	d property (b)	Other deductions attach schedule)
/āv				-	(attacii	scrieddie)	4	attach schedule)
(1)				-			-	
(2)				-				
(3)				-				
(4)	1							
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted or allocable debt-financed pr (attach sched	to	f 6 Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)				%				
(2)				%				
(3)				%				
(4)				%				
Totals Total dividends-received deduc Schedule F - Interest, An	ctions included in co	s, and	Rents From Contro	lled	Part I, line 7	and on page 1, column (A). ons (see instru	Part I,	nere and on page 1, line 7, column (B).
1 Name of Controlled Organization	2 Employer Identification Num		Exempt Controlled Orga		otal of specified			6 Deductions directly connected with incomin column 5
								of criming
(1)				-				
(2)								
(3)								
(4)								
Nonexempt Controlled Orga	anizations							
7 Taxable Income	8 Net unrelated (loss) (see instri		9 Total of specific payments made		include	t of column 9 that is ed in the controlling ation's gross income	cor	Deductions directly nected with income in column 10
(1)								
(2)								
(3)								
(4)								
X.V.	4		1		Enter here	nns 5 and 10. and on page 1, 8, column (A).	Enter	columns 6 and 11. here and on page 1, , line 8, column (B).
Totals				. , 1	-			50m 990-T (20)

Schedule G - Ir (see instruction		me of a Section 501	(c)(7), (a), or (17		07389° n	73	Page 4
1 Description		2 Amount of income		3 Deduction directly contact (attach sch	nnected		Set-asides ach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)				(attach scr	leddle)			pius coi. 4)
(2)			77					
(3)								1.
(4)								
		Enter here and on page Part I, line 9, column (A).						Enter here and on page 1, Part I, line 9, column (B).
Schedule I - E: (see instruction	xploited Exemp	ot Activity Income, O	ther Tha	n Adverti	ising Income			
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	unrelate or bus (column column gain, c	income) from ed trade siness 2 minus 1 3). If a ompute hrough 7.	5 Gross incon from activity the is not unrelate business incor	nat attributable to column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4)								
(4)	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).						Enter here and on page 1, Part II, line 26.
The second secon		me (see instructions or licals Reported on a	Consoli		sis			7.5
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	gain or (2 minus a gain,	loss) (col. col. 3). If compute hrough 7.	5 Circulation income	n	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) STMT 1		1	-					
(2)		7						
(3)								
(4)								
Totals (carry to Part II, line (5))	887,668	. 536, 298.	35	1,370.	64,6	22.	497, 297.	351,370
Part II Incor	ne From Period	licals Reported on a on a line-by-line bas	Separat	e Basis (For each peri	iodical I	isted in Part II, f	fill in
(1) STMT 2		4.5.5.5.5						
(2)		4			I I			
(3)								
(4)								
(5) Totals from Part I	887, 668 Enter here and on page 1, Part I,	Enter here and on page 1, Part I						351, 370 Enter here and on page 1
Totals, Part II (lines 1-5), ▶	line 11, col. (A).	line 11, col. (B),						Part II, line 27.
	887, 668	536, 298. of Officers, Directors	and Te	ietooc /-	oo instructions	on non-	231	351, 370.
Schedule K - C	1 Nam		, and iri		2 Title	3	Percent of e devoted to	4 Compensation attributable to
STMT 4							business %	unrelated business
DIMI 4							%	
							%	-
							%	

NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC.

SCHED J - PART I, ADVERTISING INCOME REPORTED ON A CONSOLIDATED BASIS

380,000. 73,679.	45,951.		INCOME COSTS GAIN OR LOSS INCOME	ADVERTISING ADVERTISING CIRCULATION	DIRECT 4. 5.	·ri	EXCESS READERSHIE COSTES	6. READERSHIP COSTS ===== 273,978. 223,319. 497,297.	5. CIRCULATION INCOME 45,951. 18,671.	ADVERTISING GAIN OR LOSS	3. DIRECT ADVERTISING COSTS ===================================	2. CROSS ADVERTISING INCOME ===== 507,668. 380,000.	I. WAME OF PERIODICAL WATIONAL CATTLEMEN'S WAGAZINE CATTLEMAN TO CATTLEMAN COLUMN TOTALS
	380,000: 73,679. 18,671: 18,671: 887,668: 536,298; 351,370, 64,622.	JAGAZINE 507,668. 462,619. 45,619. 45,951. 380,000. 73,679. 18,671. 887,668. 536,298, 351,370, 64,622.	452,619. 462,619. 18,671. 18,671. 18,672. 887,668. 536,298, 351,370, 64,622.	INCOME COSTS GAIN OR LOSS INCOME 507,668. 462,619. 45,951. 18,671. 18,671. 887,668. 536,298, 351,370, 64,622.	ADVERTISING ADVERTISING CIRCULATION INCOME COSTS COSTS COSTS INCOME INCOME COSTS COS	GROSS DIRECT 4. 5. ADVERTISING ADVERTISING CIRCULATION INCOME IN	1000						

STATEMENT 1

NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC.

