#### 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

Subcommittee on National Parks, Forests and Public Lands Oversight / November 15, 2011

For Individuals:

1. Name:

- 2. Address:
- 3. Email Address:
- 4. Phone Number:

\* \* \* \* \*

For Witnesses Representing Organizations:

- 1. Name: Demar Dahl
- 2. Name of Organization(s) You are Representing at the Hearing:

Elko County, Nevada National Cattlemen's Beef Association

3. Business Address:

Elko County - 540 Court Street, Suite 101, Elko, NV 89801 NCBA - 9110 East Nichols Avenue, Suite 300, Centennial, CO 80112

4. Business Email Address:

[Information redacted for privacy]

5. Business Phone Number:

[Information redacted for privacy]

#### Demar Dahl/Elko County, Nevada, National Cattlemen's Beef Association Subcommittee on National Parks, Forests and Public Lands Oversight/ November 15, 2011

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.

40+ years dealing with the USFS and BLM on natural resource issues.

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.

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.

Designated by the Elko County Board of Commissioners to negotiate with the USFS on the Travel Management Plan for nearly three years.

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.

N/A

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.

N/A

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

### Demar Dahl/Elko County, Nevada, National Cattlemen's Beef Association Subcommittee on National Parks, Forests and Public Lands Oversight/ November 15, 2011

#### In addition, for witnesses representing organizations:

g. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

Chair of the Elko County Board of Commissioners

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).

Elko County: N/A

#### NCBA:

Coalition for Responsible Regulation v EPA, appeal of the greenhouse gas Endangerment Finding rule, Clean Air Act Coalition for Responsible Regulation v. EPA, appeal of the greenhouse gas "vehicle rule," Clean Air Act Coalition for Responsible Regulation V. EPA, appeal of the greenhouse gas "Johnson Memo," Clean Air Act Coalition for Responsible Regulation v EPA, appeal of the greenhouse gas tailoring rule, Clean Air Act Coalition for Responsible Regulation v EPA, appeal of the greenhouse gas tailoring rule, Clean Air Act Coalition for Responsible Regulation v EPA, petition to stay the implementation of all EPA greenhouse gas rules

pending the outcome of the appeals process, Clean Air Act

American Farm Bureau Federation v EPA, petition to appeal the Clean Water Act CAFO rule regarding National Pollution Discharge Elimination System permit program, Clean Water Act

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 NCBA 990s.



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

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,

Ehrhandt Keefe Steener + 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

\* DENVER = FORT COLLENS = BOULDLE + www.EKSH com

Form	9	9	0
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## **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)

20**08** 

OMB No. 1545-0047

A For the 2006 calendary year, or tax year beginning       10/01.2008, and ending       0       00/01/01.000         B rear young       The analysis       Provide the comparison of		rtment of the nal Revenue S		Denent trust or private foundation) The organization may have to use a copy of this return to satisfy	state repo	orting requireme	ents.	Open to Public Inspection
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K       Type of organization:       ∑ Corporation       Tust       Association       Other ▶       L Year of formation:       1 996 M State of legid domicitie:       CO         Part I       Summary       I       Binefity describe the organization's mission or most significant activities:								
Summary       Summary         1       Birlify describe the organization's mission or most significant activities: TO, KORK TO, INCREASE, PROPETT_OPEORTUNETTES_FOR_CATTLE_AND_BEEF PROPUGERS, BY, ENHANCING, THE_BUSINESS_CLIMATE_AND_BULLDING_CONSUMER. DEMAND.         2       Check tha box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets.         4       Number of voting members of the governing body (Part VI, line 1a).       3         4       Number of voting members of the governing body (Part VI, line 1b).       5         5       Total number of volunteers (estimate if necessary)       6         7       Total gross unrelated business revenue from Part VIII, the 12, column (C)       7a         7       Total gross unrelated business revenue from Part VIII, the 12, column (C)       7a         9       Program service revenue (Part VIII, line 3), 4. and 7d)       159, 96, 92, 72, 65, 55, 611, 104, 159, 96, 92, 72, 65, 55, 611, 204, 159, 96, 92, 72, 65, 55, 611, 204, 159, 96, 92, 72, 62, 99, 91, 32, 62, 93, 726, 95, 94, 160, 133, 671, 056, 133, 192, 756, 94, 160, 133, 671, 056, 133, 192, 756, 94, 160, 133, 671, 056, 133, 192, 756, 94, 160, 133, 671, 056, 133, 192, 756, 94, 160, 133, 671, 056, 133, 192, 756, 94, 160, 133, 671, 056, 133, 192, 756, 194, 104, 106, 106, 116, 116, 116, 416, 40, 166, 55, 583, 483, 556, 694, 200, 133, 671, 056, 133, 193, 675, 194, 192, 194, 152, 564, 120, 196, 133, 192, 755, 194, 125, 264, 120, 256, 134, 192, 196, 155, 134, 192, 196, 155, 134, 192, 196, 155, 134, 192, 196, 155, 134, 192, 196, 155, 134, 192, 196, 135, 134, 120, 116, 116, 116, 416, 416, 416, 416, 256, 56, 742, 202,							-	
1       Briefly describe the organization's mission or most significant activities:         70. MORK_TO_INCREASE, PROPILE_OPEORTUNTITES FOR CATTLE_AND. BEEF PRODUCERS. BY ENHANCTING THE RUST INSES CLI MATE AND. RULLOING CONSUMER DENAND.         2       Check this back	Real Property lies			X Corporation Trust Association Other F	ar of formati	ion: 1996 M	State of	r legal domicile: CO
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PRODUCERS_BY_ENHANCING THE BUSINESS_CLIMATE AND RULLDING CONSUMER_DEMAND.         DEMAND.         2       Check this box b       If the organization discontinued its operations or disposed of more than 25% of its assets.         3       Number of voluing members of the governing body (Part VI, line 1a).       3       8         4       Number of ondipotes (Part VI, line 2a).       5       193         7a       Total number of enployees (Part VI, line 2a).       6       9         7a       Total goods unrelated business revenue form Part VIII, line 12, column (C).       7a       7a (F.109, Total goods unrelated business revenue form Form 990-T, line 34.       Prior Year       Current Year         8       Contribution and grants (Part VIII, clumn (A), lines 5, 68, 68, 69, 100, and 11e)       1, 369, 786, 1, 075, 094, 1, 369, 786, 1, 075, 094, 1, 369, 786, 1, 075, 094, 1, 369, 786, 1, 075, 094, 1, 369, 786, 1, 075, 094, 1, 369, 786, 1, 075, 094, 1, 369, 786, 1, 075, 094, 1, 60, 13       Grants and similar amounts paid (Part IX, column (A), lines 1-3), NoNE       NoNE         10       Investment income (Part VIII, column (A), line 41, 10, line 41, 10, line 41, NoNE       NONE       NONE         19       Ford revenue (Part IX, column (A), lines 1-3), NoNE       NoNE       NONE         10       Investment income (Part VIII, column (A), line 41, 10, line 41, 10, line 41, 10, line 41, 10, line 42, line 43, line 45, 65, 66, 62, 62, 42, 501, 633, 65, 631, 416, 55, 833, 483, 56				이 이 이 방법에 가지 않는 것이 있는 것이 같은 것이 있는 것이 가지 않는 것을 잘 잘 한 것이 없이 봐야 한 것이 없다.				
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7 a Total gross unrelated business revenue from Part VIII, line 12, column (C)       7 a 746, 109.         9 Net unrelated business taxable income from S90-T, line 34       77 a 746, 109.         8 Contribution and grants (Part VIII, line 1h)       NONE         9 Program service revenue (Part VIII, line 3, 4, and 7d)       159, 969.         10 Interstement income (Part VIII, column (A), lines 3, 4, and 7d)       159, 969.         11 Other revenue (Part VIII, column (A), lines 3, 64, 8c, 9c, 10c, and 11e)       1, 369, 788.         12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).       65, 583, 483.         13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)       NONE         14 Benefits paid to or for members (Part IX, column (A), line 1-3)       NONE         15 Salaries, other compensation, employee benefits (Part IX, column (A), line 10)       NONE         15 Salaries, other compenses (Part IX, column (A), line 10)       NONE         16 Total segeneses. Add lines 13-17 (must equal Part IX, column (A), line 25)       67, 831, 445, 55, 694, 202.         17 Other expenses (Part IX, column (A), line 12.       -2, 247, 962.       99, 955.         17 Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       67, 831, 445, 55, 694, 202.       -2, 247, 962.       99, 955.         17 Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       67, 831, 445, 55, 694, 202.	05	3 Nun	nber of vo	ting members of the governing body (Part VI, line 1a)				
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7 a Total gross unrelated business revenue from Part VIII, line 12, column (C)       7 a 746, 109.         9 Net unrelated business taxable income from S90-T, line 34       77 a 746, 109.         8 Contribution and grants (Part VIII, line 1h)       NONE         9 Program service revenue (Part VIII, line 3, 4, and 7d)       159, 969.         10 Interstement income (Part VIII, column (A), lines 3, 4, and 7d)       159, 969.         11 Other revenue (Part VIII, column (A), lines 3, 64, 8c, 9c, 10c, and 11e)       1, 369, 788.         12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).       65, 583, 483.         13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)       NONE         14 Benefits paid to or for members (Part IX, column (A), line 1-3)       NONE         15 Salaries, other compensation, employee benefits (Part IX, column (A), line 10)       NONE         15 Salaries, other compenses (Part IX, column (A), line 10)       NONE         16 Total segeneses. Add lines 13-17 (must equal Part IX, column (A), line 25)       67, 831, 445, 55, 694, 202.         17 Other expenses (Part IX, column (A), line 12.       -2, 247, 962.       99, 955.         17 Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       67, 831, 445, 55, 694, 202.       -2, 247, 962.       99, 955.         17 Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       67, 831, 445, 55, 694, 202.	tivit						5	193
7       Total gross unrelated business revenue from Part VIII, line 12, column (C)       7       74.6, 10.9,         7       bet unrelated business taxable income from Form 990-T, line 34.       7       74.6, 10.9,         8       Contribution and grants (Part VIII, line 1h)       NONE       NONE         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 70,       15.9, 96.9, 7, 362,       7, 26, 55, 611, 704,         10       Investment income (Part VIII, column (A), lines 5, 6d, 6c, 9c, 10c, and 1te)       1, 369, 788,       1, 075, 094,         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       65, 583, 483,       56, 694, 160,         13       Grants and similar amounts paid (Part IX, column (A), line 4)       NONE       NONE       NONE         14       Benefits paid to or for members (Part IX, column (A), line 4)       NONE       NONE       NONE         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 25)       13, 671, 056, 13, 192, 569, 201, 633,       13, 671, 056, 13, 192, 569, 201, 633,         16       Brotessional fundraising fees (Part X, column (A), line 12,, 10, 11, 1241,, 10, 124, 145, 55, 594, 202,, 2247, 962, 999, 958.       Beginning of Year       Edd of Year         18       Total species. Subtract line 18 from line 12,, 267, 924, 145, 257, 924, 122, 298, 004,, 228, 004,, 228, 004,, 228	Act	6 Tota	al number	of volunteers (estimate if necessary)			6	9
b       Net unrelated business taxable income from Form 990-T, line 34       Prior Year       Current Year         8       Contribution and grants (Part VIII, line 1h)       Prior Year       Current Year         9       Program service revenue (Part VIII, line 2g)       644, 053, 726, 55, 611, 704, 159, 969, 7, 362, 100, and 11e)         10       Investment income (Part VIII, column (A), lines 5, 46, 96, 106, and 11e)       1, 359, 788, 1, 1075, 094, 12, 376, 958, 11, 075, 094, 12, 366, 5583, 483, 566, 694, 160.         13       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), lines 5-10)       13, 671, 056, 13, 192, 569, 13, 192, 569, 13, 192, 569, 13, 192, 569, 16a, Professional fundraising espenses, Part IX, column (A), line 11e)       NONE       NONE         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 25)       57, 831, 445, 55, 694, 202, 1633, 18, 701, 056, 13, 192, 569, 994, 988, 13, 951, 064, 202, 1999, 958, 19, 125, 284, 13, 257, 924, 12, 298, 004, 13, 257,		7a Tota	al gross u	nrelated business revenue from Part VIII, line 12, column (C)			7a	746,109.
8       Contribution and grants (Part VIII, line 1h)       NONE       NONE       NONE         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       159, 969.       7, 362.         11       Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       1, 369, 788.       1, 075, 094.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)       NONE       NONE         14       Benefits paid to or for members (Part X, column (A), lines 4-3)       NONE       NONE       NONE         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       13, 671, 056.       13, 192, 569.         16       Brofessional fundraising tees (Part X, column (A), lines 12)       54, 160, 389.       42, 501, 633.         18       Total expenses. Part IX, column (A), line 25)       NONE       NONE         17       Other expenses (Part X, line 16)       54, 160, 389.       42, 501, 633.         18       Total expenses. Subtract line 18 from line 12.       -2, 247, 962.       999. 958.         20       Total assets (Part X, line 26)       -2, 247, 962.       999. 958.         21       Total labilities (Part X, line 26)       -2, 247, 962.       999. 958.         21       Total assets of fund balances. Subtract line 21 from line 20.	24						7b	
9       Program service revenue (Part VIII, folle 2g)		1.2.4.1				Prior Year		Current Year
9       Program service revenue (Part VIII, folle 2g)	ø	8 Cor	tribution	and grants (Part VIII, line 1h)	36.	N	ONE	NONE
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       1, 369, 788.       1, 075, 094.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       65, 583, 483.       56, 694, 160.         13       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.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 14)       NONE       NONE         16       a Professional fundraising fees (Part IX, column (A), line 14)       NONE       NONE       NONE         16       a Professional fundraising expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       54, 160, 389, 42, 501, 633.         17       Other expenses. Subtract line 18 from line 12.       -2, 247, 962.       999, 958.         19       Revenue less expenses. Subtract line 21 from line 20.       -2, 247, 962.       999, 928.         20       Total assets (Part X, line 16)       19, 139, 875.       19, 125, 284.         21       Total assets or fund balances. Subtract line 21 from line 20.       5, 881, 951.       6, 827, 280.	nue	9 Pro	gram serv	ice revenue (Part VIII, line 2g)	3 I E	64,053,7	26.	55,611,704.
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       1, 369, 788.       1, 075, 094.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       65, 583, 483.       56, 694, 160.         13       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.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 14)       NONE       NONE         16       a Professional fundraising fees (Part IX, column (A), line 14)       NONE       NONE       NONE         16       a Professional fundraising expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       54, 160, 389, 42, 501, 633.         17       Other expenses. Subtract line 18 from line 12.       -2, 247, 962.       999, 958.         19       Revenue less expenses. Subtract line 21 from line 20.       -2, 247, 962.       999, 928.         20       Total assets (Part X, line 16)       19, 139, 875.       19, 125, 284.         21       Total assets or fund balances. Subtract line 21 from line 20.       5, 881, 951.       6, 827, 280.	eve	10 Inve	estment in	come (Part VIII, column (A), lines 3, 4, and 7d)				
12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	ĸ	11 Oth	er revenu	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)       NONE       NONE       NONE         14 Benefits paid to or for members (Part IX, column (A), line 4)       NONE       NONE       NONE         15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       13, 671, 056.       13, 192, 569.         16 a Professional fundraising expenses, Part IX, column (A), line 11e)       NONE       NONE       NONE         17 Other expenses (Part IX, column (A), line 11e, 114, 111-24f)       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.         19 Revenue less expenses. Subtract line 18 from line 12.       -2, 247, 962.       999, 958.         20 Total assets (Part X, line 26)       19, 139, 875.       19, 125, 284.         21 Total liabilities (Part X, line 26)       13, 257, 924.       12, 298, 004.         22 Net assets or fund balances. Subtract line 21 from line 20.       5, 881, 951.       6, 827, 280.         23 Signature Block       Under penällies of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge molece in structions       Preparer's identifying number (see instructions)         Signature of officer       Preparer's identifying number (see instructions)       Preparer's identifying number (see instructions)       Pr								
14       Benefits paid to or for members (Part IX, column (A), line 4)       NONE       NONE       NONE         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       13, 671, 056.       13, 192, 569.         16       Professional fundraising expenses, Part IX, column (A), line 11e)       NONE       NONE       NONE         b       Total fundraising expenses, Rat IX, column (A), line 11e.       54, 160, 389.       42, 501, 633.         17       Other expenses (Part IX, column (A), line 11e.       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.         19       Revenue less expenses. Subtract line 18 from line 12.       -2, 247, 962.       999, 958.         20       Total assets (Part X, line 26)       19, 139, 875.       19, 125, 284.         21       Total labilities (Part X, line 26)       13, 257, 924.       12, 298, 004.         21       Total assets or fund balances. Subtract line 21 from line 20.       5, 881, 951.       6, 827, 280.         22       Vet assets or fund balances. Subtract line 21 from line 20.       5, 881, 951.       6, 827, 280.         23       Total labilities (Part X, line 26)       13, 12/2010       Employed       Preparer's identifying number (see instructions) </td <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	-							
15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       13, 671, 056,       13, 192, 569.         16 a Professional fundraising fees (Part IX, column (A), line 11e)       NONE       NONE         b Total fundraising expenses, Part IX, column (A), line 25)       54, 160, 389,       42, 501, 633.         17       Other expenses (Part IX, column (A), line 21       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.         19       Revenue less expenses. Subtract line 18 from line 12.       -2, 247, 962.       999, 958.         20       Total assets (Part X, line 26)       13, 257, 924.       12, 298, 004.         21       Total assets or fund balances. Subtract line 21 from line 20.       5, 881, 951.       6, 827, 280.         Part II       Signature Block       Signature Block       10 declare that 1 have examined this relum, 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 mployed       Preparer's identifying number (see instructions)         Signature of officer       Date       Preparer's identifying number (see instructions)       Protor 3718         Preparer's identifying number (see instructions)       Firm's name (or yo		14 Ben	efits paid	to or for members (Part IX, column (A), line 4)				1.41.2.4
Ball Professional fundraising fees (Part IX, column (A), line 11e)       NONE       NONE       NONE         I 6 a Professional fundraising expenses, Part IX, column (A), line 25)       NONE       NONE       NONE         NONE       NONE       NONE       NONE         NONE       NONE       NONE         NONE       NONE       NONE         NONE       NONE       NONE       NONE         NONE       NONE       NONE       NONE         NONE       NONE       NONE       NONE       NONE         NONE       NONE       NONE       NONE         NONE       State and colspan="2">State and colspan= "2"         NONE       NONE         NONE       NONE         NONE       NONE         NONE       NONE         None       State and colspan="2"         None								

orm 990 (2008)	and the second second		84-0738973	Page 2
		Accomplishments (see instructions)		
	be the organization's mission			
	a construction of the second	OPPORTUNITIES FOR CATTLE		
DEMAND.	S BY ENHANCING THE	BUSINESS CLIMATE AND BUIL	DING CONSUMER	
DEMAND.				
the prior Form	nization undertake any sign n 990 or 990-EZ? ibe these new services on Se	ificant program services during the y	rear which were not listed on	Yes 🔀 No
services?		or make significant changes in how it		Yes X No
4 Describe the Section 501(c	c)(3) and 501(c)(4) organization	lule O. nts for each of the organization's three tions and section 4947(a)(1) trusts are and revenue, if any, for each program s	required to report the amount of g	
4a (Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
N/A				
·				
4 b (Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c (Code:	) (Expenses \$	including grants of \$	) (Revenue \$	_)
	m services. (Describe in Sch			
	including an	ants of \$ \(Povonus		
(Expenses \$	including gr		2 \$ ) Line 25, column (B).)	

Form 9	90 (2008		_	P	age 3
Part	: IV	Checklist of Required Schedules	- 1		
1	Is the	organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	-	Yes	No
2.		ele Schedule A	1		x
2		organization required to complete Schedule B, Schedule of Contributors?	2	11.1	X
3		e organization engage in direct or indirect political campaign activities on behalf of or in opposition to		11	
		ates for public office? If "Yes," complete Schedule C, Part I	3	x	
4	Sectio	n 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Ile C, Part II	4		
5	Sectio	ons 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	x	
6		e organization maintain any donor advised funds or any accounts where donors have the right to			
		e advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
		ule D, Part I	6		x
7	Did the	e organization receive or hold a conservation easement, including easements to preserve open space,			
	the en	vironment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	1	X
8		e organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	12,12		
	comple	ete Schedule D, Part III	8		x
9	Did the	e organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part		1	
		provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	100		
	comple	ete Schedule D, Part IV	9		X
10	Did the	e organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11		e organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, /l, VII, VIII, IX, or X as applicable	11	x	
12		e organization receive an audited financial statement for the year for which it is completing this return			1
		as prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	
13		organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the		14a		X
b	Did the	e organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,		-	
	busine	ess, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b	-	x
15		e organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
		zation or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16		e organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	1.1		
		viduals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17		organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18		organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19		e organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	_	X
20		e organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21		e 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		e organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III e organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete	22		X
23	G 16 10		2.2		
24a	Did th	ule J e organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	X	-
240		000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			1.1
		경험은 것 것 같아요. 아님이 집에서 방법 방법 것 같아요. 이 것 같아요. 집에 집에 집에 있는 것 같아요. 아버지는 것 같아요. 그 것 같아요. 그 것 같아요. 그 집에 가지 않는 것 같아요. 그 나는 것	24a		~
b		e organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		~
c		e organization maintain an escrow account other than a refunding escrow at any time during the year	240		
		ease any tax-exempt bonds?	24c	1.1	
d			24d	1 = 1	1
25a		on 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
-11-10		disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b		e organization become aware that it had engaged in an excess benefit transaction with a disqualified	-		1
		n from a prior year? If "Yes," complete Schedule L, Part I	25b		
26		a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			11.
		alified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X	
27	Did th	e organization provide a grant or other assistance to an officer, director, trustee, key employee, or	1		
	substa	antial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	-	X

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Form 9	990 (2008)	84-0738973		Page 4
Part	rt IV Checklist of Required Schedules (continued)			2.11
	CONTRACTOR REAL STOCKERS AND THE PARAMETER		Yes	No
28 a	During the tax year, did any person who is a current or former officer, director, tr Have a direct business relationship with the organization (other than as an office employee), or an indirect business relationship through ownership of more than (individually or collectively with other person(s) listed in Part VII, Section A)? If "Ye	er, director, trustee, or 35% in another entity		
	Part IV		a	X
b	Have a family member who had a direct or indirect business relationship with the complete Schedule L, Part IV		b	x
¢	Serve as an officer, director, trustee, key employee, partner, or member of an en professional corporation) doing business with the organization? If "Yes," complete		c	x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Ye	es," complete Schedule M 2	9	X
30	Did the organization receive contributions of art, historical treasures, or other sin conservation contributions? If "Yes," complete Schedule M		D	x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Ye Part I	es," complete Schedule N,	1	x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its n Schedule N, Part II	The second se	2	x
33	Did the organization own 100% of an entity disregarded as separate from the or section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	rganization under Regulations	3	x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete III, IV, and V, line 1		4 ×	
35	Is any related organization a controlled entity within the meaning of section 512( Schedule R, Part V, line 2	(b)(13)? If "Yes," complete	5 X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an organization? If "Yes," complete Schedule R, Part V, line 2	exempt non-charitable related		
37	그는 다 다 같은 것	t is not a related organization		
_	W		7	X

Form 990 (2008)

Form	390 (2008) 84-0738973		P	age 5
Par	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	100		
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a, Enter -0- if not applicable 1b NONE			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 193.			
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)		8	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	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	-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	_	X
b	If "Yes," enter the name of the foreign country: ►	0.5		
	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		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			1.1
	Prohibited Tax Shelter Transaction?	5c	-	X
	Did the organization solicit any contributions that were not tax deductible?	6a	-	<u>x</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		1.1
2.2	gifts were not tax deductible?	00		
7	Organizations that may receive deductible contributions under section 170(c).	7a		
	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? .	76	-	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	14	1	
¢	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		h
	required to file Form 8282?	10	-	-
	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	7e		
	benefit contract?	7f	201	1
T	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	1.11	1
g	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	- 3	1.1	11-1
п	required?	7h		1.1
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section		1-1-1	
0	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		1	1
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		-	
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)		1	
12a	이 가슴을 잘 하네. 그렇게 잘 잘 잘 잘 안 하는 것을 수 있는 것을 많은 것을 만들고 있는 것을 것을 때 것을 수 있는 것을 하는 것을 수 있다. 것은 것은 것을 잘 하나 있는 것을 것을 것을 하는 것을 수 있는 것을 하는 것을 수 있는 것을 하는 것을 수 있는 것을 수 있는 것을 하는 것을 수 있는 것을 수 있다. 것을 것을 것을 수 있는 것을 수 있는 것을 수 있는 것을 수 있는 것을 것을 수 있는 것을 수 있는 것을 수 있다. 것을 것을 것을 것을 것을 것을 것을 것을 수 있는 것을 것을 수 있는 것을 수 있는 것을 수 있는 것을 것을 것을 수 있다. 것을 것을 것을 것을 것을 것을 것을 것을 것을 것 같이 같다. 것을 것을 것 같이 것을 것 같이 없다. 것을 것 같이 것 같이 없다. 것을 것 같이 것 같이 것 같이 없다. 것 같이 것 같이 것 같이 없다. 것 같이 것 같이 없다. 것 같이 것 같이 없다. 것 같이 없는 것 같이 없다. 것 같이 것 같이 것 같이 없다. 것 같이 없다. 것 같이 것 같이 없다. 것 같이 것 같이 없다. 것 같이 않았다. 것 같이 않았다. 것 같이 않았다. 것 같이 없다. 것 같이 것 같이 않았다. 것 같이 않았다. 것 같이 없다. 것 같이 없다. 것 같이 없다. 것 같이 않았다. 것 같이 없다. 것 같이 않았다. 것 같이 것 같이 없다. 것 같이 것 같이 없다. 것 같이 것 같이 없다. 것 같이 없다. 것 같이 것 같이 없다. 것 같이 없다. 것 같이 않았다. 것 같이 것 같이 없다. 것 같이 않았다. 것 같이 것 같이 없다. 것 같이 않았다. 것 같이 않았다. 것 같이 않았다. 것 같 않았다. 것 같이 없다. 것 같이 않았다. 것 같이 않 않 않 않았다. 것 같이 않았다. 것 같이 않았다. 것 같이 않았다. 것 같이 않 않았다. 것	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1		1

Form 990 (2008)

#### Form 990 (2008) Part VI

84-0738973

Page 6

art VI	Governance, Management, and Disclosure (Sections A, B, and C request information about policies no	ot
1.1	required by the Internal Revenue Code.)	

		1000	Yes	Τ
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the		1.7	t
	circumstances, process, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body			L
b	Enter the number of voting members that are independent8			L
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			L
	any other officer, director, trustee, or key employee?	2		Į.
3	Did the organization delegate control over management duties customarily performed by or under the direct	1010		T
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		t
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		t
6	Does the organization have members or stockholders?	6	X	t
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	-	- 0-	t
	of the governing body?	7a	X	l
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	t
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during			t
	the year by the following:	64.		1
a		8a	x	1
b	The governing body? Each committee with authority to act on behalf of the governing body?	86	X	1
9a	Does the organization have local chapters, branches, or affiliates?	9a	- 0.	1
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	54	11.11	1
~	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
0	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations	30		+
0	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		
1	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at	10	X	+
1		11		
ecti	on B. Policies	1.1.		
	A set the set of the s		Yes	
2a	Does the organization have a written conflict of interest policy? If "No," go to line 13	Color and		1
		12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	1.1		
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	12a 12b	x	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes,"	12b	x	
c	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this is done</i>	12b 12c	x x	
с 3	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this is done</i> Does the organization have a written whistleblower policy?	12b	X X X	
с 3 4	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this is done</i> Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy?	12b 12c 13	x x	
с 3 4	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this is done</i> Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by	12b 12c 13	X X X	
с 3 4	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this is done</i> Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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:	12b 12c 13 14	X X X X	
с 3 4 5	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this is done</i> Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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: The organization's CEO, Executive Director, or top management official?	12b 12c 13 14 15a	X X X	
с 3 4 5 а	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this is done</i> Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization?	12b 12c 13 14	X X X X	
с 3 4 5 а b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this is done</i> Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	12b 12c 13 14 15a	X X X X	
c 3 4 5 a b 6a	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this is done</i> Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	12b 12c 13 14 15a 15b	X X X X	
c 3 4 5 a b 6a	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this is done</i> Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	12b 12c 13 14 15a	X X X X	
c 3 4 5 a b 6a	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i> <i>describe in Schedule O how this is done</i> Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	12b 12c 13 14 15a 15b	X X X X	
c 3 4 5 a b 6a	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this is done</i> Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	12b 12c 13 14 15a 15b	X X X X	

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 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.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average	Posit	ion /		C) k all t	that app		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	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
SEE SCHEDULE J-2		1.			Ĩ					
		1								
	1									
	-				Ľ.					
									· · · · · · ·	
	-								1	-
							1			
								-		

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Form 990 (2008)				_	-	-	_	84-0738973		Page 8
Part VII Section A. Officers, Directors, Tru	istees, Ke	y Em	plo	-		and H	ligh		ed Employees (c	
(A)	(B)			(0	e			(D)	(E)	(F)
Name and title	Average hours per week	P or director	institutional trustee	chec Officer	Key employee	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
	1 11	1.00								
					ſ					
	1				ſ					
	0-11									
	0111				Ľ.	-				
	0.001									
	0-20		12							
1b Total								2,440,998.	NONE	416,806.
2 Total number of individuals (including thos organization ► 15	e in 1a) v	who r	ece	ived	d m	ore t	han		portable compens	
3 Did the organization list any former offic	cer direct	or or	tri	iste	e	kev e	emo	lovee or highes	t compensated	Yes No
employee on line 1a? If "Yes," complete Sched										3 X
4 For any individual listed on line 1a, is th	e sum of	repor	tab	le d	com	pensa	ation	n and other com	pensation from	
the organization and related organizations	greater t	han \$	150	0,00	00?	If "Y	'es,'	complete Sched		
individual										4 X
5 Did any person listed on line 1a receiv services rendered to the organization? If "Yes,"										5 X
Section B. Independent Contractors	a a strip sa ta									
1 Complete this table for your five highest compensation from the organization.	compensa	ted in	nde	pen	den	t con	trac	ctors that receive	d more than \$1	00,000 of
(A) Name and business add	iress	_					T	(B) Description of se	ervices	(C) Compensation
SEE STATEMENT 1			_	_		_	t			
	_		_				+			
					_					
2 Total number of independent contractors ( compensation from the organization	including 5	those	in	1)	who	rece	eive	d more than \$10	00,000 in	
104										Form 990 (2008

#### Part VIII Statement of Revenue 84-0738973 (C) Unrelated (D) Revenue (B) Related or (A) Total revenue exempt business excluded from tax function revenue under sections 512, 513, or 514 revenue , gifts, grants ilar amounts 1a 1a Federated campaigns . . . . . . . 1b b Membership dues ..... 1c Fundraising events . . . . . . . C 1d Related organizations . . . . . . . d Contributions, and other simi 1e Government grants (contributions) . . e f All other contributions, gifts, grants, and similar amounts not included above . 1f Noncash contributions included in lines 1a-1f: \$ . q Total. Add lines 1a-1f . . . . . . . . . . . . . NONE Þ h . . . . . . Service Revenue **Business** Code 900099 35, 832, 980. 35, 832, 980 2a BPOC CONTRACTS b STATE BEEF COUNCIL 900099 10,254,288. 10,254,288. c SPONSORSHIPS/MTGS 900099 4,133,901. 4,133,901 3,400,614. d MEMBERSHIP DUES 900099 3,400,614. Program e ADVERTISING 541900 746,109. 746,109 900099 1,243,812. 1,243,812. f All other program service revenue . . . . 55,611,704. g 3 Investment income (including dividends, interest, and 7, 362. 7, 362. other similar amounts) ..... NONE Income from investment of tax-exempt bond proceeds . . . > 4 .... NONE 5 (i) Real (ii) Personal 82,274 6a Gross Rents . . . . . . Less: rental expenses . . . NON b 82,274 Rental income or (loss) . . C 82,274. . . . . . . . 82, 274. Net rental income or (loss) . d . . . . . . . . (ii) Other (i) Securities 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses . . . . c Gain or (loss) . . . . . . NONE 8a Gross income from fundraising events (not including \$ \_ Other Revenue of contributions reported on line 1c). See Part IV, line 18. . . . . . . . . . . . . . . a b Less: direct expenses . . . . . . . b NONE c Net income or (loss) from fundraising events . . . . . . . . 9a Gross income from gaming activities. b Less: direct expenses . . . . . . . . b NONE Gross sales of inventory, less 10a returns and allowances . . . . . . . . 925, 216. а 424,150. b Less: cost of goods sold . . . . . . . b Net income or (loss) from sales of inventory. . STMT. 2. . . 501,066. 501,066 C. Miscellaneous Revenue **Business Code** 900099 491,754. 491,754 OTHER REVENUE RELATED TO EXEMPT FUNCTIO 11a b С 491, 754. 12 Total Revenue, Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 56,694,160. 55, 357, 349. 746,109. 590,702.

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Form 990 (2008)

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# Form 990 (2008) Part IX Statement of Functional Expenses

			not required to cor	nplete columns (B), (C)	
Do not include amounts report 7b, 8b, 9b, and 10b of Part VI		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to	o governments and				
organizations in the U.S. See	Part IV, line 21	NONE			
2 Grants and other assistance					
the U.S. See Part IV, line 22		NONE	-		
3 Grants and other assistance					
organizations, and individ		and the second sec			
U.S. See Part IV, lines 15 and		NONE		-	
4 Benefits paid to or for member		NONE			
5 Compensation of current	A CONTRACT OF A DESCRIPTION OF A DESCRIP				
trustees, and key employees		2,441,000.			
6 Compensation not included a					
persons (as defined under se persons described in section					
		NONE			
7 Other salaries and wages	영양 방송 영양 전 영양 방송 전 전 영양 방송	8,063,475.			
8 Pension plan contributions (i ///) and caption 403/b) ample	to be a set of the set	NONE			
(k) and section 403(b) employ	The second s	NONE			
9 Other employee benefits		2,688,094.			
0 Payroll taxes		NONE			
1 Fees for services (non-employ		NONE			
a Management		230,120.			
b Legal		59, 296.			
d Lobbying	The second s	NONE			
e Professional fundraising services		NONE			
f Investment management fees	Contraction of the second s	NONE			
g Other		8,153,264.			10
2 Advertising and promotion .		27,235,646.			
3 Office expenses		544,252.			
4 Information technology		250, 257.			
5 Royalties	The second se	NONE			1
6 Occupancy	and the second	1,680,667.			
7 Travel		2,056,269.			Street Street Street Street
8 Payments of travel or enter		100 A. 10 A. 10 A. 10			
for any federal, state, or lo		NONE		*	
9 Conferences, conventions, a	nd meetings	1,028,525.			
0 Interest	[	39,619.			
1 Payments to affiliates		NONE			
2 Depreciation, depletion, and	and the second	168,105.			
3 Insurance		307,625.			
4 Other expenses. Itemize					
covered above. (Expenses					
and labeled miscellaneous					
5% of total expenses shown	on line 25 below.)				
a BAD_DEBT_EXPENSE		338, 336.			-
b RELOCATION		150, 582.			
c REGISTRATION		110,995.			
d FINANCE_CHARGES		46,145.			
e VOLUNTEEB		16,507.		1	-
f All other expenses	officer and a second structure of the second	85,423.			
5 Total functional expenses. Add		55,694,202.			
6 Joint Costs. Check here					
SOP 98-2. Complete this line or reported in column (B) jo combined educational campa solicitation	oint costs from a				

JSA 8E1052 1.000

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Form	990	(2008)
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Par	tΧ	Balance Sheet					-
			(A) Beginning of year		(E End o	3) f year	
	1	Cash - non-interest-bearing ,		1			
	2	Savings and temporary cash investments,	5, 479, 652.	2	9,5	04,2	207.
	3	Pledges and grants receivable, net , ,		3			-
	4	Accounts receivable, net	9,919,542.	4	7,1	38,4	186.
	5	Receivables from current and former officers, directors, trustees, key	and the second sec	1.00			
		employees, or other related parties. Complete Part II of Schedule L	NONE	5	1	50,0	000.
	6	Receivables from other disqualified persons (as defined under section					
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II					
	1	of Schedule L		6			
Assets	7	Notes and loans receivable, net		7			
SS	8	Inventories for sales or use		8			
4	9	Prepaid expenses and deferred charges $\dots \dots \dots$	472,404.	9	1	94,1	576.
		Land, buildings, and equipment: cost basis 10a 3,745,627.					
	b	Less: accumulated depreciation. Complete		1.1.1			
		Part VI of Schedule D	498,523.		.4	116,	
	11	Investments - publicly traded securities	993,400.	11			NONE
	12	Investments - other securities. See Part IV, line 11		12		-	
	13	Investments - program-related. See Part IV, line 11	1,680,765.	13	1,6	26,	134.
	14	Intangible assets		14			-
	15	Other assets. See Part IV, line 11	95, 589.	15			589.
-	16	Total assets. Add lines 1 through 15 (must equal line 34)	19,139,875.	16	19,1		
- 1	17	Accounts payable and accrued expenses	11,481,964.	17	9,5	58,	207.
	18	Grants payable		18		-	
	19	Deferred revenue	1,775,960.	19	2,6	591,	999.
	20	Tax-exempt bond liabilities		20			
Liabilities	21	Escrow account liability. Complete Part IV of Schedule D		21			
oilit	22	Payables to current and former officers, directors, trustees, key employees,					
iat		highest compensated employees, and disqualified persons. Complete Part II					
-		of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties		23			
	24	Unsecured notes and loans payable				4.7	
	25		NONE		1.0		798.
-	26	Total liabilities. Add lines 17 through 25	13,257,924.	26	12,2	298,	004.
nces		Organizations that follow SFAS 117, check here <b>b</b> X and complete lines 27 through 29, and lines 33 and 34.					
ani	27	Unrestricted net assets	5,881,951.	27	6,8	327,	280.
Bal	28	Temporarily restricted net assets		28			_
pu	29	Permanently restricted net assets	A	29		_	
Assets or Fund Bala		Organizations that do not follow SFAS 117, check here 🕨 🛄 and complete lines 30 through 34.					
sts	30	Capital stock or trust principal, or current funds		30			
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	-		
t A	32	Retained earnings, endowment, accumulated income, or other funds		32			
Net	33	Total net assets or fund balances	5,881,951.	33	6,8	327,	280.
	34	Total liabilities and net assets/fund balances	19,139,875.	34	19,1	125,	284.
Pa	rt XI	Financial Statements and Reporting				Yes	No
1	Acco	ounting method used to prepare the Form 990: Cash X Accrual Oth	er		-	165	NU
2a	Were	e the organization's financial statements complled or reviewed by an independent account	tant?		. 2a		x
b		e the organization's financial statements audited by an independent accountant?				X	
c		es" to lines 2a or 2b, does the organization have a committee that assumes responsibility			1.0		
	audit	, review, or compilation of its financial statements and selection of an independent account	untant?		. 2c	X	
3a	As a	result of a federal award, was the organization required to undergo an audit or audits as	set forth in		1.5		
	the S	Single Audit Act and OMB Circular A-133?			. 3a		x
b	If "Ye	es," did the organization undergo the required audit or audits?		وتوتيه	. 3b		