SCHEDULE J - PART II, ADVERTISING INCOME REPORTED ON A SEPARATE BASIS

-	EXCESS	READERSHIP	COSTS			351, 370.	1	351,370.	110000
	10	READERSHIP	COSTS						
	iń	CIRCULATION	INCOME						
	4.4	ADVERTISING	GAIN OR LOSS						
m	DIRECT	ADVERTISING	COSTS			536, 298.		536, 298.	
ci i	GROSS	ADVERTISING	INCOME			887, 668,		887, 668,	40 40 40 40 40 40 40 40 40 40 40 40 40 4
			NAME OF BERIODICAL	and a separate and a	PART II TOTALS	PART I TOTALS		SCHEDULE J TOTALS	

NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC. FEDERAL NET OPERATING LOSS CARRYOVER FORM 990-T

84-0738973

YEAR	NOL GENERATED	NOL UTILIZED	NOL CARRYOVER
9/30/1999	66,288	(1,789)	64,499
9/30/2000	59,976	-	59,976
9/30/2001	8,795		8,795
9/30/2002	69,776	41	69,776
9/30/2003	0	-	.0
9/30/2004	0	24	O
9/30/2005	0		0
9/30/2006	122,578	-	122,578
9/30/2007	21,479	4	21,479
9/30/2008		7	0
	348,892		347,103

* * * * *

National Cattlemen's Beef Association, Inc. Instructions for filing Form 112

Colorado State C Corporation Income Tax Return for the year ended September 30, 2008

* * * * *

Signature . . .

The original return should be signed and dated on page two by an authorized officer of the corporation.

Filing . . .

The original return should be filed on or before August 15, 2009 with the following:

Colorado Department of Revenue Denver, CO 80261-0006

No tax due . . .

There is no tax due for the current year.

DEPARTMENTAL USE ONLY

DÖ NOT SEND FEDERAL RETURN, FORMS OR SCHEDULES WITH THIS RETURN.