SCHEDULE C	Political Campaign a	nd Lobbyi	ng Activities	OMB No. 1545-0047
(Form 990 or 990-EZ)	7 2008			
	Open to Public			
Department of the Treasury Internal Revenue Service	Inspection			
<ul> <li>Section 501(c)(3) org.</li> <li>Section 501(c) (other</li> <li>Section 527 organizat</li> <li>If the organization answe</li> <li>Section 501(c)(3) org.</li> <li>Section 501(c)(3) org.</li> <li>If the organization answe</li> <li>Section 501(c)(4), (5)</li> </ul>	red "Yes," to Form 990, Part IV, line 3, or Form anizations: Complete Parts I-A and B. Do not complet than section 501(c)(3)) organizations: Complete F ions: Complete Part I-A only. red "Yes," to Form 990, Part IV, line 4, or Form ganizations that have filed Form 5768 (election u anizations that have NOT filed Form 5768 (election red "Yes," to Form 990, Part IV, line 5 (Proxy Tax ), or (6) organizations: Complete Part III.	ete Part I-C. Parts I-A and C belor 990-EZ, Part VI, lin nder section 501(h) on under section 50	w. Do not complete Part I-B. e 47 (Lobbying Activities), ther ): Complete Part II-A. Do not co 1(h)): Complete Part II-B. Do not	mplete Part II-B. at complete Part II-A.
Name of organization	DULC DEED ADCOCTANTON THE		10 million	fication number
Part I-A To be con	NEN' S BEEF ASSOCIATION, INC mpleted by all organizations exempt un instructions for Schedule C for details.	Inder section 5		ganizations.
1 Provide a descript	ion of the organization's direct and indirect p	olitical campaign	n activities in Part IV.	
	res			
3 Volunteer hours ,			······ —	NONE
Contractor and a contractor of the	npleted by all organizations exempt u structions for Schedule C for details.	nder section 50	01(c)(3).	
	of any excise tax incurred by the organizatio			
	of any excise tax incurred by organization m			
	incurred a section 4955 tax, did it file Form nade?			
b If "Yes," describe in	1 Part IV.			
provide the second se	mpleted by all organizations exempt in Instructions for Schedule C for details.	under section (	501(c), except section 50	01(c)(3).
1 Enter the amount of	directly expended by the filing organization			NONE
2 Enter the amount of	of the filing organization's funds contributed on activities	to other organiza	ations for section	NONE
3 Total of direct and	indirect exempt function expenditures. Add	lines 1 and 2 and	d enter here and	NONE
4 Did the filing organ	nization file Form 1120-POL for this year?			
were made. Enter contributions recei	ddresses and employer identification number the amount paid and indicate if the amount wed and promptly and directly delivered to a committee (PAC). If additional space is need	int was paid from separate politica	m the filing organization's al organization, such as a s	funds or were political
(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
				I
				4
			1	
For Pelupou Act and Decan	ork Reduction Act Notice, see the instructions for Form	990	Cabadu	le C (Form 990 or 990-EZ) 2008

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 9 JSA 8E1264 1.000

Sch	Schedule C (Form 990 or 990-EZ) 2008 84-0		738973	Page 2
Pa		izations exempt under section 501(c)(3) I(h)). See the instructions for Schedule C for		
		belongs to an affiliated group. checked box A and "limited control" provis	ions apply.	
		ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a b c d e f	Total lobbying expenditures to influence Total lobbying expenditures (add lines 1 Other exempt purpose expenditures	public opinion (grass roots lobbying)         a legislative body (direct lobbying)         a and 1b)		
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxable amount is: 20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
1	Over \$17,000,000	\$1,000,000.		
g h i j	Subtract line 1g from line 1a. Enter -0- i Subtract line 1f from line 1c. Enter -0- if If there is an amount other than zero on	5% of line 1f) f line g is more than line a line f is more than line c either line 1h or line 1i, did the organization file	Form 4720 reporting	Yes No

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

	Lobbying Expe	nditures During 4-Ye	ear Averaging Period	1	
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					

Schedule C (Form 990 or 990-EZ) 2008

Par	t II-B	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 a	NOT	filed S.	Form		
-				a)		(b)	
			Yes	No	A	mount	
1	legislati	he year, did the filing organization attempt to influence foreign, national, state or local on, including any attempt to influence public opinion on a legislative matter or lum, through the use of:					
a b	Volunter Paid sta	ers? If or management (include compensation in expenses reported on lines 1c through 1i)?	-	_			
c	Media a	dvertisements?	1.1		3	-	
d	Mailing	to members, legislators, or the public? ions, or published or broadcast statements? o other organizations for lobbying purposes? ontact with legislators, their staffs, government officials, or a legislative body?			-		
e	Publica	ions, or published or broadcast statements?	1.1			-	
f	Grants t	o other organizations for lobbying purposes?					
g	Direct c	ontact with legislators, their staffs, government officials, or a legislative body?	1				
h	Rallies,	demonstrations, seminars, conventions, speeches, lectures, or any other means?	1.00				
i.	Other a	ctivities? If "Yes," describe in Part IV	1				
1	Total lin	es 1c through 1i			1		
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					
c	If Yes,	enter the amount of any tax incurred by organization managers under section 4912 ng organization incurred a section 4912 tax, did it file Form 4720 for this year?					
d Pa		To be completed by all organizations exempt under section 501(c)(4), se	ection	1 501	(c)(5), (	or	
		section 501(c)(6). See the instructions for Schedule C for details.			1010	- Luci	1
	Mara a	(batastially all (00%) as mass) dues received pendedustible by members?			1	Yes	-
1 2	Did the	ibstantially all (90% or more) dues received nondeductible by members? organization make only in-house lobbying expenditures of \$2,000 or less?				1	X
3	Did the	organization agree to carryover lobbying and political expenditures from the prior year?	***		:::E		X
-	rt III-B	To be completed by all organizations exempt under section 501(c)(4), so					1.0
		section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "M					
-	Dues	question 3 is answered "Yes." See Schedule C instructions for details.					25.4
1 2		sessments and similar amounts from members			1	3,400	,614
-		expenses for which the section 527(f) tax was paid).	unts	01			
а	Current				2a	266	, 374
b		year er from last year		24.4	2b	200	1.5.14
c	Total			35.1	20	266	, 374
3	Aggreg	ate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du	es .		3		,123
4		s 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 I	obbyi	ng			
	and pol	tical expenditure next year?			4	_	
5		amount of lobbying and political expenditures (line 2c total minus 3 and 4)			5	-413	,749
and the second s	rt IV	Supplemental Information		1.17	02032		
		s part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C te this part for any additional information.	; line	5 an	d Part II-E	3, line	н.
							2222
÷,			تجع				12.00
	hanan						
				10,000			
							3636
						20112	2000
0.00				1000	and the second	34330	2524
JSA.			Sc	hedule	C (Form 99	0 or 990-	EZ) 200

JSA 8E1266 1,000

Schedule C (	Form 990 or 990-EZ) 2008	84-0738973	Page 4
Part IV	Supplemental Information (continued)		
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*******			
	***************************************		
			000000000000000000000000000000000000000
G262642			
	0.000000000000000000000000000000000000		

Schedule C (Form 990 or 990-EZ) 2008

#### SCHEDULE D (Form 990)

## Supplemental Financial Statements

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.

OMB No. 1545-0047
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.				Open to Public Inspection
Name of the organization				Employer identifica	
NATIONAL CATTLEMEN'S BEEF ASSOCIATION, I				84-07389	173
Par		nizations Maintaining Donor Advised Funds	or Other Similar Funds		
	the or	ganization answered "Yes" to Form 990, Part	IV, line 6.		proto li
			Donor advised funds	(b) Funds and	other accounts
1	Total number	at end of year			
2		ntributions to (during year)			
3		nts from (during year)			
4		ue at end of year			
5		zation inform all donors and donor advisors in wr	ting that the assets held in	donor advised	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
21		organization's property, subject to the organizatio			Yes No
6		zation inform all grantees, donors, and donor adv			
		charitable purposes and not for the benefit of the			100 C 100
		private benefit?			Yes No
Par	til Conse	ervation Easements. Complete if the organiz	ation answered "Yes" to	Form 990, Part IV	line 7.
1		conservation easements held by the organization			
	Preserva	tion of land for public use (e.g., recreation or pleas	sure) Preservation	of an historically im	portantly land area
		n of natural habitat		of certified historic	and the second se
	Preserva	tion of open space			
2	Complete line:	s 2a-2d if the organization held a qualified conser	vation contribution in the fo	rm of a conservation	easement
		y of the tax year.			10 A 10 A 10
				Held at th	e End of the Year
a	Total number	of conservation easements		. 2a	Come of the second
b	Total acreage	restricted by conservation easements		. 2b	
C	Number of con	nservation easements on a certified historic struc	ture included in (a)	. 2c	
d	Number of co	nservation easements included in (c) acquired af	ter 8/17/06	. 2d	
3	Number of con	nservation easements modified, transferred, rele	ased, extinguished, or term	inated by the organiz	ation during
	the taxable yes	ar 🕨			
4		tes where property subject to conservation ease			
5		nization have a written policy regarding the perio			
		of the conservation easements it holds?			Yes No
6		eer hours devoted to monitoring, inspecting, and			
7		penses incurred in monitoring, inspecting, and en			
8		nservation easement reported on line 2(d) above			П. П.
		) and 170(h)(4)(B)(ii)?			
9		escribe how the organization reports conservation			
		, and include, if applicable, the text of the footnol on's accounting for conservation easements.	e to the organization's finar	ncial statements that	describes
Pa	And Address of the Ad	nizations Maintaining Collections of Art, His	torical Treasures, or Oth	ner Similar Assets	
in the second	Comp	plete if the organization answered "Yes" to Fo	orm 990, Part IV, line 8.		
1a	If the organiza art, historical	tion elected, as permitted under SFAS 116, not treasures, or other similar assets held for public rt XIV, the text of the footnote to its financial state	o report in its revenue state exhibition, education, or res	ement and balance s earch in furtherance	heet works of of public service,
4	and the second				
b	historical treas	tion elected, as permitted under SFAS 116, to re sures, or other similar assets held for public exhil llowing amounts relating to these items:			
	(i) Revenues	included in Form 990, Part VIII, line 1		· · · · · · · · · • •	
		luded in Form 990, Part X			
2		ation received or held works of art, historical treas		ts for financial gain, p	rovide the
		unts required to be reported under SFAS 116 rel			
а		luded in Form 990, Part VIII, line 1			
b	Assets include	ed in Form 990, Part X	**************	· · · · · · · · • \$	

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

Schedule D (Form 990) 2008

Sched	ule D (Form 990) 2008 84-0738973				Page					
Par	t III Organizations Maintaining C	ollections of Art, His	storical	Treasures	, or Ot	her Similar Ass	sets (c	ontinue	d)	
		there are not a should be		Fallenting th		a starificant use		Insting		
3	Using the organization's accession and or items (check all that apply):	other records, check a	ny of the	tollowing th	lat are	a significant use	of its co	ollection		
	Public exhibition		-		hanna					
a		d		oan or exc	nange	programs				
b	Scholarly research	e		Other					-	
c	Preservation for future generati					and the state	the dust			
4	Provide a description of the organization Part XIV.	's collections and expl	ain now ti	ney further	the org	janization's exem	ipt purp	ose in		
5	During the year, did the organization sol	icit or receive donation	ns of art,	historical tr	easure	s, or other similar				
	assets to be sold to raise funds rather the	an to be maintained as	s part of t	he organiza	ation's d	collection?	• • • [	Yes		No
Par	rt IV Trust, Escrow and Custodial Part IV, line 9, or reported an				ion ans	swered "Yes" to	Form	990,		
1a	Is the organization an agent, trustee, cus included on Form 990, Part X?						Ē	Yes		No
b	If "Yes," explain the arrangement in Part									
N	in roo, oppain the analygement in rare	niv und complete me	Tonowing	ſ	1	Am	ount			-
c	Beginning balance		No.	1.0.12	10	7.00	ount			
d	Additions during the year									
	Distributions during the year									_
e										
-	Ending balance						-	Ver	1	
		A CONTRACTOR OF	ine 217				i a n L	Yes	يت ا	No
The local division of	If "Yes," explain the arrangement in Part		and the	Verlite Fr	00	Dert IV line d		-		-
Par	rt V Endowment Funds, Complet									
÷.,		Current Year (b) Prid	or year	(c) Two yea	ars back	(d) Three years	back	(e) Four	years t	Jack
	5 5 7								_	
	Contributions									_
	Investment earnings or losses								_	_
	Grants or scholarships	the second se			0-0-0			1000		-
e	Other expenditures for facilities .									
	and programs									
f	Administrative expenses	is not								
g	End of year balance	The second second								
2	Provide the estimated percentage of the	year end balance held	as:							
a	Board designated or quasi-endowment	▶ %								
b	Permanent endowment >	%								
C	Term endowment 🕨 %									
3a	Are there endowment funds not in the p	ossession of the orga	nization t	hat are held	d and a	dministered for th	10			
	organization by:							1	Yes	No
	(i) unrelated organizations							3a(i)		-
	(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(ii), are the related organiza						1251	3b		
4	Describe in Part XIV the intended uses of					Content of Content of Sta			-	
-	rt VI Investments - Land, Building				rt X. lin	ne 10.				
	Description of investment	(a) Cost or other bas (investment)	sis (b	) Cost or other basis (other)	1	c) Depreciation	(*	l) Book val	lue	
1a	Land									
b	Buildings									
c	Leasehold improvements	14	1	,029,41	3.	898,947.		13	0,40	56
d	그 요즘은 이야지만 않는 것 같아요. 그는 것이 아이는 것은 것이 없는 것이 같아. 것이			a new alt					-1-20	
	Other			,716,21	4	2,430,488.	-	28	5,7	26
	al. Add lines 1a-1e. (Column (d) should eq								6,19	

Schedule D (Form 990) 2008

Schedule D (Form 9			84-0738973	Page 3
Part VII In	vestments - Other Securities. See F	orm 990, Part X, line 1	2.	
(a) D	escription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
Financial derivativ	ves and other financial products			
	y interests			
Total (Column (b) s	hould equal Form 990, Part X, col. (B) line 12.)			
	vestments - Program Related. See	Form 990 Part X line	13	
		(b) Book value	(c) Method of valuation:	
(a)	Description of investment type	(b) BOOK value	Cost or end-of-year market value	
TNUESTMENT	IN SUBSIDIARY	1,626,134.	FMV	
TUARDIMENT	IN SUBSIDIARI	1,020,134.	EPIV	
	1			
		1 C C C C C C C C C		
1				
the second se	hould equal Form 990, Part X, col. (B) line 13.)	1,626,134.		
Part IX 0	ther Assets. See Form 990, Part X,	line 15.		
	(a)	Description	(b) E	Book value
			I have	
·				
Total (Caluma (h)	should agual Form 000 Part V and /Philips 15	1.0.0.1.2.0.1.1.1		
	should equal Form 990, Part X, col. (B) line 15.) ther Liabilities. See Form 990, Part		···· P	
	(a) Description of liability	(b) Amount		-
Federal income ta		(w) randant		
AUTO FINAN		47,798.		
TOTO LINED	01 H.U	47,150.		
Total. (Column (b) s	should equal Form 990, Part X, col. (B) line 25.) 🕨	47,798.		

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.

Part XI	otal revenue (Form 990, Part VIII, column (A), line 12)	1.		
1 T	otal revenue (Form 990, Part VIII, column (A), line 12)	4		
		1		56,694,160.
2 T	otal expenses (Form 990, Part IX, column (A), line 25)	2		55,694,202.
3 E	xcess or (deficit) for the year. Subtract line 2 from line 1	3		999,958.
4 N	let unrealized gains (losses) on investments	4		
5 D	ionated services and use of facilities	5		
6 Ir	ivestment expenses	6	1	
7 P	rior period adjustments	7		
8 C	Other (Describe in Part XIV)	8	-	
9 T	otal adjustments (net). Add lines 4-8	9		
10 E	ixcess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-	999,958.
Part XI				333, 330.
	otal revenue, gains, and other support per audited financial statements		1	57 036 036
	mounts included on line 1 but not on Form 990, Part VIII, line 12:	• • -	-	57,036,036.
aN	let unrealized gains on investments	-		
	onated services and use of facilities 2b	-		
CR	tecoveries of prior year grants	-		
d C	Other (Describe in Part XIV)			
e A	dd lines 2a through 2d		2e	424,150.
	ubtract line 2e from line 1		3	56,611,886.
	mounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Ir	nvestment expenses not included on Form 990, Part VIII, line 7b 4a			
b C	Other (Describe in Part XIV)	4.		
c A	dd lines 4a and 4b		4c	82,274.
5 T	otal revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)		5	56,694,160.
Part X			rn	
	otal expenses and losses per audited financial statements		1	56,036,078.
	mounts included on line 1 but not on Form 990, Part IX, line 25:	•••	-	
	Donated services and use of facilities			
b P	Prior year adjustments	1		
c L	osses reported on Form 990, Part IX, line 25			
dC	Other (Describe in Part XIV) 2d 424, 15	0		
			2e	424,150.
e A	Add lines 2a through 2d	• • +	3	
3 5	Subtract line 2e from line 1	**+	3	55,611,928.
a li	nvestment expenses not included on Form 990, Part VIII, line 7b	-		
bC	Other (Describe in Part XIV) 4b 82,27	14.		
c A	otal expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)		4c	82,274.
			5	55,694,202.
	V Supplemental Information			
	te this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	art IV	/, line:	s 1b
SEE PA	AGE 5			
		100		
2220.27				000000
22222				
10,000		0.00	100	COLUMN TO T
		-	Sche	dule D (Form 990) 2008

Schedule D (Form 990) 2008	84-0738973	Page 5
Part XIV Supplemental Information (continued)		
_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 AUDI	TED FINANCIAL STATEMENTS DO	
NOT HAVE A FOOTNOTE THAT REPORTS UNCERTAIN TA	X POSITIONS UNDER FIN 48.	
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		
[		
		**********