(23) 2007 Form 112 Colorado State C Corporation Income Tax Return

For the tax year beginning	10/01 . 200	07, ending	09/30 2008	

Name		Colorado Account Number	-
	NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC.	•	
Address		Federal Employer Identification Number	
City Sta	9110 E. NICHOLS AVENUE, #300 ate, ZIP Code	Tederal Employer Identification Number	ar .
30,00		04 0720072	
IE VOI		84-0738973	1
IF TOO	J DO NOT NEED A CORPORATE TAX BOOKLET MAILED TO YOU NEXT YEAR, CHECK THIS B	ox	14.
• A.	Apportionment of Income. This return is being filed for:		
	(42) A corporation not apportioning income;		
1	(43) A corporation doing an interstate business apportioning income under the Colorado In	come Tax Act (Attach Schedule A);	
1	(44) A corporation doing an interstate business apportioning income under the Multistate Ta	ax Compact (Attach Schedule B);	
	(45) A corporation electing to pay a tax on its gross Colorado sales;		
	X (47) Other, federal form filed 990T		
В.	Separate/Consolidated/Combined Filing. This return is being filed by:		
F	A single corporation filing a separate return;		
T T	An affiliated group of corporations electing to file a consolidated return. (Warning: such electing to file a consolidated return.)	etion is hinding for four years \ If you	
Ŀ		Schedule C);	
	(Allach	Schedule C),	
Г	An affiliated group of corporations required to file a combined return (Attach Schedule C):		
F	An affiliated group of corporations required to file a combined return. (Attach Schedule C); An affiliated group of corporations required to file a combined return that includes anothers.	affiliated, consolidated aroun (Attack	
E	An affiliated group of corporations required to file a combined return that includes another a	affiliated, consolidated group. (Attach	ì
E	An affiliated group of corporations required to file a combined return that includes another a Schedule C)	,	
E	An affiliated group of corporations required to file a combined return that includes another a Schedule C) ROUND ALL A	affiliated, consolidated group. (Attack	
1 Fe	An affiliated group of corporations required to file a combined return that includes another a Schedule C) ROUND ALL A sederal taxable income from Form 1120 or 1120A.	MOUNTS TO THE NEAREST DOLL	AR
1 Fe 2 Fe	An affiliated group of corporations required to file a combined return that includes another a Schedule C) ROUND ALL A sederal taxable income from Form 1120 or 1120A.	MOUNTS TO THE NEAREST DOLL 1 -449,847.	AR
2 16	An affiliated group of corporations required to file a combined return that includes another a Schedule C) ROUND ALL A sederal taxable income from Form 1120 or 1120A. Sederal taxable income of companies not included in this return	MOUNTS TO THE NEAREST DOLL 1	.00
3 Ne	An affiliated group of corporations required to file a combined return that includes another a Schedule C) ROUND ALL A sederal taxable income from Form 1120 or 1120A. Sederal taxable income of companies not included in this return set federal taxable income, line 1 minus line 2	MOUNTS TO THE NEAREST DOLL 1	.00
3 Ne	An affiliated group of corporations required to file a combined return that includes another a Schedule C) ROUND ALL A dederal taxable income from Form 1120 or 1120A. Rederal taxable income of companies not included in this return that includes another a schedule companies are the federal taxable income, line 1 minus line 2 dditions to federal taxable income	MOUNTS TO THE NEAREST DOLL 1	
3 No 3 Ac 4 Fe	An affiliated group of corporations required to file a combined return that includes another a Schedule C) ROUND ALL A dederal taxable income from Form 1120 or 1120A. Rederal taxable income of companies not included in this return the federal taxable income, line 1 minus line 2 dditions to federal taxable income Rederal 1 -449,847. 2 -449,847.	.00 .00	
3 Ne 3 Ne 4 Fe 5 Ce	An affiliated group of corporations required to file a combined return that includes another a Schedule C) ROUND ALL A sederal taxable income from Form 1120 or 1120A. Sederal taxable income of companies not included in this return set federal taxable income, line 1 minus line 2 dditions to federal taxable income sederal net operating loss deduction solorado income tax deduction	1 -449,847. 2 -449,847.	.00 .00
3 Ne 3 Ne 4 Fe 5 Cc 6 Ol	An affiliated group of corporations required to file a combined return that includes another a Schedule C) ROUND ALL A dederal taxable income from Form 1120 or 1120A. Rederal taxable income of companies not included in this return tet federal taxable income, line 1 minus line 2 ditions to federal taxable income rederal rederal taxable income rederal rederal taxable income rederal reder	MOUNTS TO THE NEAREST DOLL 1	.000 .000
3 Ne 3 Ne 4 Fe 5 Ce 6 Of	An affiliated group of corporations required to file a combined return that includes another a Schedule C) ROUND ALL A dederal taxable income from Form 1120 or 1120A. Rederal taxable income of companies not included in this return tet federal taxable income, line 1 minus line 2 ditions to federal taxable income rederal rederal taxable income rederal rederal taxable income rederal reder	1 -449,847. 2 -449,847. 4 347,103.	.000 .000
2 Fe 3 Ne 4 Fe 5 Cc 6 Ot 7 Tc	An affiliated group of corporations required to file a combined return that includes another a Schedule C) ROUND ALL A sederal taxable income from Form 1120 or 1120A. Sederal taxable income of companies not included in this return set federal taxable income, line 1 minus line 2 dditions to federal taxable income sederal net operating loss deduction solorado income tax deduction	MOUNTS TO THE NEAREST DOLL 1	.000 .000
2 Fe 3 Ne 4 Fe 5 Cc 6 Ot 7 Tc St. 8 Ex	An affiliated group of corporations required to file a combined return that includes another a Schedule C) ROUND ALL A dederal taxable income from Form 1120 or 1120A. Rederal taxable income of companies not included in this return et federal taxable income, line 1 minus line 2 dditions to federal taxable income ederal net operating loss deduction olorado income tax deduction ther additions, attach explanation otal of lines 3 through 6 ubtractions from federal taxable income exempt federal interest	MOUNTS TO THE NEAREST DOLL 1	.000 .000 .000
2 Fe 3 Ne 4 Fe 5 Cc 6 Ot 7 Tc St. 8 Ex	An affiliated group of corporations required to file a combined return that includes another a Schedule C) ROUND ALL A dederal taxable income from Form 1120 or 1120A. Rederal taxable income of companies not included in this return et federal taxable income, line 1 minus line 2 dditions to federal taxable income ederal net operating loss deduction olorado income tax deduction ther additions, attach explanation otal of lines 3 through 6 ubtractions from federal taxable income exempt federal interest	MOUNTS TO THE NEAREST DOLL 1	.000 .000 .000
2 Fe 3 Ne 4 Fe 5 Cc 6 OI 7 Tc Su 8 Ex 9 Ex 10 Cc	An affiliated group of corporations required to file a combined return that includes another a Schedule C) ROUND ALL A dederal taxable income from Form 1120 or 1120A. Rederal taxable income of companies not included in this return et federal taxable income, line 1 minus line 2 diditions to federal taxable income rederal net operating loss deduction colorado income tax deduction ther additions, attach explanation otal of lines 3 through 6 ubtractions from federal taxable income exempt federal interest xcludable foreign source income colorado source capital gain (asset acquired on or after 5/9/94, held five years)	MOUNTS TO THE NEAREST DOLL 1	.000 .000 .000
2 Fe 3 Ne 4 Fe 5 Cc 6 OI 7 Tc Su 8 Ex 9 Ex 10 Cc	An affiliated group of corporations required to file a combined return that includes another a Schedule C) ROUND ALL A dederal taxable income from Form 1120 or 1120A. Rederal taxable income of companies not included in this return et federal taxable income, line 1 minus line 2 diditions to federal taxable income rederal net operating loss deduction colorado income tax deduction ther additions, attach explanation otal of lines 3 through 6 ubtractions from federal taxable income exempt federal interest xcludable foreign source income colorado source capital gain (asset acquired on or after 5/9/94, held five years)	MOUNTS TO THE NEAREST DOLL 1	.000 .000 .000 .000
2 Fe 3 Ne Ac Ac 4 Fe 5 Cc 6 OI 7 Tc Sc 8 Ex 9 Ex 10 Cc 11 OI 12 Tc 12 Tc	An affiliated group of corporations required to file a combined return that includes another a Schedule C) ROUND ALL A dederal taxable income from Form 1120 or 1120A. Rederal taxable income of companies not included in this return ret federal taxable income, line 1 minus line 2 diditions to federal taxable income rederal net operating loss deduction colorado income tax deduction ther additions, attach explanation rotal of lines 3 through 6 diditions from federal taxable income rempt federal interest excludable foreign source income recolorado source capital gain (asset acquired on or after 5/9/94, held five years) ther subtractions, attach explanation rotal of lines 8 through 11	MOUNTS TO THE NEAREST DOLL 1	.000 .000 .000 .000
2 Fe 3 Ne 4 Fe 5 Cc 6 OI 7 Tc St. 8 Ex 9 Ex 10 Cc 11 OI 12 Tc 13 Me	An affiliated group of corporations required to file a combined return that includes another a Schedule C) ROUND ALL A dederal taxable income from Form 1120 or 1120A. Rederal taxable income of companies not included in this return et federal taxable income, line 1 minus line 2 diditions to federal taxable income Rederal net operating loss deduction colorado income tax deduction ther additions, attach explanation obtail of lines 3 through 6 subtractions from federal taxable income exempt federal interest excludable foreign source income colorado source capital gain (asset acquired on or after 5/9/94, held five years) ther subtractions, attach explanation cotal of lines 8 through 11 codified federal taxable income, line 7 minus line 12	MOUNTS TO THE NEAREST DOLL 1	.000 .000 .000 .000 .000 .000 .000
2 Fe 3 Ne 4 Fe 5 Cc 6 OI 7 Tc St 8 Ex 9 Ex 10 Cc 11 OI 12 Tc 13 Mi 14 Cc 11 Mi 14 Mi 14 Cc 11 Mi 14 Mi 14 Cc 11 Mi 14 Mi	An affiliated group of corporations required to file a combined return that includes another a Schedule C) ROUND ALL A dederal taxable income from Form 1120 or 1120A. Rederal taxable income of companies not included in this return et federal taxable income, line 1 minus line 2 diditions to federal taxable income ederal net operating loss deduction colorado income tax deduction ther additions, attach explanation otal of lines 3 through 6 diditions from federal taxable income exempt federal interest excludable foreign source income colorado source capital gain (asset acquired on or after 5/9/94, held five years) ther subtractions, attach explanation cotal of lines 8 through 11 codified federal taxable income, line 7 minus line 12 colorado taxable income before net operating loss deduction	MOUNTS TO THE NEAREST DOLL 1	.000 .000 .000 .000 .000 .000 .000
2 Fe 3 Ne 4 Fe 5 Cc 6 OI 7 Tc St. 8 Ex 9 Ex 10 Cc 11 OI 12 Tc 13 M. 14 Cc 15 C	An affiliated group of corporations required to file a combined return that includes another a Schedule C) ROUND ALL A dederal taxable income from Form 1120 or 1120A. Rederal taxable income of companies not included in this return ret federal taxable income, line 1 minus line 2 rederal taxable income rederal taxable income rederal net operating loss deduction rederal net operating loss deduction rederal income rederal taxable income rederal of lines 3 through 6 return rederal taxable income rederal interest reductions from federal taxable income rederal interest reductions, attach explanation rederal taxable income rederal rederal return that includes another and return that includes another and return that includes another and return that includes another as a companies and return that includes another as a companies and return that includes another as a companies another as a comp	MOUNTS TO THE NEAREST DOLL 1	.000 .000 .000 .000 .000 .000 .000 .00