Schedule D (Form 990) 2008

SCHE		Compe	ensation Information	0	MB No. 1	545-0	047	
	n 990)		irectors, Trustees, Key Employees, and Highest		20	08		
	ent of the Treasury Revenue Service	C Attach to Form	compensated Employees 990. To be completed by organizations d "Yes" to Form 990, Part IV, line 23.	C	Open to Public Inspection			
Name o	of the organization			Employer Identification	ion numb	er	_	
		MEN'S BEEF ASSOCIATION,	INC	84-073897	3			
Part	Questions	Regarding Compensation					1.10	
1a	990, Part VII, See First-class of Travel for co Tax indemn	ction A, line 1a. Complete Part III or charter travel	provided any of the following to or for a pers to provide any relevant information regardin Housing allowance or residence for Payments for business use of perso Health or social club dues or initiation Personal services (e.g., maid, chauff	g these items, personal use nal residence on fees		Yes	No	
b	provision of all of	the expenses described above?	written policy regarding payment or reimbur		1b	×		
2			reimbursing or allowing expenses incurred ve Director, regarding the items checked in lir		2	x		
3	organization's CE	EO/Executive Director. Check all the organization committee to committee the compensation consultant f other organizations	ation uses to establish the compensation of hat apply. Written employment contract Compensation survey or study X Approval by the board or compensa					
4		did any person listed in Form 990						
a b	Receive a severa	ance payment or change of control	I payment? nental nonqualified retirement plan?		4a 4b		X	
	Participate in, or	receive payment from, an equity-	based compensation arrangement?		40		X	
5	For persons liste	nd 501(c)(4) organizations must d in Form 990, Part VII, Section / ontingent on the revenues of:	complete lines 5-8. A, line 1a, did the organization pay or accrue	any				
а	The organization?				5a	-		
b	Any related orga	nization?			5b	-	1	
6	For persons liste	a or 5b, describe in Part III. d in Form 990, Part VII, Section / ontingent on the net earnings of:	A, line 1a, did the organization pay or accrue	any				
a	the second se				6a			
b	Any related orga	nization?			6b	-		
	If "Yes" to line 6a	a or 6b, describe in Part III.			1			
7			A, line 1a, did the organization provide any no		7			
8	Were any amour subject to the ini	nts reported in Form 990, Part VI tial contract exception described	describe in Part III I, paid or accrued pursuant to a contract that in Regs. section 53.4958-4(a)(3)? If "Yes," d	was escribe				
			see the Instructions for Form 990.		8	1	00) 2008	

Schedule J (Form 990) 2008

#### 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.

		(B) Breakdown	of W-2 and/or 1099-MISC	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)	Form 990 or Form 990-EZ	
and the second	(i)	163.740.	5,000.	NONE_	13,662.	18,156.	200, 558.	NONE	
KIM ESSEX	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)	171,459.	5,000.	NONE	13,944.	12,211.	202,614.	NONE	
KENDAL FRAZIER	(ü)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)	174,526.	5,000.	NONE	14,655.	18,042.	212, 223.	NONE	
RICHARD HUSTED	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)	165,944.	5,000.	NONE	13,780.	16,897.	201,621.	NONE	
JAMES REAGAN	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)	237,943.	15,000.	NONE	19,617.	17,086.	289,646.	NONE	
TERRY STOKES	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)	47,709.	NONE	116,201.	9,848.	19,065.	192, 823.	NONE	
TIMOTHY DOWNEY	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)	46,375.	NONE	121, 518.	9,540.	12,628.	190,061.	NONE	
DONALD RICKETTS	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)	48,125.	NONE	120,852.	10,271.	12,766.	192,014.	NONE	
MARK THOMAS	(ii)	NONE	NONE	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	NONE	NONE	NONE	
the state of the second state	(i)	149,487.	NONE	NONE	12,264.	17,984.	179,735.	NONE	
MARVIN KOKES	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
and the second	(i)	144,318.	NONE	NONE	11,687.	12,123.	168,128.	NONE	
RICK MCCARTY	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)	148,166.	NONE	NONE	12,087.	16,843.	177,096.	NONE	
POLLY RUHLAND	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)	144,470.	NONE	NONE	11,730.	17,946.	174,146.	NONE	
MARY YOUNG	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)	59,080.	NONE	81,250.	10,681.	14,531.	165, 542.	NONE	
JAY TRUITT	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)	0.000000000	and a state of the	and the latter ball	Ca Crane Competing	and and a second	Second Second		
	(ii)								
	(i)	A	10	a distant of the	Contra anticipation	in a second second	and a second second		
	(ii)								

Schedule J (Form 990) 2008

Schedule J (Form 990) 2008	84-0738973	Page 3
Part III Supplemental Information Complete this part to provide the information, for any additional information.	explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b,	, 7, and 8. Also complete this part
TRAVEL FOR COMPANIONS		
SCHEDULE J, PART I, 1A		
THE ORGANIZATION ALLOWS FOR REIMBU	JRSEMENT OF UP TO TWO TRIPS PER YEAR FOR	
CEO SPOUSAL TRAVEL. THE REIMBURSEN	MENT AMOUNT IS INCLUDED IN THE CEO'S	
_ <u>W-</u> 2		
	***********	
		******
		Schedule J (Form 990) 2008

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

### **Continuation Sheet for Form 990**

OMB No. 1545-0047 2008

**Open to Public** 

Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a. Department of the Treasury Internal Revenue Service

Inspection Employer Identification number

Name of the Organization

84-0738973

#### NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated PartI Employees

(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable	(E) Reportable	(F) Estimated	
	per week	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	
GARY_VOOGT PRESIDENT	1.	x		x				NONE	NONE	NONE	
STEVE FOGELSONG PRESIDENT ELECT	1.	x		x				NONE	NONE	NONE	
BILL_DONALD VICE PRESIDENT	1.	x		X	1			NONE	NONE	NONE	
TRACY_BRUNNER CHAIR POLICY	1.	x		x				NONE	NONE	NONE	
BRUCE HAFENEELD VICE CHAIRMAN POLICY	1.	x		x				NONE	NONE	NONE	
JD ALEXANDER CHAIR FEDERATION	1.	x		x				NONE	NONE	NONE	
SCOTT GEORGE VICE CHAIRMAN FEDERATION	1.	x		x				NONE	NONE	NONE	
LUISA_JACA TREASURER	1.	x		x				NONE		NONI	
RICHARD_HUSTED	40.			x				179,526.	NONE	32,697.	
TERRY STOKES CEO - TERM END 1/09	40.			x				252,943.	NONE	36,703.	
DOUGLAS EVANS CHIEF FINANCIAL OFFICER	40.			x				121,918.	NONE	17, 279.	
FORREST ROBERTS CEO - TERM BEG 1/09	40.			x				NONE	NONE	NON	
KIM ESSEX SR. VP MKTG & COMMUNICATIONS	40.				X			168,740.	NONE	31,818.	
KENDAL FRAZIER SR. VP LEADERSHIP & GOVERNANCE	40.				x			176,459.	NONE	26,155.	
JAMES_REAGAN SR. VP REI	40.	-			x			170,944.	NONE	30,677.	
G_ASHBY_GREEN VP_PRODUCER_EDUCATION	40.					x		142,917.	NONE	29,483.	
MARVIN_KOKES VP_CORPORATE_RELATIONS	40.					x		149,487.	NONE	30,248	
RICK_MCCARTY VP ISSUES MANAGEMENT	40.					x		144, 318.	NONE	23,810	
POLLY_RUHLAND	40.			-		x		148,166.	NONE	28,930.	
MARY_YOUNG	40.					x		144,470.	NONE	29,676	
TIMOTHY DOWNEY VP PLANNING & ADMINISTRATION	40.					-	X	163,910.	NONE	28,913.	

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

Schedule J-2 (Form 990) 2008

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

### **Continuation Sheet for Form 990**

OMB No. 1545-0047

08

6

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

Internal Revenue Name of th	e Organization				-			-	Employ	er Identification num	nspection
	AL CATTLEMEN'S BEEF ASSO	OCTATION T	NC						Employ	84-0738973	
Part I	Continuation of Officers, Di	rectors. Truste	es. K	ev E	Emi	olo	lees.	an	d Highest Com	pensated	
	Employees			-, -	,		,			panoatoa	
	(A)	(B)			(0	C)	an.	11	(D)	(E)	(F)
	Name and Title	Average hours per week	Posi	tion (	chec	k all	that app	oly)	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	
	RICKETTS ERNANCE & FEDERATION	40.						x	167,893.	NONE	22,168.
MARK TH	HOMAS BAL MARKETING	40.						x	168,977.	NONE	23,037.
JAY_TRU	JITT										
VP GOVE	ERNMENT AFFAIRS	40.	-	-	-	-	-	X	140,330.	NONE	25,212.
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		-		1			1.1				
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA

Schedule J-2 (Form 990) 2008

**Open to Public** -

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

Department of the Treasury Internal Revenue Service

### **Transactions With Interested Persons**

 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.

	identification number
Bc,	Open To Public Inspection
	2008
	OMB No. 1545-0047

84-0738973

Name of the organization

NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC	Doctal Est	Anna Damafit Tur		and I inthe FOAL	VOL
	NATIONAL	CATTLEMEN'S	BEEF	ASSOCIATION,	INC

Part I Excess Benefit Transacations (section 501(c)(3) and section 501(c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a or 25b, or Form 990-EZ, Part V, line 40b.

4	(a) Name of disqualified person	(b) Description of transaction	(C) Corre		
1	(a) Marine of disqualitied person	(b) Description of transaction	Yes		
			-	-	
				10.00	
				11.0	
			-	-	

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year

	under section 4958	►3	\$
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization	-	\$

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

### Part II Loans to and/or From Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose		n to or from anization?	(c) Original principal amount	(d) Balance due	(e) in default?		(f) Approved by board or committee?		(g) Written agreement?	
	То	From			Yes	No	Yes	No	Yes	No
FORREST ROBERTS EMPLOYMENT AGREEMENT		X	150,000.	150,000.		Х	X		X.	
	1								- 1	
					1		1		2	

#### Part III Grants or Assistance Benefitting Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

#### Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c.

(a) Name of interested person	a) Name of interested person (b) Relationship between (c) Amount of interested person and the organization (c) Amount of transaction	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
				1121	-
				1011	
				-	-

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)

Department of the Treasury Internal Revenue Service Name of the organization

NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC.

### 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

Employer identification number 84-0738973

BOARD REVIEW OF FORM 990
FORM 990, PART VI, LINE 10
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.
· 2 - 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2

8E1300 1.000

Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC	84-0738973
CONFLICT OF INTEREST DISCLOSURE	
FORM 990, PART VI, LINE 12C	
THE ORGANIZATION REQUIRES ALL EMPLOYEES TO SIGN A CONFLIC	T OF INTEREST
POLICY UPON HIRE AND ANNUALLY THEREAFTER.	

Schedule O (Form 990) 2008

Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC	84-0738973
COMPENSATION_SETTING_PROCESS	
FORM 990, PART VI, LINE 15	
CHIEF EXECUTIVE OFFICER COMPENSATION IS REVIEWED AND APPRO	OVED BY THE
VOLUNTEER OFFICER GROUP. ALL OTHER SENIOR EXECUTIVE COMPI	ENSATION IS
REVIEWED AND APPROVED BY THE CHIEF EXECUTIVE OFFICER.	
EMPLOYEE COMPENSATION IS COMPARED AGAINST COMPARABILITY DA	ATA AS PROVIDED
BY A THIRD PARTY COMPENSATION CONSULTANT. COMPENSATION DI	ECISIONS ARE
DOCUMENTED IN EACH EMPLOYEE'S PERSONNEL FILE.	

Schedule O (Form 990) 2008	Page 2
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 DOCUMENTS, CONFLIC	T_QF
INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLI	<u>c.</u>

Schedule O (Form 990) 2008

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 MEMBERS	S, ALLIED
INDUSTRY MEMBERS, PRODUCT COUNCIL MEMBERS, STATE AND NATIONAL I	INDUSTRY
ORGANIZATION MEMBERS, BEEF BREED ORGANIZATION MEMBERS, AND SUP	PORTING
MEMBERS.	

Schedule O (Form 990) 2008

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 P	RESIDENT,
_PRESIDENT_ELECT_AND_A_VICE_PRESIDENT_AT_THE_STAKEHOLDERS_	CONGRESS.
	and a second
***************************************	

Schedule O (Form 990) 2008

Name of the organization	Employer identification number 84-0738973
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 F	BOARD OF
DIRECTORS. HOWEVER, AMENDMENTS TO REPEAL OF THE BYLAWS REQUIRE A	3
TWO-THIRDS AFFIRMATIVE VOTE OF THE BOARD OF DIRECTORS.	

#### SCHEDULE R (Form 990)

Department of the Treasury

### **Related Organizations and Unrelated Partnerships**

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



Internal Revenue Service Name of the organization See separate instructions.

Employer identification number 84-0738973

NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC

#### Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domícile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
		i			
			6		
	-				

#### Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related 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. 74-2200677					
9110 E. NICHOLS AVENUE, #300 CENTENNIAL, CO 80112	LAND INVSTMNT	CO	501(C)(2)		N/A
CATL FUND 84-1256522					
9110 E. NICHOLS AVENUE, #300 CENTENNIAL, CO 80112	FUNDRAISING	CO	501(C)(3)	7	N/A
NATIONAL CATTLEMEN'S FOUNDATION 23-7259504		1			
9110 E. NICHOLS AVENUE, #300 CENTENNIAL, CO 80112	FUNDRAISING	CO	501(C)(3)	9	N/A
NATIONAL CATTLEMEN'S ASSOCIATION PAC 84-0622929		1			
9110 E. NICHOLS AVENUE, #300 CENTENNIAL, CO 80112	LOBBYING	CÓ	527		N/A
	-				

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

Schedule R (Form 990) 2008

#### 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	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	Predominant income (related, investment,	income (related, investment,	(F) Share of total income	(F) Share of total income	(F) Share of total income	related, nent,	ted, t,	(G) Share of end-of-year assets	() Disprep alloco	ontionate	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Ger	(J) neral c inaging artner?																			
		country)				12.00	Yes	No		Yes	s No																									
										T																										
			· · · · · · · · · · · · · · · · · · ·																																	
							13																													

#### Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) 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
		1					

Schedule R (Form 990) 2008

Page 2

Schedule R	(Form	990)	2009

84-0738973

### Part V Transactions With Related Organizations

No	te. Complete line 1 if any entity is listed in Parts II, III, or IV.		Y	es No
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		1a	X
b	Gift, grant, or capital contribution to other organization(s)			X
c	Gift, grant, or capital contribution from other organization(s)		10	X
d	Loans or loan guarantees to or for other organization(s)		1d )	X
е	Loans or loan guarantees by other organization(s)		1e	X
f	Sale of assets to other organization(s)		1f	x
g	Purchase of assets from other organization(s)			X
h	Exchange of assets		the second se	X
j.	Lease of facilities, equipment, or other assets to other organization(s)		· · · · <u>1</u> i	X
i.	Lease of facilities, equipment, or other assets from other organization(s)			x
k	Performance of services or membership or fundraising solicitations for other organization(s)			X
1	Performance of services or membership or fundraising solicitations by other organization(s)			X
m				
n	Sharing of paid employees	***********	· · · · 1n 2	<
0	Reimbursement paid to other organization for expenses			x
р	Reimbursement paid by other organization for expenses		1p >	5
q	Other transfer of cash or property to other organization(s)			x
r	Other transfer of cash or property from other organization(s)			X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered		the state of the s	
	(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved	
(1)	NATIONAL CATTLEMEN'S BUILDING CORPORATION	D	157,80	
(1)	NATIONAL CATTLEMEN'S BUILDING CORPORATION	D	157,00	
(2)	NATIONAL CATTLEMEN'S FOUNDATION	D, M, N	388,33	17.
(3)	NATIONAL CATTLEMEN'S FOUNDATION	p.	50,00	0.
(4)				
(-1)				
(5)				
(6)				
			hedule R (Form 9	

Page 3

84-0738973

Page 4

#### 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.

(A) Name, address, and EIN of entity	(state or foreign		(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproportionate allocations?		(G) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(H) General managir partner	
			Yes	No		Yes	No	(10/11/1005)	Yes	s N
										T
								1 ()		T
										T

Schedule R (Form 990) 2008

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

NAME AND ADDRESS	DESCRIPTION OF SERVIC	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 COME	PENSATION	23, 359, 058.

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

GROSS SALES LESS RETURNS AND ALLOWANCES	925,216.
PURCHASES	424,150.
SUBTOTAL	424,150.
COST OF GOODS SOLD	424,150.

#### STATEMENT 2

42

#### FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

DECONT DET ON		BEGINNING	ENDING
DESCRIPTION		BOOK VALUE	BOOK VALUE
PREPAID EXPENSES		472,404.	194,676.
	TOTALS	472,404.	194,676.

#### STATEMENT 3

# 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	

STATEMENT 4

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.

\*\*\*\*\*\*\*

orm 990-T	Exem	pt Organization Business In	come	Tax Return (and prov	v tax under section	6033(e))	OMB No. 1545-0687
		For calendar year 2008 or other tax ye					2008
Department of the Treasury Internal Revenue Service		ending 09/30 ,2009		See separate		16	Open to Public Inspection for 501(c)(3) Organizations Only
Check box if address changed	i	Name of organization ( Check bo	ox if nan	ne changed and see instruction	ons.)	D Employ	ver identification number
Exempt under section	Datas	NATIONAL CATTLEMEN					
X 501(C)(6)	Print	Number, street, and room or suite no.	If a P.O.	box, see page 9 of instructio			738973
408(e) 220(e	) Type	Same Brown and the			300	and the second sec	ted business activity code structions for Block E on page 9.)
408A 530(a	0	9110 E. NICHOLS AV	ENUE				
529(a)	-	City or town, state, and ZIP code				1	
Book value of all assets at end of year		CENTENNIAL, CO 801				5419(	00
		up exemption number (See instruct				1	[ ]
19,125,284.		eck organization type 🕨 🕺 501			(c) trust	401(a) t	trust Other trus
		primary unrelated business activity. corporation a subsidiary in an affili		and the second se	controlled aroun?	5.7.7.F	► Yes X N
		identifying number of the parent co			Controlled group		
The books are in car			-		one number 🕨 3		
Part I Unrelate	ed Trade	e or Business Income	-	(A) Income	(B) Exper	Ses	(C) Net
1a Gross receipts or	r sales						
		c Balance 🕨	1c				
		dule A, line 7)	2				
		2 from line 1c	3	· · · · · · · · · · · · · · · · · · ·			
		attach Schedule D)	4a				
		Part II, line 17) (attach Form 4797)	4b				
		trusts	4c				
		ips and S corporations (attach statement)					
			6				
7 Unrelated debt-f	financed in	ncome (Schedule E)	7				
8 Interest, annuiti	ies, royalt	ties, and rents from controlled	1.1				
organizations (Se	chedule F)		8				
		a section 501(c)(7), (9), or (17)	151	the second se			
organization (Sch	hedule G)		9				
		income (Schedule I)	10				
		dule J)	11	746,109.	35	7,812.	388,297
		of the instructions; attach schedule.)	12				
Comment of the local division of the local d		rough 12		746,109.		7,812.	388,297
		t Taken Elsewhere (See pag tributions, deductions must l	-				and the second se
	officers.	directors, and trustees tochequie A				× × 1	
Salaries and war		directors, and trustees (Schedule K)					
	ges					15	
6 Repairs and mai	ges				 	15	
6 Repairs and mai	ges	· · · · · · · · · · · · · · · · · · ·	  		· · · · · · · · · · · · · · · · · · ·	· · 15 · · 16 · · 17	
<ul> <li>Repairs and main</li> <li>Bad debts</li> <li>Interest (attach et al.)</li> </ul>	ges	· · · · · · · · · · · · · · · · · · ·	· · · · ·		· · · · · · · · · · · · · · · · · · ·	<u>15</u> <u>16</u> <u>17</u> <u>18</u>	
6 Repairs and mai 7 Bad debts 8 Interest (attach e 9 Taxes and licens	ges intenance schedule) ses	· · · · · · · · · · · · · · · · · · ·	••••	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	<u>15</u> <u>16</u> <u>17</u> <u>18</u> <u>19</u>	
<ul> <li>Repairs and mail</li> <li>Bad debts</li> <li>Interest (attach a</li> <li>Taxes and licens</li> <li>Charitable contri</li> </ul>	ges intenance schedule) ses ributions (S	See page 13 of the instructions for	limitatio	on rules.)	· · · · · · · · · · · · · · · · · · ·	<u>15</u> <u>16</u> <u>17</u> <u>18</u> <u>19</u>	
6 Repairs and mai 7 Bad debts 8 Interest (attach 9 Taxes and licens 0 Charitable contr 1 Depreciation (at	ges intenance schedule) ses ributions (S ttach Form	See page 13 of the instructions for 14562).	limitatio	on rules.)	· · · · · · · · · · · · · · · · · · ·	15            16            17            18            19            20	NO
6 Repairs and mai 7 Bad debts 8 Interest (attach a 9 Taxes and licens 10 Charitable contr 11 Depreciation (at 12 Less depreciation	ges intenance schedule) ses ributions (3 ttach Form on claimed	See page 13 of the instructions for n 4562).	limitatio	on rules.)	NO	15 16 17 18 19 20 NE 22b	NOI
6 Repairs and mai 7 Bad debts 8 Interest (attach e 9 Taxes and licens 10 Charitable contr 11 Depreciation (at 12 Less depreciation 13 Depletion	ges intenance schedule) ses ributions (3 ttach Form on claimed	See page 13 of the instructions for 1 4562). d on Schedule A and elsewhere on r	limitatio	on rules.)	NO	15 16 17 18 19 20 NE 22b 23	NOI
<ul> <li>6 Repairs and mail</li> <li>7 Bad debts</li> <li>8 Interest (attach e</li> <li>9 Taxes and licens</li> <li>10 Charitable contribution (at</li> <li>12 Less depreciation</li> <li>12 Depletion</li> <li>14 Contributions to</li> </ul>	ges intenance schedule) ses ributions (S ttach Form on claimed	See page 13 of the instructions for 14562). d on Schedule A and elsewhere on r compensation plans	limitatio	on rules.)	NO	15 16 17 18 19 20 NE 22b 23 24	NO
16       Repairs and mail         17       Bad debts         18       Interest (attach in the second s	ges intenance schedule) ses ributions (S ttach Form on claimed  o deferred fit program	See page 13 of the instructions for 14562) d on Schedule A and elsewhere on r compensation plans	limitatio	on rules.)	NO	15           16           17           18           19           20           NE           22b              23              25	NO
16       Repairs and mail         17       Bad debts         18       Interest (attach attach a	ges intenance schedule) ses	See page 13 of the instructions for a 4562). d on Schedule A and elsewhere on r compensation plans is (Schedule I)	limitatio	on rules.)	NO	15         16         17         18         19         20         NE         22b         22b         23         24         25         26	
6 Repairs and mai 7 Bad debts 9 Taxes and licens 10 Charitable contr 11 Depreciation (at 12 Less depreciation 13 Depletion 14 Contributions to 15 Employee benef 16 Excess exempt of 17 Excess readersh	ges intenance schedule) ses	See page 13 of the instructions for 14562). d on Schedule A and elsewhere on r compensation plans is (Schedule I) Schedule J)	limitatio	on rules.)	NO	15         16         17         18         19         20         NE         22b         23         24         25         26         27	
16       Repairs and mail         17       Bad debts         18       Interest (attach attach a	ges schedule) ses	See page 13 of the instructions for 14562). d on Schedule A and elsewhere on r compensation plans (Schedule I) Schedule J) schedule J)	limitatio	on rules.)	NO	15         16         17         18         19         20         NE         22b         22b         22b         22b         22b         22b         22b         22b         22b         23         24         25         26         27         28	388,29
16       Repairs and mail         17       Bad debts         18       Interest (attach attach a	ges schedule) ses ributions (3 ttach Form on claimed fit program expenses ( hip costs (S ns (attach s ns. Add line	See page 13 of the instructions for n 4562). d on Schedule A and elsewhere on n compensation plans is (Schedule I) Schedule J) schedule J) es 14 through 28	limitatio	on rules.)	NO	15         16         17         18         19         20         NE         22b	388,29
16       Repairs and mail         17       Bad debts         18       Interest (attach attach a	ges intenance schedule) ses ributions (S ttach Form on claimed fit program expenses ( hip costs (S ns (attach s ns. Add line ness taxabl	See page 13 of the instructions for 14562). d on Schedule A and elsewhere on r compensation plans (Schedule I) Schedule J) schedule J) schedule) es 14 through 28 le income before net operating loss	eturn	on rules.)	NO	15         16         17         18         19         20         NE         22b	388,29
16       Repairs and mail         17       Bad debts         18       Interest (attach 4)         19       Taxes and licens         20       Charitable contr         21       Depreciation (attach 4)         22       Less depreciation         23       Depletion         24       Contributions to         25       Employee beneficient         26       Excess readersh         27       Excess readersh         28       Other deduction         29       Total deduction         30       Unrelated busin         31       Net operating lo	ges intenance schedule) ses ributions (S ttach Form on claimed fit program expenses ( fit program expenses ( finip costs (S ns (attach s ns. Add line mess taxabl oss deduct	See page 13 of the instructions for 14562). d on Schedule A and elsewhere on r compensation plans is (Schedule I) Schedule J) schedule J) schedule J is 14 through 28 le income before net operating loss tion (limited to the amount on line 3	eturn s dedu	on rules.)	<u>Νο</u>	15         16         17         18         19         22b         23         24         25         26         27         28         29         30         31	388,29
<ul> <li>Repairs and main</li> <li>Bad debts</li> <li>Bad debts</li> <li>Interest (attach at Taxes and licens</li> <li>Charitable contribution (at Depreciation (at Less depreciation)</li> <li>Depletion</li> <li>Contributions to Employee beneficial</li> <li>Excess exempt at Excess readership</li> <li>Other deduction</li> <li>Total deduction</li> <li>Unrelated busin</li> <li>Net operating lo</li> <li>Unrelated busin</li> </ul>	ges intenance schedule) ses ributions (S ttach Form on claimed  o deferred fit program expenses ( fit program expenses ( fit program expenses ( fit program expenses ( fit ach form on claimed 	See page 13 of the instructions for 14562)	eturn s dedu 0)	on rules.)	NO	15         16         17         18         19         22b         22b         22b         22b         22b         22b         22b         22b         23         24         25         26         27         28         29         30         31         32	388,297 388,297
<ul> <li>Repairs and main</li> <li>Bad debts</li> <li>Bad debts</li> <li>Interest (attach at Taxes and licens</li> <li>Charitable contribution (at Less depreciation)</li> <li>Depletion</li> <li>Contributions to</li> <li>Employee benefind</li> <li>Excess exemption</li> <li>Excess readership</li> <li>Other deduction</li> <li>Unrelated busin</li> <li>Net operating lo</li> <li>Unrelated busin</li> <li>Specific deduction</li> </ul>	ges intenance schedule) ses ributions (S ttach Form on claimed fit program expenses ( hip costs (S ns (attach s ns (attach s ns (attach s ns staxabl poss deduct ness taxabl ion (General	See page 13 of the instructions for 14562)	eturn s dedu 0) n. Subt	on rules.)	NO	15         16         17         18         19         22b         22b         22b         22b         22b         22b         22b         22b         23         24         25         26         27         28         29         30         31         32	388, 297 388, 297
<ul> <li>Repairs and mail</li> <li>Bad debts</li> <li>Interest (attach at 19 Taxes and licens</li> <li>Charitable contributions to 20 Charitable contributions to 21 Depreciation (at 22 Less depreciation</li> <li>23 Depletion</li> <li>24 Contributions to 25 Employee benefind</li> <li>26 Excess exempt at 27 Excess readershing</li> <li>27 Other deduction</li> <li>28 Other deduction</li> <li>29 Total deduction</li> <li>30 Unrelated busin</li> <li>33 Specific deduction</li> <li>34 Unrelated busin</li> </ul>	ges schedule) ses	See page 13 of the instructions for 14562)	limitatio eturn s dedu 0) n. Subt ctions fu ne 32.	on rules.)	NO	15         16         17         18         19         20         NE         22b         22b         22b         22b         22b         22b         23         24         25         26         27         28         29         30         31         32         33	NON 388,297 388,297 1,000

Par		84-0738973	Page 2
1 4	t III Tax Computation		- e-
	Controlled group members (sections 1561 and 1563) check here ► See instructions and: Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) (2) (3)	5.	
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750),	-	
	(2) Additional 3% tax (not more than \$100,000)		
	Income tax on the amount on line 34	▶ <u>35c</u>	NONE
36	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 Schedule D (Form 1041)		
37	Proxy tax. See page 16 of the instructions		
38	Alternative minimum tax Total. Add lines 37 and 38 to line 35c or 36, whichever applies	. 38	NONE
Party and in case	rt IV Tax and Payments	. 39	NOME
40 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a		
b			
c	General business credit. Attached Form 3800		
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 40d		
e	Total credits. Add lines 40a through 40d	. 40e	
41	Subtract line 40e from line 39	. 41	NONE
42	Subtract line 40e from line 39         Other taxes. Check if from:         Form 4255         Form 8611         Form 8697         Form 8866         Other (attach schedul)	e). 42	
43	Total tax. Add lines 41 and 42	101111120111	NONE
44a	Payments: A 2007 overpayment credited to 2008		
b			
c	Tax deposited with Form 8868		
d			
e			
f	Other credits and payments: Form 2439 Total > 44f		
45	Total payments, Add lines 44a through 44f		
46	Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached		
47	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed		NONE
48	Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid		NONE
49	Enter the amount of line 48 you want: Credited to 2009 estimated tax  Refunded  Statements Regarding Certain Activities and Other Information (see instruct)	70	NONI
Pa 1	At any time during the 2008 calendar year, did the organization have an interest in or a signature or other auth		I I Marel Mar
	account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22		
	Bank and Financial Accounts, If YES, enter the name of the foreign country here <b>b</b>	. I, Report of Foreig	x
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a f	oreign trust?	
-	If YES, see page 5 of the instructions for other forms the organization may have to file.	orongit addet	
3	Enter the amount of tax-exempt interest received or accrued during the tax year > \$		
3 Sch	Enter the amount of tax-exempt interest received or accrued during the tax year <b>\$</b> <b>redule A - Cost of Goods Sold.</b> Enter method of inventory valuation <b>\$</b>	-	
	nedule A - Cost of Goods Sold. Enter method of inventory valuation >	. 6	
Sch	nedule A - Cost of Goods Sold. Enter method of inventory valuation		
Sch 1	Inventory at beginning of year       1         6       Inventory at end of year	ne	
1 2	Inventory at beginning of year       1       6       Inventory at end of year         Purchases       2       7       Cost of goods sold. Subtract line         Cost of labor       3       6       from line 5. Enter here and	ne in	
1 2 3	Inventory at beginning of year       1       6       Inventory at end of year         Purchases       2       7       Cost of goods sold. Subtract line         Cost of labor       3       6       from line       5.	ne in 7	o Yes No
1 2 3 4 a	Inventory at beginning of year       1       6       Inventory at end of year       6         Purchases       2       7       Cost of goods sold. Subtract line         Cost of labor       3       6       from line 5       Enter here and         Additional section 263A costs       4a       8       Do the rules of section 263A         Other costs (attach schedule)       4b       property produced or acquired	ne in 7 (with respect t for resale) app	у
1 2 3 4 a	Inventory at beginning of year       1       6       Inventory at end of year       7         Purchases       2       7       Cost of goods sold. Subtract line         Cost of labor       3       7       Cost of goods sold. Subtract line         Additional section 263A costs       4a       8       Do the rules of section 263A         Other costs (attach schedule)       4b       property produced or acquired to the organization?       1	ne in (with respect t for resale) app	y N/A
Sch 1 2 3 4 a 5	Inventory at beginning of year       1       6       Inventory valuation ▶         Inventory at beginning of year       2       7       Cost of goods sold. Subtract line         Purchases       3       7       Cost of goods sold. Subtract line         Cost of labor       3       6       Inventory at end of year         Additional section 263A costs       3       6       From line 5         (attach schedule)       4a       8       Do the rules of section 263A         Other costs (attach schedule)       4b       9       Property produced or acquired to the organization?         Under penalties of perjury. 1 declare that 1 have examined this return, including accompanying schedules and statements, and to the b corganization of pergary (other than tangane) is based on all information of when yearser bas and share to the b	ne in (with respect t for resale) app	y N/A
Sch 1 2 3 4 a 5 Sig	Inventory at beginning of year       1       6       Inventory valuation ▶         Inventory at beginning of year       2       7       Cost of goods sold. Subtract line         Purchases       2       7       Cost of goods sold. Subtract line         Cost of labor       3       6       Inventory at end of year         Additional section 263A costs       3       7       Cost of goods sold. Subtract line         Additional section 263A costs       4a       8       Do the rules of section 263A         Other costs (attach schedule)       4b       7       Property produced or acquired to the organization?         Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the b correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	ne in (with respect t for resale) app	y N/A nd bellef, it is true
Sch 1 2 3 4 a 5	Inventory at beginning of year       1       6       Inventory valuation ▶         Purchases       2       7       Cost of goods sold. Subtract line         Cost of labor       3       6       Inventory at end of year       7         Additional section 263A costs       3       7       Cost of goods sold. Subtract line         Additional section 263A costs       4a       8       Do the rules of section 263A         Other costs (attach schedule)       4b       7       State of the rules of section 263A         Total. Add lines 1 through 4b       5       7       Schedules and statements, and to the b         Under penalties of perjury, 1 declare that 1 have examined this return, including accompanying schedules and statements, and to the b       1         CLIENT COPY       Image: Complete the section 263A       1	(with respect t for resale) app est of my knowledge a May the IRS discus the preparer shown	y <u>N/A</u> nd bellef, it is true s this return with below (see
Sch 1 2 3 4 a 5 Sig	Inventory at beginning of year       1       6       Inventory at end of year         Purchases       2       7       Cost of goods sold. Subtract line         Cost of labor       3       7       Cost of goods sold. Subtract line         Additional section 263A costs       4a       8       Do the rules of section 263A         Other costs (attach schedule)       4b       7       Property produced or acquired to the organization?         Under penalties of perjury. I declare that ( have examined this return, including accompanying schedules and statements, and to the becompanying schedules and statements.         Image: CLIENT COPY       Date       Title	(with respect t for resale) app est of my knowledge a May the IRS discus the preparer shown instructions)?	y <u>N/A</u> nd belief, it is true s this return with below (see Yes No
Sch 1 2 3 4 a 5 Sig	Inventory at beginning of year       1       6       Inventory at end of year         Purchases       2       7       Cost of goods sold. Subtract line         Cost of labor       3       7       Cost of goods sold. Subtract line         Additional section 263A costs       8       6       Inventory at end of year         (attach schedule)       4a       8       Do the rules of section 263A         Other costs (attach schedule)       4b       7       Property produced or acquired to the organization?         Under penalties of perjury, 1 declare that 1 have examined this return, including accompanying schedules and statements, and to the b correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.         Under penalties of officer       Date       Title         Preparer's       Date       Title	(with respect t for resale) app est of my knowledge a May the IRS discus the preparer shown instructions)?	y N/A nd bellet, it is true s this return with below (see Yes No or PTIN
Sch 1 2 3 4 a b 5 Sig He Paie	Inventory at beginning of year       1       6       Inventory at end of year         Purchases       2       7       Cost of goods sold. Subtract line         Cost of labor       3       7       Cost of goods sold. Subtract line         Additional section 263A costs       8       6       Inventory at end of year         (attach schedule)       4a       8       0       the rules of section 263A         Other costs (attach schedule)       4b       9       Property produced or acquired to the organization?         Under penalties of perjury, 1 declare that 1 hava examined this return, including accompanying schedules and stataments, and to the b       1         Under penalties of perjury, 1 declare that 1 hava examined this return, including accompanying schedules and stataments, and to the b       1         Under penalties of perjury, 1 declare that 1 hava examined this return, including accompanying schedules and stataments, and to the b       1         CLIENT COPY	(with respect t for resale) app est of my knowledge a May the IRS discus the preparer shown instructions)? x Preparer's SSN P00173	y N/A nd bellet, it is true s this return with below (see Yes No or PTIN
Sch 1 2 3 4 a b 5 Sig He Paid Pre	Inventory at beginning of year       1       6       Inventory valuation         Purchases       2       7       Cost of goods sold. Subtract line         Cost of labor       3       7       Cost of goods sold. Subtract line         Additional section 263A costs       3       8       Do the rules of section 263A         (attach schedule)       4a       8       Do the rules of section 263A         Other costs (attach schedule)       4b       7       Boo the rules of section 263A         Other costs (attach schedule)       4b       7       Boo the rules of section 263A         Other costs (attach schedule)       4b       7       Boo the rules of section 263A         Under penalties of perjury, 1 declare that 1 have examined this return, including accompanying schedules and statements, and to the b       5         Under penalties of perjury, 1 declare that 1 have examined this return, including accompanying schedules and statements, and to the b       5         CLIENT COPY	(with respect t for resale) app est of my knowledge a May the IRS discus the preparer shown instructions)?	y N/A nd bellet, it is true s this return with below (see Yes No or PTIN

#### Form 990-T (2008)

84-0738973

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions on page 19)

1 Description of property

							-	
(1)								
(2)								
(3)								
(4)								
	2 Rent receiv	red or accrue	ed					
(a) From personal property (if the for personal property is more than more than 50%	han 10% but not	percent	rom real and personal prop age of rent for personal pro r if the rent is based on pro	perty e	exceeds		nected with the income in attach schedule)	
(1)	10 m							
(2)								
(3)								
(4)		1						
Total		Total				71 5 1 1 1 1 1 1		
(c) Total income. Add totals of other and on page 1, Part I, line of the state of t	2. C.	- Box (2000 - 2000)				(b) Total deduct Enter here and or Part I, line 6, colu	page 1,	
Schedule E - Unrelated D	ebt-Financed I	ncome (se	ee instructions on pa	ge 19	9)			
1 Description of de	ebt-financed property		2 Gross income from allocable to debt-finance			ctions directly conn debt-finance	d property	
	an manifest property		property	U.		line depreciation schedule)		Other deductions attach schedule)
(1)							1	
(2)							1	
(3)								
(4)					1000	14		
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjust or allocab debt-financed (attach sche	le to property	6 Column 4 divided by column 5		7 Gross inco (column 2	ome reportable x column 6)	(colum	locable deductions n 6 x total of columns 3(a) and 3(b))
(1)	1		ALC: NOT THE OWNER.	%		· · · · · · · · · · · · · · · · · · ·	1	
(2)			II STATE AND	%				
(3)	ji			%	-		1	
(4)				%				
Totals Total dividends-received deduc				•	Part I, line 7	nd on page 1, , column (A).	Part I,	nere and on page 1, line 7, column (B).
Schedule F - Interest, An	nuities, Royalti					ons (see instru	ctions o	n page 20)
	a second second	E	xempt Controlled Or	ganiz	ations			
1 Name of controlled organization	2 Employer identification nu		3 Net unrelated income (loss) (see instructions)		otal of specified syments made	5 Part of column included in the c organization's gro	ontrolling	6 Deductions directly connected with income in column 5
(1)		-					-	-
(2)								
(3)				I.				
(4)								
Nonexempt Controlled Orga	inizations		5 m		1.000			
7 Taxable Income	8 Net unrelate (loss) (see ins		9 Total of specifie payments made		include	t of column 9 that is ad in the controlling ation's gross income	CO	1 Deductions directly nnected with income in column 10
(1)							11111	
(2)							1100	
(3)							111	
(4)			1.0.00				1111	
Totals		7 a.V.	in In suissui		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).
								Form 990-T (2008