DO NOT SEND FEDERAL RETURN, FORMS OR SCHEDULES WITH THIS RETURN.

Form 112					Page 2
17 Tax, 4.63% of the amount on line 16	211111111		m 1	7	NONE.00
18 New investment tax credit from Form 112CR			• 1	8	.00
19 Enterprise zone investment tax credit from Form	112CR		e 1	9	.00
20 Enterprise zone employee credits from Form 112	2CR			0	.00
21 Enterprise zone contribution credit from Form 11	12CR	1000000	• 2	1	.00
22 Other enterprise zone credits from Form 112CR				2	.00
23 Alternative fuel vehicle credit from Form 112CR		20000000		3	.00
24 Alternative fuel refueling facility credit from Form	1112CR			4	.00
25 Gross conservation easement credit from Form 1				5	.00
26 Other credits from Form 112CR				6	.00
27 Total credits, total of lines 18 through 26	C. T. P. L.			7	.00
28 Net tax, line 17 minus line 27	115111111	1000019		8	NONE.00
29 Recapture of prior year credits	200221001		• 2	9	.00
30 Total of lines 28 and 29			3	0	NONE.00
31 Estimated tax and extension payments and credi	ts		• 3	1	.00
32 Penalty, also include on line 35 if applicable					.00
33 Interest, also include on line 35 if applicable			• 3	3	.00
34 Estimated tax penalty, also include on line 35 if	applicable		• 3	4	.00
35 If amount on line 30 exceeds amount on line 31					NONE.00
36 Overpayment, line 31 minus line 30					.00
37 Overpayment to be credited to estimated tax				7	.00
38 Overpayment to be refunded					.00
C. The corporation's books are in care of: Name			Telephone Number		
DOUG EVANS .			3	03-694-	-0305
Address		City		State	ZIP
THE COMPANY					
D. Business code number per federal return •	541900				
E. Year corporation began doing business in Colorado	•				
F. Kind of business in detail:					
TRADE ASSOCIATION EXEMPT					
UNDER SECTION 501(C)(6)					
G. Has the Internal Revenue Service made any adjustm	nents in the cornor	ration's incom	e or tay or have you	filed amende	d federal income tay returns
at any time during the last four years? Yes		es, for which y		med amende	u rederar income tax returns
at any time during the last roal years?		oa, for writer y			
Did you file amended Colorado returns to reflect such	changes or submit	copies of the I	Federal Agent's reports?	Yes	X No
Under penalties of perjury in the second degree, I declar					
complete. Declaration of preparer (other than taxpayer) is					and it is they contain and
Signature	Date		ne and telephone numb		or firm preparing return
CI TENT CODY					Variable Annual Control
CLIENT COPY		EKS	S& H		
Title			03) 740-9400	Y.	
		1 30			

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NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC. COLORADO NET OPERATING LOSS CARRYOVER FORM 112

84-0738973

YEAR	NOL GENERATED	NOL UTILIZED	NOL CARRYOVER	
9/30/1997	99,269	(13,176)	86,093	
9/30/1998	40,308	12	40,308	
9/30/1999	66,288	(4.)	66,288	
9/30/2000	59,976		59,976	
9/30/2001	8,795	\times	8,795	
9/30/2002	69,776	>	69,776	
9/30/2003		₩.	0	
9/30/2004		~	0	
9/30/2005		9	.0	
9/30/2006	122,578	8	122,578	
9/30/2007	21,479	8	21,479	
9/30/2008		~	Ů.	
	488,469		475,293	