Page 3

Form 990-T (2008)				84-0738973		Page 4
Schedule G - Investment I	ncome of a Sec	tion 501(c)(7		nization (see inst	ructions on pa	
1 Description of income	2 Amount of	income	3 Deductions directly connected (attach schedule)		asides schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)						
(2)						
(3)	-			I 1		
(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, Other	Than Advertising In	icome (see instru	ctions on page	e 21)
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connecte with production of unrelated busines income	of (column 2 minus	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempl 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 and o page 1, Part I, line 10, col. (B)				Enter here and on page 1, Part II, line 26.
Schedule J - Advertising I	ncome (see instr	uctions on page	e 21)			
Part I Income From Per		1.0				
Parti income i romi e		leu on a oons	Solidated Dasis	1		-
1 Name of periodical	2 Gross advertising income	3 Direct advertising cost	4 Advertising gain or (loss) (col. 2 minus col. 3), lf 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) STMT 1						
(2)						
(3)		10				
(4)						
7.7				7	-	
Totals (carry to Part II, line (5))	746 100	357,812	2. 388,297.	74,248.	636,17	8. 388,297.
	riodicals Repor	ted on a Sepa	arate Basis (For ea		ed in Part II,	
1 Name of periodical	2 Gross advertising income	3 Direct advertising cost	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) STMT 2				1		
(2)				-		
(3)				-		
	-					
(4)	745 100	257 01	-	1	1. ·	200 207
(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).	357,81 Enter here and o page 1, Part I line 11, col. (B) 357,81	on ).			388, 297. Enter here and on page 1, Part II, line 27. 388, 297.
Schedule K - Compensati				uctions on name 2	2)	.100,221.
1 Name			2 Title	3 Percent of time devoted business	4 Com	pensation attributable to nrelated business
				Dusiness	%	
(		(1)			%	
0					%	
		1			%	
Total. Enter here and on page 1,	Part II, line 14					

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

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

84-0738973

#### 84-0738973

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

	2.	з,				
	GROSS	DIRECT	4.	5.	6.	EXCESS
1.	ADVERTISING	ADVERTISING	ADVERTISING	CIRCULATION	READERSHIP	READERSHIP
NAME OF PERIODICAL	INCOME	COSTS	GAIN OR LOSS	INCOME	COSTS	COSTS
	893855		**********	200000	20002	
NATIONAL CATTLEMEN'S MAGAZINE	281,109,	266,431.		42,437.	302,464.	
CATTLEMAN TO CATTLEMAN	465,000.	91,381.		31,811.	333,714.	
DOLUMN TOTALS	746,109.	357, 812.	388,297.	74,248.	636,178.	388,297.
				0000000000000		***********

#### 84-0738973

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

	2.	З.				7.
	GROSS	DIRECT	4.	5.	6.	EXCESS
1.	ADVERTISING	ADVERTISING	ADVERTISING	CIRCULATION	READERSHIP	READERSHIP
NAME OF PERIODICAL	INCOME	COSTS	GAIN OR LOSS	I NCOME	COSTS	COSTS
*****************						
PART 11 TOTALS						
PART I TOTALS	746,109.	357, 812,				388,297.
SCHEDULE J TOTALS	746,109.	357, 812,				388,297.
	ininguance.	***********				************

\* \* \* \* \*

#### 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		Colorado Account Number
Add	NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC.	
	9110 E. NICHOLS AVENUE, #300	Federal Employer Identification Number
City,	State, ZIP Code	•
	CENTENNIAL CO 80112	84-0738973
IF Y	OU DO NOT NEED A CORPORATE TAX BOOKLET MAILED TO YOU NEXT YEAR, CHECK THIS	BOXX
	A. Apportionment of Income. This return is being filed for:	and the second
	(42) A corporation not apportioning income:	
	(43) A corporation doing an interstate business apportioning income under the Colorado	Income Tax Act (Attach Schedule A):
	(44) A corporation doing an interstate business apportioning income under the Multistate	
	(45) A corporation electing to pay a tax on its gross Colorado sales;	Construction of the second second second
	X (47) Other, federal form filed 990 T	
	B. Separate/Consolidated/Combined Filing. This return is being filed by:	
1.77	X A single corporation filing a separate return;	
	An affiliated group of corporations electing to file a consolidated return. (Warning: such e	election is binding for four years.) If your
	election was made in a prior year - enter the year of election here: (Atta	
	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 another	
	Schedule C)	
	ROUND AL	L AMOUNTS TO THE NEAREST DOLLAR
1	Federal taxable income from Form 1120 Federal taxable income of companies not included in this return	<ul> <li>1 NONE.00</li> </ul>
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	
4	Federal net operating loss deduction	• 4
5	Colorado income tax deduction	• 5
6	Other additions, attach explanation	• 6
7	Total of lines 3 through 6	. 7 NONE.00
	Subtractions from federal taxable income	
8	Exempt federal interest	. 8
9	Excludable foreign source income	.00
10	Excludable foreign source income Colorado source capital gain (asset acquired on or after 5/9/94, held five years)	• 10
11	Other subtractions, attach explanation	• 11
12	Total of lines 8 through 11	
13	Total of lines 8 through 11 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
16	Colorado taxable income, line 14 minus line 15	16 NONE.00

1062

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

				Page 2
17 Tax, 4.63% of the amount on line 16	12012120.07		7	NONE.00
18 New investment tax credit from Form 112CR		• 1	8	.00
19 Enterprise zone investment tax credit from Form 112CR			9	.00
20 Enterprise zone employee credits from Form 112CR		• 2		.00
21 Enterprise zone contribution credit from Form 112CR			1	.00
22 Other enterprise zone credits from Form 112CR				.00
23 Alternative fuel vehicle credit from Form 112CR			3	.00
24 Alternative fuel refueling facility credit from Form 112CR .				.00
25 Gross conservation easement credit from Form 112CR				.00
26 Other credits from Form 112CR				.00
27 Total credits, total of lines 18 through 26				.00
28 Net tax, line 17 minus line 27				NONE.00
29 Recapture of prior year credits				.00
30 Total of lines 28 and 29		3	-	NONE.00
31 Estimated tax and extension payments and credits , , .				.00
32 Penalty, also include on line 35 if applicable				.00
33 Interest, also include on line 35 if applicable				.00
34 Estimated tax penalty, also include on line 35 if applicable .				.00
35 If amount on line 30 exceeds amount on line 31, enter amo				NONE.00
36 Overpayment, line 31 minus line 30				.00
37 Overpayment to be credited to estimated tax				.00
38 Overpayment to be refunded			8	.00
C. The corporation's books are in care of:				
Name		Telephone Number		
DOUG EVANS	1.02	Telephone Number 303-694-03	1	
DOUG EVANS Address	City	303-694-03	State	ZIP
DOUG EVANS	City CENTEI	303-694-03	1	ZIP 80112
DOUG EVANS Address	CENTE	303-694-03	State	
DOUG EVANS Address 9110 E. NICHOLS AVENUE, #300 D. Business code number per federal return • 5419	CENTE	303-694-03	State	
DOUG EVANS Address 9110 E. NICHOLS AVENUE, #300	CENTE	303-694-03	State	
DOUG EVANS         Address         9110 E. NICHOLS AVENUE, #300         D. Business code number per federal return •         5419         E Year corporation began doing business in Colorado • 1996	CENTE	303-694-03	State	
DOUG EVANS Address 9110 E. NICHOLS AVENUE, #300 D. Business code number per federal return • 5419 E. Year corporation began doing business in Colorado • 1996 F. Kind of business in detail:	CENTE	303-694-03	State	
DOUG EVANS         Address         9110 E. NICHOLS AVENUE, #300         D. Business code number per federal return •         5419         E. Year corporation began doing business in Colorado •         1996         F. Kind of business in detail:         ADVERTISING         G. Has the Internal Revenue Service made any adjustments in the at any time during the last four years?         Yes       X	CENTE 900 e corporation's incom o If Yes, for which ye	303-694-03 NNI AL	State CO filed amended	80112
DOUG EVANS         Address         9110 E. NICHOLS AVENUE, #300         D. Business code number per federal return •         5410         E. Year corporation began doing business in Colorado •         1996         F. Kind of business in detail:         ADVERTISING         G. Has the Internal Revenue Service made any adjustments in the at any time during the last four years?         Did you file amended Colorado returns to reflect such changes or         Under penalties of perjury in the second degree, I declare that I h	CENTEI	303-694-03 NNI AL e or tax or have you ear(s)? Federal Agent's reports? eturn and to the best	State CO filed amended Yes of my knowle	80112 I federal income tax returns
DOUG EVANS         Address         9110 E. NICHOLS AVENUE, #300         D. Business code number per federal return •       5419         E. Year corporation began doing business in Colorado • 1996         F. Kind of business in detail:         ADVERTISING         G. Has the Internal Revenue Service made any adjustments in the at any time during the last four years?         Did you file amended Colorado returns to reflect such changes or	CENTEI 900 e corporation's incom o If Yes, for which ye submit copies of the I ave examined this r all information of whi	303-694-03 NNI AL e or tax or have you ear(s)? Federal Agent's reports? eturn and to the best ich preparer has any k	State CO filed amended Yes of my knowle nowledge.	80112 I federal income tax returns X No edge it is true, correct and
DOUG EVANS         Address         9110 E. NICHOLS AVENUE, #300         D. Business code number per federal return •       5419         E. Year corporation began doing business in Colorado • 1996         F. Kind of business in detail:         ADVERTISING         G. Has the Internal Revenue Service made any adjustments in the at any time during the last four years?         Did you file amended Colorado returns to reflect such changes or Under penalties of perjury in the second degree, I declare that I h complete. Declaration of preparer (other than taxpayer) is based on a Signature	CENTEI 900 e corporation's incom o If Yes, for which ye submit copies of the I ave examined this r all information of whi	303-694-03 NNI AL e or tax or have you ear(s)? Federal Agent's reports? eturn and to the best	State CO filed amended Yes of my knowle nowledge.	80112 I federal income tax returns X No edge it is true, correct and
DOUG EVANS         Address         9110 E. NICHOLS AVENUE, #300         D. Business code number per federal return •         5419         E. Year corporation began doing business in Colorado • 1996         F. Kind of business in detail:         ADVERTISING         G. Has the Internal Revenue Service made any adjustments in the at any time during the last four years?         Did you file amended Colorado returns to reflect such changes or Under penalties of perjury in the second degree, I declare that I h complete. Declaration of preparer (other than taxpayer) is based on a second seco	CENTEI 900 e corporation's incom o If Yes, for which ye submit copies of the I ave examined this r all information of whi Nan	303-694-03 NNI AL e or tax or have you ear(s)? Federal Agent's reports? eturn and to the best ich preparer has any kine and telephone numb	State CO filed amended Yes of my knowle nowledge.	80112 I federal income tax returns X No edge it is true, correct and
DOUG EVANS         Address         9110 E. NICHOLS AVENUE, #300         D. Business code number per federal return •       5419         E. Year corporation began doing business in Colorado • 1996         F. Kind of business in detail:         ADVERTISING         G. Has the Internal Revenue Service made any adjustments in the at any time during the last four years?         Did you file amended Colorado returns to reflect such changes or Under penalties of perjury in the second degree, I declare that I h complete. Declaration of preparer (other than taxpayer) is based on a Signature	CENTEI 900 e corporation's incom o If Yes, for which ye submit copies of the I ave examined this r all information of whi Nan EKS	303-694-03 NNI AL e or tax or have you ear(s)? Eederal Agent's reports? eturn and to the best ich preparer has any kine and telephone numb S& H	State CO filed amended Yes of my knowle nowledge. er of person or	80112 I federal income tax returns X No edge it is true, correct and
DOUG EVANS         Address         9110 E. NICHOLS AVENUE, #300         D. Business code number per federal return •       5419         E. Year corporation began doing business in Colorado • 1996         F. Kind of business in detail:         ADVERTISING         G. Has the Internal Revenue Service made any adjustments in the at any time during the last four years?         Did you file amended Colorado returns to reflect such changes or         Under penalties of perjury in the second degree, I declare that I h complete. Declaration of preparer (other than taxpayer) is based on at Signature         Date	CENTEI 900 e corporation's incom o If Yes, for which ye submit copies of the I ave examined this r all information of whi Nan EKS	303-694-03 NNI AL e or tax or have you ear(s)? Federal Agent's reports? eturn and to the best ich preparer has any kine and telephone numb	State CO filed amended Yes of my knowle nowledge. er of person or	80112 I federal income tax returns X No edge it is true, correct and

### 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	5	40,308
9/30/1999	66,288	~	66,288
9/30/2000	59,976	-	59,976
9/30/2001	8,795	÷.	8,795
9/30/2002	69,776	~	69,776
9/30/2003	-	्रे	
9/30/2004	~	e)	-
9/30/2005	1.51	-	-
9/30/2006	122,578	÷.	122,578
9/30/2007	21,479	4	21,479
9/30/2008			
9/30/2009	<u> </u>		
	488,469		475,293

### 84-0738973



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

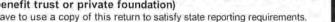
Ehrhardt Keefe Steiner & Hottman PC

Form	Q	0	0	
Form	J	J	v	

Department of the Treasury

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





	r the	2007 calendar year, or tax year beginning $10/01$ , 2007, and e		09/30/2	008
	h if applica		nung		dentification number
Π	Address change	use IRS label or NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC.		84-0738	
	Name cha	print or Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone	
	initial retu	type.	300		4-0305
	Terminatu	Specific	1500	F Accounting	Cash X Accrual
	Amended			method:	(specify)
	Applicatio		H and Lare not a		n 527 organizations.
	pending	trusts must attach a completed Schedule A (Form 990 or 990-EZ).	H(a) is this a gro		
G W	ebsite:	WWW. BEEF. ORG	H(b) If "Yes," ent	ter number of affili	ates 🕨
1 0	rganiza	tion type (check only one) ► X 501(c) (6 ) ◀ (insert no.) 4947(a)(1) or 527	H(c) Are all affilia	ates included? ach a list. See instr	Yes No
< C	neck her	re 🕨 🛄 if the organization is not a 509(a)(3) supporting organization and its gross	H(d) is this a separ		
re	ceipts a	are normally not more than \$25,000. A return is not required, but if the organization chooses	organization of	covered by a group ru	uling? Yes X No
to	file a re	elum, be sure to file a complete return.	I Group Exen	nption Number	
		The Contract of the Party of the Contract of t	M Check 🕨	X if the orga	inization is not required
-		ceipts: Add lines 6b, 8b, 9b, and 10b to line 12 🕨 65, 640, 860,	to attach So	ch. B (Form 990, 9	90-EZ, or 990-PF).
Par	F	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the in	nstructions.)		
	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds			
	b	Direct public support (not included on line 1a)			
	c	Indirect public support (not included on line 1a)			
	d	Government contributions (grants) (not included on line 1a) 1d			
	e	Total (add lines 1a through 1d) (cash \$ noncash \$		1e	
	2	Program service revenue including government fees and contracts (from Part VII, line S	3)	2	60,481,537.
	3	Membership dues and assessments			3,572,189.
	4	Interest on savings and temporary cash investments		4	159,969.
	5	Dividends and interest from securities		5	
	6 a	Gross rents			
		Less: rental expenses 6b			
	C	Net rental income or (loss). Subtract line 6b from line 6a	1.0000.000	6c	
ne	7	Other investment income (describe		1 7	
Revenue	8 a		Other	100	
Re		than inventory			
	b	Less: cost or other basis and sales expenses . 8b			
	c	Gain or (loss) (attach schedule)			
	11 2 2	Net gain or (loss). Combine line 8c, columns (A) and (B)	1.	. 8d	
	9	Special events and activities (attach schedule). If any amount is from gaming, check he	the state of the s		
		Gross revenue (not including \$ of			
	-	contributions reported on line 1b)			
	h	Less: direct expenses other than fundraising expenses		-	
		Net income or (loss) from special events. Subtract line 9b from line 9a · · · · · ·		. 9c	
	1.1.1.1.1.1.1	Gross sales of inventory, less returns and allowances STMT, 3, 10a	1,101,649		
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Less: cost of goods sold	57,377		
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from			1,044,272.
	11	Other revenue (from Part VII, line 103)			325, 516.
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			65, 583, 483.
	13	Program services (from line 44, column (B))			00,000,400,
S	14	Management and general (from line 44, column (C))			
Expenses	15				
xpe	16	Fundraising (from line 44, column (D))			
ш	17	Payments to affiliates (attach schedule)			67 001 140
10	100				67,831,445.
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12			-2,247,962.
As	19	Net assets or fund balances at beginning of year (from line 73, column (A))			8,129,913.
Vet	20	Other changes in net assets or fund balances (attach explanation)			5 001 071
-	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20 Act and Paperwork Reduction Act Notice, see the separate instructions.		. 21	5,881,951. Form 990 (2007

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	<ul> <li>(B) Program services</li> </ul>	(C) Management and general	(D) Fundraising
2a Grants paid from donor advised funds (attach schedule)					
(cash \$noncash \$) If this amount includes foreign grants,					
If this amount includes foreign grants, check here	22a				
2b Other grants and allocations (attach schedule)					
(cash S noncash S)					
If this amount includes foreign grants,	22b				
3 Specific assistance to individuals					
(attach schedule)	23				
4 Benefits paid to or for members					
(attach schedule)	24				(
5a Compensation of current officers,					
directors, key employees, etc. listed in		142.221			
Part V-A	25a	486,144.			
b Compensation of former officers,					
directors, key employees, etc. listed in Part V.B.	255				
Part V-B C Compensation and other distributions, not includ-	25b			1	
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			A Data and the second s	
7 Pension plan contributions not					
included on lines 25a, b, and c	27	32,470.			
28 Employee benefits not included on					
lines 25a - 27	28				
29 Payroll taxes	29				
Professional fundraising fees	30				
Accounting fees	31				
32 Legal fees	32				
33 Supplies	33				
34 Telephone	34				
B5 Postage and shipping	35				
36 Occupancy	36				
88 Printing and publications	38				
39 Travel	39			1	7
0 Conferences, conventions, and meetings	40				
11 Interest	41				
12 Depreciation, depletion, etc. (attach schedule)	42	286,273.			14 ····
43 Other expenses not covered above (itemize):					
a STMT 4	43a	67,026,558.			
b	43b				
c	43c				1
d	43d				
e	43e				
f	43f				
9	43g			1	
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines					
13-15)	44	67,831,445,			
Joint Costs. Check 🕨 🔝 if you are follo			Nation and a distant in series		
Are any joint costs from a combined educational If "Yes," enter (i) the aggregate amount of these j	campaig	gn and fundraising solic	itation reported in (B)	rogram services?	Yes X

JSA			
7E1021 1.00	0		
	AHI2AJ	N752	

Form 990 (2007)

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

1 K.

1647-00

6

f c	lients served, publications issued, etc. Discuss ach	► <u>SEE STATEMENT 5</u> inchievements in a clear and concise manner. State the number ievements that are not measurable. (Section 501(c)(3) and (4) is must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) an (4) orgs., and 4947(a)(1) trusts; but optional for others.)
- 1	INCREASE CONSUMER DEMAND FOR BEE PROGRAMS FOR RESEARCH, EDUCATION		
×,	(Grants and allocations \$	) If this amount includes foreign grants, check here	
	TO PROMOTE THE COMMON BUSINESS I	NTERESTS_OF_THE BEEF	
3	(Grants and allocations \$	) If this amount includes foreign grants, check here >	
	TO CONDUCT CHECKOFF FUNDED ACTIV		
d	(Grants and allocations \$	) If this amount includes foreign grants, check here 🕨	
	(Grants and allocations \$	) If this amount includes foreign grants, check here	
e	Other program services (attach schedule) (Grants and allocations \$	) If this amount includes foreign grants, check here	

Form 990 (2007)

Page 3

0	4-0738973		Page 4
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
Cash - non-interest-bearing		45	
Savings and temporary cash investments	5,547,030.	46	5,479,652.
Less: allowance for doubtful accounts	11,267,718.	47c	9,919,542.
Grants receivable		49	
key employees (attach schedule).		50a	
		505	
Other notes and loans receivable (attach		000	
schedule)     51a       Less: allowance for doubtful accounts     51b		51c	
	28,918.		NONE
Prepaid expenses and deferred charges	306, 307.	53	472,404.
	1,016,617.	54a	993,400.
		54b	
		E E C	
Investments - other (attach schedule)	1 001 505		1,680,765.
	1,021,022.	30	1,000,102.
		1.0	
schedule)	705,915.	57c	498, 523.
Other assets, including program-related investments			
(describe ►)			95,589.
			19,139,875.
	11,488,106.		11,481,964.
Deferred revenue	1 160 000		1 775 0.00
Loans from officers directors trustees and key employees (attach	1,168,077.	02	1,775,960.
		63	
Tax-exempt bond liabilities (attach schedule)		64a	
	NONE	64b	NONE
Other liabilities (describe > )	3,610.	65	NONI
		1.11	
	12,659,793.	66	13,257,924.
	8,129,913,		5,881,951.
Permanently restricted			
		00	
Capital stock, trust principal, or current funds		70	
Paid-in or capital surplus, or land, building, and equipment fund		71	
Retained earnings, endowment, accumulated income, or other funds		72	
그 정말 집에서 지난 것 같은 것 같아요. 아니는 것 같아요. 것 같아요. 한 것 같아요. 집에 집에 집에 집에서 가지 않는 것 같아요. 정말 모양을 가지 않는 것 같아요. 집에 집에 집에 집에 있는			
	1 5 8 TO 102	20	
	<u>8,129,913.</u> 20,789,706.		5,881,951. 19,139,875.
Total liabilities and net assets/fund balances. Add lines 66 and 73		74	
	Balance Sheets (See the instructions.)         Where required, attached schedules and amounts within the description column should be for end-byear amounts only.         Cash - non-interest-bearing.         Savings and temporary cash investments.         Accounts receivable       47a         Less: allowance for doubtful accounts       47b         Less: allowance for doubtful accounts       48a         Less: allowance for doubtful accounts       48a         Receivables from current and former officers, directors, trustees, and key employees (attach schedule).       48b         Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule).         Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(3)(B) (attach schedule).         Investments - other securities (attach schedule).       51a         Less: allowance for doubtful accounts       51a         Investments - bublicly-traded securities.       55a         Less: allowance for doubtful accounts       55a         Investments - other securities (attach schedule).       55a         Less: accumulated depreciation (attach schedule).       55a         Less: accumulated depreciation (attach schedule).       57a         Investments - other securities (attach schedule).       57b	Balance Sheets (See the instructions.)       Decomposition         Where required, attached schedules and amounts within the description column should be for not-obyear amounts only.       Beginn(A)         Cash - non-interest-bearing.       Savings and temporary cash investments.       5, 547, 030.         Accounts receivable       47a       10, 035, 606.         Less: allowance for doubtful accounts.       47b       116, 264.         Less: allowance for doubtful accounts.       48a         Less: allowance for doubtful accounts.       48b         Crants receivable       48a         Less: allowance for doubtful accounts.       51a         Receivables from ourrent and former officers, directors, trustees, and key employees (attach schedule).       51a         Prepaid expenses and deerred charges.       51b         Investments - publicly-traded securities; TWP, 7,       Improvements - starts and there of the school s	Balance Sheets (See the instructions.)       Differentiation       Differentiation         Where required, attached schedules and amounts within the description       Differentiation       Differentiation         Cash - non-interest-bearing,       45       Savings and temporary cash investments       S., 547, 030. 46         Accounts receivable       47a       10, 035, 806.       11, 267, 718. 47c         Pledges receivable       48a       48a       48c         Less: allowance for doubtful accounts       48b       48c       50a         Receivables from current and former officers, directors, trustees, and key employees (attach schedule), schedule), schedule)       51b       50a         Receivables from other disculfied persons (as defined under section 4958(c)3(16) (attach schedule)       50b       50b         Other notes and loans receivable (attach schedule), threatments - other scurifies (attach schedule),, STMT, 6. 306, 207, 53       51c         Investments - other dearde securities (attach schedule),, STMT, 8. 1, 821, 525, 56       55a         Less: accumulated depreciation (attach schedule),, STMT, 8. 1, 821, 525, 56       55a         Less: accumulated depreciation (attach schedule),, STMT, 8. 1, 482, 106, 61       57b         Newstments - other (attach schedule),, STMT, 8. 1, 482, 106, 61       57c         Investments - other (attach schedule),, STMT, 8. 1, 1, 482, 106, 61       57c

-	m 990 (2007			84-073897		Page 5
P	art IV-A	Reconciliation of Revenue per Audited F instructions.)	inancial Statemen	ts With Revenue	e per Return (S	ee the
a	Total rev	enue, gains, and other support per audited finance	cial statements		a	65, 583, 483,
b	Amounts	s included on line a but not on Part I, line 12:		4. 7	1.1	
1	Net unre	alized gains on investments				
2		services and use of facilities				
3		ies of prior year grants				
4	Other (s	pecify):				
	Add line:	s b1 through b4			b	
¢		line b from line a			c	65, 583, 483.
d		included on Part I, line 12, but not on line a:		1.1		
1		ent expenses not included on Part I, line 6b				
2	Other (s	pecify):				
2	Add line:	s d1 and d2		******	d	20 000 100
e	art IV-B	venue (Part I, line 12). Add lines c and d Reconciliation of Expenses per Audited F	inancial Statemor	nte With Expone	e por Poturn	65, 583, 483.
_						KT 021 445
a		penses and losses per audited financial statement	s		a	67,831,445.
b		s included on line a but not on Part I, line 17:		61		
1		services and use of facilities				
2		ar adjustments reported on Part I, line 20				
3		eported on Part I, line 20				
4	Other (s	pecify):		1		
	Add line:	s b1 through b4			b	
С		line b from line a				67,831,445.
d		s included on Part I, line 17, but not on line a:				
1		ent expenses not included on Part I, line 6b		d1		
2	Other (s	pecify):				
				d2		
	Add line	s d1 and d2			d	
e						67,831,445.
P	art V-A	Current Officers, Directors, Trustees, and or key employee at any time during the year eve				er, director, trustee,
-			(B)	(C) Compensation	(D) Contributions to employ	
		(A) Name and address	Title and average hours per week devoted to position	(If not paid, enter -0)	benefit plans & deferred compensation plans	and other allowances
_			HOLA DEFUICE TO POSIDON			
SE	E STATE	EMENT 12		486,144.	32,740	. NONE
20	d orner		1	100, 111.	52,110	
-						
-						
	*******					
			-			
			-			
						1
_						

Form 990 (2007)

Form	390 (2007)	and trustees permitted to vote on organization business at board 11 mployees listed in Form 990, Part V-A, or highest compensated or highest compensated professional and other independent or II-B, related to each other through family or business identifies the individuals and explains the relationship(s)			
Pa	rt V-A Current Officers, Directors, Trustees, and Key Employees (cont	tinued)	- 11	Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote of meetings	on organization business at board			
b	Are any officers, directors, trustees, or key employees listed in Form 990, F employees listed in Schedule A, Part I, or highest compensated profe contractors listed in Schedule A, Part II-A or II-B, related to each oth relationships? If "Yes," attach a statement that identifies the individuals and exp	essional and other independent her through family or business	75b		x
C	Do any officers, directors, trustees, or key employees listed in For compensated employees listed in Schedule A, Part I, or highest comp independent contractors listed in Schedule A, Part II-A or II-B, receive organizations, whether tax exempt or taxable, that are related to the organ the definition of "related organization."	pensated professional and other compensation from any other nization? See the instructions for	75c		X
d	Does the organization have a written conflict of interest policy?		75d	x	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contribulians to employee benefit plans & deferred compensation plans	accou	Expension and owance	other
			-0-	-0-	-0-		
		-					
		-					
		-					
		-					
		-					
		-					
		-					
		-					
		-					
Par	t VI Other Information (See the instructions.)					Yes	No
76	Did the organization make a change in its activities o detailed statement of each change		cting activities?	If "Yes," attach a	76		X
77	Were any changes made in the organizing or governing			?	77		X
	If "Yes," attach a conformed copy of the changes.						
	Did the organization have unrelated business gross in this return?			********	78a	_	
b	If "Yes," has it filed a tax return on Form 990-T for this year?		********	*********	78b	X	1
79	Was there a liquidation, dissolution, termination, or su a statement				79		х
80a	Is the organization related (other than by association common membership, governing bodies, trustees,	with a statewide or officers, etc., to a	nationwide org ny other exem	anization) through pt or nonexempt			

b If "Yes," enter the name of the organization 
and check whether it is a exempt or an onexempt or an onexempt or and check whether it is a exempt or an onexempt or and check whether it is a exempt or an onexempt or an onexempt or and check whether it is a exempt or an onexempt or

Form 990 (2007)

JSA

80a

m 990 (2007) 84-0738973 art VI Other Information (continued)		Yes	No
a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge	1.11		
or at substantially less than fair rental value?	82a	5	x
b If "Yes," you may indicate the value of these items here. Do not include this amount			
as revenue in Part I or as an expense in Part II. (See instructions in Part III.)			
a 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	
a Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	84a	x	-
b If "Yes," did the organization include with every solicitation an express statement that such contributions or	048	4	-
	0.4.6		
gifts were not tax deductible?	84b	X	
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			
	000		
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	-
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			
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.)			
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	11,	x
	000		A
a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
section 4911  NONE ; section 4912 NONE ; section 4955 NONE ; secti			
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/	A
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			
d Enter: Amount of tax on line 89c, above, reimbursed by the organization			
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	800		
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	896	-	X
	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			
at any time during the year?	89g	N/	A
a List the states with which a copy of this return is filed 🕨	_	_	_
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b	148	
a The books are in care of DOUG EVANS Telephone no. DOUG EVANS	4-03	05	
Located at ▶ 9110 E. NICHOLS AVE #300 CENTENNIAL, CO ZIP+4 ▶ 80112		_	-
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over	- 1	Yes	N
	91b		X
a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			
a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			
a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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			

If "Yes 92 Section	time during the calendar year, a s," enter the name of the foreign on 4947(a)(1) nonexempt charite nter the amount of tax-exempt in	country ►	ing Form 990 in I	lieu of Form 1041 -	Check here	
Part VII	Analysis of Income-Produc	ing Activiti	es (See the ins	structions.)		
	ross amounts unless otherwise	Unrela	ated business inco	me Excluded by	v section 512, 513, or 514	(E) Related or
ndicated.		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	exempt function
	m service revenue:	Duaniess code	Anodit	Exclusion code	Annount	income
	C CONTRACTS					42,681,34
	TE BEEF COUNCIL					11,180,63
1.	KER/PROCESSOR					1,348,76
	NSORSHIPS/MTGS	F 41000	007	660		4,383,13
	ERTISING	541900	887,	668.		
	re/Medicaid payments					
and the second s	nd contracts from government agencies .				)	0 1 0 C 2 C
	ership dues and assessments			14	159,969.	3, 572, 18
	on savings and temporary cash investments			14	159,969.	
	nds and interest from securities					
	ntal income or (loss) from real estate:	-				
	nanced property	-				
	bt-financed property		-			
	al income or (loss) from personal property					
	investment income					
	(loss) from sales of assets other than inventory					
	come or (loss) from special events . profit or (loss) from sales of inventory .					1,044,27
	revenue: a STMT 16					325, 51
	Star 10	1				323, 31
					1	
						1
e				II		
	al (add columns (B), (D), and (E)) . ,		887	668	159,969.	64,535,84
	add line 104, columns (B), (D), and (E)					
	05 plus line 1e, Part I, should equal to Relationship of Activities to Explain how each activity for wh	he amount on to the Acco	line 12, Part I. omplishment o	f Exempt Purpos	ses (See the instruction	ons.)
V	organization's exempt purposes (or					and a second metal of the second
_	STMT 17					
Part IX	Information Regarding Tax	able Subsi				
٨	(A) lame, address, and EIN of corporation, partnership, or disregarded entity		(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
			%			
			%	-		
			%			
Dert	Information Describes To	and and Ar	%	ana anal Democra	Dentropte /Cas the in	atructiona
Part X	Information Regarding Tra	-				

Form 990 (2007)

	Information Regarding	Transfers To and From		84-0738 ntities. Con			is a
	controlling organizatior	n as defined in section 51	2(b)(13).			1.	
		n make any transfers to a c he schedule below for each		s defined in a	section 512(b)(13) of	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C Descrip trans	tion of	(D) Amount of tr	ansfer	
a							
b			÷				
c							
	Totals						_
		n receive any transfers from 'es," complete the schedule				Yes	No
i li bi	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C Descrip trans	tion of	(D) Amount of tr	ansfer	
a							
b							
c		-					
	Totals						
		binding written contract in et s described in question 107 s		7, 2006, cove	ring the interest,	Yes	No
Please Sign Iere	and belief, it is true, correct, a CLIENT COP Signature of officer	eclare that I have examined this ret and complete. Declaration of prepa			information of which preparer h		owledg
	Type or print name and tit Preparer's Club, R signature	llon	Date 8/10/2009	Check if self- employed	Preparer's SSN or PTIN P00173		inst.
Paid					LUCTIO	7 44 M	
Paid Preparer's Jse Only	ii seli-ellipioyeu),		NER & HOTTMA		EIN		

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			

13

FORM 990, PART I - MEMBERSHIP DUES AND ASSESSMENTS

DESCRIPTION

AMOUNT

-----

TOTAL

3,572,189. 3,572,189.

#### AHI2AJ N752

1647-00

14

STATEMENT 2

#### 84-0738973

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

						MI NUS:	
		BEGI NNI NG		SALARIES		ENDING	COST OF
DESCRIPTION	GROSS SALES	INVENTORY	PURCHASES	AND WAGES	OTHER COSTS	INVENTORY	GOODS SOLD
SALES OF MATERIALS	1,101,640.	28,918.	28,459.	NONE	NONE	NONE	57, 377.
TOTALS	1,101,649.	28,918.	28,459.	NONE	NONE	NONE	57, 377.

84-0738973

#### FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL
GLOBAL MARKETING	25, 214, 652.
INTERNATIONAL MARKETING	7,067,497.
RESEARCH AND KNOWLEDGE MGMT	9,113,582.
INFLUENCER RELATIONS	7,885,029.
MEMBER SERVICES	3,908,913.
ASSOCIATION MARKETING	1,465,940.
GOVERNMENT AFFAIRS	1,931,502.
FEDERATION INITIATIVE	501,586.
BRAND STRATEGY	309,676.
POLITICAL EDUCATION FUND	161,297.
GENERAL SERVICES AND ADMIN	9,466,884.
TOTALS	67,026,558.

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.

# FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

		BEGINNING	ENDING
DESCRIPTION		BOOK VALUE	BOOK VALUE
PREPAID EXPENSES		306,307.	472,404,
			المرغوبية بالمحم بمرعد بتربيغ مربع مرجد
	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.
TO	TALS 1,016,617.	993,400.

FORM 990, PART IV - INVESTMENTS - OTHER

DESCRIPTION	BEGINNING BOOK VALUE	ENDI NG BOOK VALUE
INVESTMENT IN SUBSIDIARY	1,821,525.	1,680,765.
TOTALS	1,821,525.	1,680,765.

## STATEMENT 8

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## 84-0738973

# FORM 990, PART IV - OTHER ASSETS

	BECT NNT NC	ENDING
	BOOK VALUE	BOOK VALUE
	95,676.	95,589.
TOTALS	95,676.	95, 589.
	TOTALS	TOTALS 95,676.

84-0738973

# FORM 990, PART IV - DEFERRED REVENUE

DESCRIPTION	BEGI NNI NG BOOK VALUE	ENDING 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 - AIC	NONE	3,000.
DEFERRED REVENUE - SBC	NONE	22,833.
mon at a	1 1 60 077	1 775 660
TOTALS	1,168,077.	1,775,960.

84-0738973

# FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION		BEGI NNI NG BOOK VALUE	ENDING BOOK VALUE
AUTO FINANCING		3,610.	NONE
	TOTALS	3,610,	NONE
			SEBERSEBERSEBERS

84-0738973

## 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
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	NONE	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	FSEC DIV CHAIR 1.00	NONE	NONE	NONE
	1647-00		<b>24</b> STA	TEMENT 12
AHIZAJ N752	T04/-00		51A	TEMENT IS

84-0738973

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

84-0738973

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
CENTENNIAL, CO 80112-3450				
		1		
	GRAND TOTALS	486,144.	32,740,	NONE

-----

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS

RELATED ORGANIZATION NA	E: CATL FUND
EXEMPT: X NONEXEMPT:	
RELATED ORGANIZATION NA	E: NATIONAL CATTLEMEN'S BUILDING CORP
EXEMPT: X NONEXEMPT:	
RELATED ORGANIZATION NA	E: NATIONAL CATTLEMEN'S FOUNDATION
EXEMPT: X NONEXEMPT:	
RELATED ORGANIZATION NA	E: NATIONAL CATTLEMEN'S ASSOCIATION PAC
EXEMPT: X NONEXEMPT:	

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## 84-0738973

# FORM 990, PART VII - OTHER REVENUE

### BUSINESS EXCLUSION RELATED OR EXEMPT DESCRIPTION CODE AMOUNT CODE FUNCTION INCOME AMOUNT ------------------------------OTHER REVENUE RELATED TO EXEMPT FUNCTIONS 325, 516. -----\_\_\_\_\_ -----TOTALS 325, 516. -----

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

LI NE 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	
95A	SPECIAL PROJECTS/CONVENTIONS AND TRADE SHOWS UNDERTAKEN TO PROMOTE THE BEEF INDUSTRY.
94	DUES COLLECTED TO MAINTAIN AND ADVANCE THE BEEF INDUSTRY.
102	INDUSTRY LITERATURE PROMOTING THE BEEF INDUSTRY.
103B	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 <b>990-T</b> Department of the Treasury Internal Revenue Service (7	1.7	Pt Organization Business In For calendar year 2007 or other tax y ending 09/30, 2001	ear begini		1 ,2007, and		2007
Check box if				changed and see instructions.			dentification number
address change	d					(Employees to on page 9.)	rust, see instructions for Block D
B Exempt under section		NATIONAL CATTLEMEN	S BE	EF ASSOCIATION,	INC.		
X 501(C)(6)	Print	Number, street, and room or suite no				84-073	8973
408(e) 220(e)	e) or Type	Tuno					business activity codes
408A 530(		9110 E. NICHOLS AN	ENUE			(See Instruc	tions for Block E on page 9.)
529(a)		City or town, state, and ZIP code.					
C Book value of all assets	5	CENTENNIAL, CO 801	12-34	50		541900	
at end of year	F Gro	oup exemption number (See instru-	ctions for l	Block F on page 9.) >			
19,139,875.	G Che	eck organization type 🕨 🕺 50	1(c) corpo	oration 501(c)	trust	401(a) trus	t Other trust
H Describe the organ	nization's p	primary unrelated business activity.	> ADVE	RTISING			
During the tax yea	r, was the	corporation a subsidiary in an aff	liated grou	up or a parent-subsidiary co	ntrolled group?		Yes X N
If "Yes," enter the	name and	identifying number of the parent of	orporation	•			
J The books are in ca	are of 🕨	DOUG EVANS		Telephone	number > 30	3-694-0	305
Part I Unrelat	ted Trad	e or Business Income	1.	(A) Income	(B) Expens	505	(C) Net
1 a Gross receipts o	or sales				-		
b Less returns and allo		c Balance I	1c				
		dule A, line 7)	2				
		2 from line 1c					
		attach Schedule D)					
		Part II, line 17) (attach Form 4797)					
		trusts					
		ips and S corporations (attach statement			10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -		
and the second second second second second							
		ncome (Schedule E)					
		Ities, and rents from controlled	1				
		)					
		a section 501(c)(7), (9), or (17	1 1				
		income (Schedule I)					
		dule J)		887,668.	536	5,298.	351, 370
		1 of the instructions; attach schedule.)			550	1232.	204121.0
		rough 12		887,668.	536	5,298.	351, 370.
		t Taken Elsewhere (See pa					
THE OWNER WATER AND ADDRESS OF TAXABLE PARTY.		tributions, deductions must	*				
		directors, and trustees (Schedule )		the second se			NON
							110.4
					CONTRACTOR NOT	and the second s	
		*****************					
		See page 14 of the instructions fo					
		n 4562).				and the second se	
		d on Schedule A and elsewhere on			110	22b	NON
				a contra a la la contra a contra a		The second secon	11011
22 Less depreciati		compensation plans					
22 Less depreciati 23 Depletion		and the second sec					
22Less depreciati23Depletion24Contributions to	o deferred						
<ol> <li>Less depreciati</li> <li>Depletion</li> <li>Contributions t</li> <li>Employee bene</li> </ol>	o deferred efit program	ns					
22       Less depreciati         23       Depletion         24       Contributions t         25       Employee bene         26       Excess exempt	o deferred efit program expenses	(Schedule I)					351 370
22 Less depreciati 23 Depletion 24 Contributions t 25 Employee bene 26 Excess exempt 27 Excess readers	o deferred efit program expenses hip costs (	ns	1111 1111			. 27	351,370
22 Less depreciati 23 Depletion 24 Contributions t 25 Employee bene 26 Excess exempt 27 Excess readers 28 Other deductio	o deferred afit program expenses hip costs ( ns (attach	ns				. 27	
22 Less depreciati 23 Depletion 24 Contributions t 25 Employee bene 26 Excess exempt 27 Excess readers 28 Other deduction 29 Total deduction	o deferred efit program expenses hip costs ( ns (attach ns. Add lin	ns		· · · · · · · · · · · · · · · · · · ·	*******	27 28 29	
<ul> <li>Less depreciati</li> <li>Depletion</li> <li>Contributions to</li> <li>Employee bene</li> <li>Excess exempt</li> <li>Excess readers</li> <li>Other deduction</li> <li>Total deduction</li> <li>Unrelated busing</li> </ul>	o deferred efit program expenses hip costs ( ns (attach ns. Add lin ness taxab	ns (Schedule I) Schedule J) schedule) es 14 through 28 Jle income before net operating lo	ss deduct	ion. Subtract line 29 from li	ne 13	27 28 29 30	351,370
<ul> <li>Less depreciati</li> <li>Depletion</li> <li>Contributions t</li> <li>Employee bene</li> <li>Excess exempt</li> <li>Excess readers</li> <li>Other deduction</li> <li>Total deduction</li> <li>Unrelated busin</li> <li>Net operating I</li> </ul>	o deferred efit program expenses ship costs (for ons (attach ns. Add lin ness taxab oss deduc	ns (Schedule I) Schedule J) schedule) es 14 through 28 ole income before net operating lo tion (limited to the amount on line	ss deduct	ion. Subtract line 29 from li	ne 13	27 28 29 30 31	351,370 347,103
<ul> <li>Less depreciati</li> <li>Depletion</li> <li>Contributions t</li> <li>Employee bene</li> <li>Excess exempt</li> <li>Excess readers</li> <li>Other deduction</li> <li>Unrelated busini</li> <li>Net operating I</li> <li>Unrelated busini</li> <li>Unrelated busini</li> </ul>	o deferred afit program expenses hip costs ( ns. (attach ns. Add lin ness taxab oss deduc ness taxab	ns (Schedule I) Schedule J) schedule) es 14 through 28 ole income before net operating lo tion (limited to the amount on line ole income before specific deducti	ss deduct	ion. Subtract line 29 from li act line 31 from line 30	ne 13	27 28 29 30 31 32	351,370 347,103 -347,103
<ul> <li>Less depreciati</li> <li>Depletion</li> <li>Contributions t</li> <li>Employee bene</li> <li>Excess exempt</li> <li>Excess readers</li> <li>Other deduction</li> <li>Total deduction</li> <li>Unrelated busin</li> <li>Net operating I</li> <li>Unrelated busin</li> <li>Specific deduction</li> </ul>	o deferred efit program expenses ship costs (1 ns. (attach ns. Add lin ness taxab oss deduc ness taxab tion (Gene	ns (Schedule I) Schedule J) schedule) es 14 through 28 ole income before net operating lo tion (limited to the amount on line ole income before specific deducti erally \$1,000, but see line 33 instru	ss deduct 30) on, Subtra	ion. Subtract line 29 from li act line 31 from line 30 exceptions.)	ne 13	27 28 29 30 31 32	351,370 347,103 -347,103
<ul> <li>Less depreciati</li> <li>Depletion</li> <li>Contributions t</li> <li>Employee bene</li> <li>Excess exempt</li> <li>Excess readers</li> <li>Other deduction</li> <li>Total deduction</li> <li>Unrelated busin</li> <li>Net operating I</li> <li>Unrelated busin</li> <li>Specific deduction</li> <li>Unrelated busin</li> <li>Specific deduction</li> </ul>	o deferred efit program expenses ship costs ( nns (attach ns. Add lin ness taxab oss deduc ness taxab tion (Gene iness taxab	ns (Schedule I) Schedule J) schedule) es 14 through 28 ole income before net operating lo tion (limited to the amount on line ole income before specific deducti	ss deduct 30) on, Subtra ictions for line 32. If	ion. Subtract line 29 from li act line 31 from line 30 exceptions.) f line 33 is greater than line	ne 13	27 28 29 30 31 31 32 33	351,370 351,370 347,103 -347,103 1,000 -347,103

Concession in co	990-T (2007		8.4	-073	8973	Pa	age 2
Par		Tax Computation			_		
	Controlled Enter you (1)	tions Taxable as Corporations. See instructions for tax computation on page d group members (sections 1561 and 1563) check here ► See instructions and: ur share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that orde (2) (3)					
b		anization's share of: (1) Additional 5% tax (not more than \$11,750)					
с 36	Income ta Trusts T	ax on the amount on line 34 axable at Trust Rates. See instructions for tax computation on page 16. Income ta nt on line 34 from: Tax rate schedule or Schedule D (Form 1041)	ax on	35c 36			-
37 38 39	Alternativ	. See page 16 of the instructions e minimum tax d lines 37 and 38 to line 35c or 36, whichever applies		37 38 39			
Concession in		ax and Payments		1 33 1			
40 a		ax credit (corporations attach Form 1118; trusts attach Form 1116) 40a					
b	Other cre	dits (see page 17 of the instructions)					
	For	m 3800 Form(s) (specify)					
d		príor year minimum tax (attach Form 8801 or 8827)	_				
e	Total cree	dits. Add lines 40a through 40d		40e			_
41	Other have	line 40e from line 39	edule)	41			
43		Add lines 41 and 42		42			
44a		a: A 2006 overpayment credited to 2007				-	-
b		mated tax payments		1			
с		sited with Form 8868					
d		organizations: Tax paid or withheld at source (see instructions)					
e	Backup w	vithholding (see instructions)	-				
f		edits and payments:      Form 2439      44f       rm 4136     Other     Total > 44f					
45		ments. Add lines 44a through 44f		45		_	
46		d tax penalty (see page 4 of the instructions). Check if Form 2220 is attached		46		-	NOM
47		If line 45 is less than the total of lines 43 and 46, enter amount owed		47		_	NON
49		amount of line 48 you want: Credited to 2008 estimated tax		49		-	NON
Par	tV S	Statements Regarding Certain Activities and Other Information (see inst	ruction	s on p	age 18)		11.011
1	At any over a	time during the 2007 calendar year, did the organization have an interest in or a signa financial account (bank, securities, or other) in a foreign country? If YES, the organiza	ature c	or othe	r authority	Yes	No
1.1		F 90-22.1. If YES, enter the name of the foreign country here				-	X
2		e tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a	foreign	trust?		-	X
3		ee page 5 of the instructions for other forms the organization may have to file. e amount of tax-exempt interest received or accrued during the tax year > \$					
-		- Cost of Goods Sold. Enter method of inventory valuation >					L
1		at beginning of year 1 6 Inventory at end of year	1.000.0	6			
2		s					
3		abor	ind in				
4 a	Additiona	al section 263A costs Part I, line 2		7			_
		chedule)			2.36.57.1	Yes	No
		sts (attach schedule) . 4b property produced or acquir					-
5		d lines 1 through 4b . 5 to the organization?	the best	of my kr	owledge and	belief, it	
Sig Her	n correct,	and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		lay the l	RS discuss th arer shown be	nis retur	m with
11	Signat	ure of officer Date Title	)r	nstruction	1 3 1 1	-	No
Paic	l parer's	Preparer's bling Albon Date Check if self-employed	ı []		arer's SSN or 2001737		122
1.	Only	Firm's name (or yours if self-employed), EKS&H EIN	84	-0869	1721		
-		address, and ZIP code 7979 E. TUFTS AVE., #400 Phone no.	303-	740-9			
JSA		DENVER, CO 80237-2843			Form 9	9041	(200)

## Form 990-T (2007)

84-0738973

## 1 Description of property

(1)	
(2)	
(3)	
(4)	

	2 Rent received or	accrue	ed						
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)			(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				3 Deductions directly connected with the incor columns 2(a) and 2(b) (attach schedule)		
(1)									
(2)									
(3)									
(4)									
Total	Tota	al					-		
Total income. Add totals of colu here and on page 1, Part I, line 6						Total deductions. here and on page line 6, column (B)	1, Part I,		
Schedule E - Unrelated D			e instructions on pa	ge 2					
	ebt-financed property		2 Gross income from allocable to debt-finance	or	3 Dedu	ctions directly conn debt-financed	d property		
	er minnen breberd		property			line depreciation schedule)		Other deductions attach schedule)	
(1)		- 11							
(2)		1.1							
(3)					11				
(4)		2.4							
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted bas or allocable to debt-financed propert (attach schedule)		6 Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8 Allocable deductions (column 6 x total of colur 3(a) and 3(b))		
(1)		-		%			1		
(2)				%	1		1		
(3)			[11]	%					
(4)				%			la contraction		
Totals Total dividends-received deduc	tions included in column				Part I, line 7,	<b>.</b>	Part I,	nere and on page 1, line 7, column (B).	
Schedule F - Interest, An	nuities, Royalties, a					ons (see instru	ctions o	n page 21)	
	The second second second	E	xempt Controlled Or	gani	zations				
1 Name of Controlled Organization	2 Employer Identification Number		3 Net unrelated income (loss) (see instructions)		otal of specified ayments made 5 Part of colum included in the organization's gr		ontrolling	6 Deductions directly connected with income in column 5	
(1)									
(2)									
(3)		-11-							
(4)									
Nonexempt Controlled Orga	nizations								
7 Taxable Income	8 Net unrelated incor (loss) (see instruction		9 Total of specifie payments made		include	t of column 9 that is ed in the controlling ation's gross income	CO	1 Deductions directly nected with income in column 10	

	(loss) (see instructions)	payments made	organization's gross income	column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10, Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			Image: A start and a start	

Form 990-T (2007)

84-0738973

Page 4

5 Total deductions and set-asides (col. 3 plus col. 4)

Enter here and on page 1, Part I, line 9, column (B).

## Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions on page 22) 3 Deductions directly connected (attach schedule) 4 Set-asides 1 Description of income 2 Amount of income (attach schedule) (1) (2) (3) (4) Enter here and on page 1, Part I, line 9, column (A). Totals Þ Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

1 Description of exploited activity exploited activity apploited activity exploited activity exploited activity apploited activity app	(see instructio	ns on page 22)					
(2)		unrelated business income from trade or	directly connected with production of unrelated	(loss) from unrelated trade or business (column 2 minus column 3), If a gain, compute	from activity that is not unrelated	attributable to	(column 6 minus column 5, but not more than
(2)	(1)				1		-
(3)		1			1		
(4)       Enter here and on page 1, Part 1, line 10, cot. (8).       Enter here and on page 1, Part 1, line 10, cot. (8).       Enter here and on page 1, Part 1, line 10, cot. (8).         Totals▶       Schedule J - Advertising Income (see instructions on page 22)       Part I Income From Periodicals Reported on a Consolidated Basis       Free entry 1, line 26         1 Name of periodical advertising income       2 Gross advertising costs       3 Direct advertising costs       4 Advertising gain or (bss) (cot. 2 minus cot. 3), lin a gain, compute costs       5 Circulation income       7 Excess readership costs (cot. 2 minus cot. 3), lin a gain, compute costs       7 Excess readership costs (cot. 2 minus cot. 3), lin a gain, compute costs       7 Excess readership costs (cot. 2 minus cot. 3), lin a gain, compute costs       7 Excess readership costs (cot. 2 minus cot. 3), lin a gain, compute costs       7 Excess readership costs (cot. 2 minus cot. 3), lin a gain, compute costs       7 Excess readership costs (cot. 2 minus cot. 3), lin a gain, compute costs       7 Excess readership costs (cot. 2 minus cot. 3), lin a gain, compute costs       7 Excess readership costs (cot. 2 minus cot. 3), lin a gain, compute costs       7 Excess readership costs (cot. 2 minus cot. 3), lin a gain, compute costs       7 Excess readership costs (cot. 2 minus cot. 3), lin a gain, compute costs       7 Excess readership costs (cot. 3), lin a gain, compute costs       7 Excess readership costs (cot. 3), lin a gain, costs       7 Excess readership costs (cot. 3), lin a gain, costs       7 Excess readership costs (cot. 3), lin a gain, costs       7 Excess readership costs       7 Excess readership costs <td< td=""><td>(3)</td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	(3)						
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 I, line 20, col. (B).         Schedule J - Advertising Income (see instructions on page 22)       Part II income From Periodicals Reported on a Consolidated Basis       5 Circulation income       6 Readeship income       7 Encess (column 6 minus column 6	(4)				1		
Schedule J - Advertising Income (see instructions on page 22)         Part Income From Periodicals Reported on a Consolidated Basis         1       Name of periodical       2 Gross advertising costs       3 Direct advertising costs       4 Adventising an or (ost) (cd) 2 minus cot 3) if a gain or (ost) (cd) 2 minus cot 3) if a gain or (ost) (cd) 2 minus cot 3) if a dvertising costs       5 Circulation income       5 Readership costs (costs       7 Excess readesthip costs (costs         (1) STMT 1		page 1, Part I,	page 1, Part I,				Enter here and on page 1, Part II, line 26.
1 Name of periodical       2 Gross advertising income       3 Direct advertising costs       4 Advertising gain or (loss) (cd. 2 minus col. 3). If again, compute cols. 5 through 7.       5 Circulation income       6 Readership costs       7 Excess readership costs (column 6 minus column 6), but no more than column 6).         (1) STMT 1		dvertising Incom	e (see instructions o	n page 22)			
1 Name of periodical       2 Gross advertising costs       3 Direct advertising costs       gain or (loss) (col. 2 minus col. 3); a gain, compute costs       5 Circulation income       6 Readership costs       readership costs         (1) STMT 1       (2)       (3)       (4)       (5)       (5)       (6)       (6)       (6)       (7)       (7)       (7)       (7)       (7)       (7)       (7)       (7)       (7)       (7)       (7)       (7)       (	Part I Incor	ne From Periodic	als Reported on a	Consolidated Bas	sis	1	1
(2)       (3)       (4)       (4)         Totals (carry to Part II, line (5))       887, 668.       536, 298.       351, 370.       64, 622.       497, 297.       351, 3         Part III       Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)       (1) STMT 2       (2)       (2)       (2)       (2)       (3)       (4)       (4)       (4)       (4)       (5) Totals from Part I       887, 668.       536, 298.       351, 3       Enter here and on page 1, Part I, line 11, col. (A).       Enter here and on page 1, Part I, line 11, col. (A).       Stenden L, col. (B).       Stenden L, col. (B).       Stenden L, col. (B).       31, 3         Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 23)       3 Percent of the devoted to unrelated business       4 Compensation attributable to unrelated business         STMT 4       %       %       %		advertising		gain or (loss) (col. 2 minus col. 3). If a gain, compute			readership costs (column 6 minus column 5, but not more than
(3)	(1) STMT 1						_
(4)       Totals (carry to Part II, line (5))▶       887, 668.       536, 298.       351, 370.       64, 622.       497, 297.       351, 3         Part II       Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)       Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)         (1) STMT 2	(2)						
Totals (carry to Part II, line (5), )       887, 668.       536, 298.       351, 370.       64, 622.       497, 297.       351, 3         Part II       Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)       Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)         (1) STMT 2	(3)	) — — — ·			-		
Ime(5),▶       887,668.       536,298.       351,370.       64,622.       497,297.       351,3         Part II       Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)	(4)						
(1) STMT 2	Totals (carry to Part II,	1.	100000001			1 11 2 2 2 10 10 1	
(1) STMT 2	line (5))	887,668.	536,298.	351, 370.	64,622	497,297.	351,370
(2)     (3)     (4)     (4)       (4)     (5) Totats from Part I     887, 668.     536, 298.       Enter here and on page 1, Part I, line 11, col. (A).     Enter here and on page 1, Part I, line 11, col. (B).     State 11       Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 23)     3 Percent of time devoted to business       1     Name     2 Title     3 Percent of time devoted to business       STMT 4     %	Part II Incor colur	me From Periodic mns 2 through 7 o	als Reported on a n a line-by-line bas	Separate Basis ( sis.)	For each periodi	cal listed in Part II, fi	ll in
(3)	(1) STMT 2	1					
(4)       351,3         (5) Totals from Part 1       887,668.       536,298.         Enter here and on page 1, Part 1, line 11, col. (A).       Enter here and on page 1, Part 1, line 11, col. (B).       Enter here and on page 1, Part 1, line 11, col. (B).         (lines 1-5)▶       887,668.       536,298.       351,3         Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 23)       3 Percent of time devoted to business       4 Compensation altributable to unrelated business         1       Name       2 Title       %       %         STMT 4       %       %       %	(2)						
(5) Totats from Part I       887, 668.       536, 298.       351, 3         Enter here and on page 1, Part I, line 11, col. (A).       Enter here and on page 1, Part I, line 11, col. (B).       Enter here and on page 1, Part I, line 11, col. (B).       Enter here and on page 1, Part I, line 11, col. (B).         Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 23)       3 Percent of time devoted to business       4 Compensation attributable to unrelated business         STMT 4       %       %	(3)	1					
Enter here and on page 1, Part I, line 11, col. (A).       Enter here and on page 1, Part I line 11, col. (B).       Enter here and on page 1, Part I line 11, col. (B).         Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 23)       3 Percent of time devoted to business       4 Compensation attributable to unrelated business         STMT 4       %       %	(4)						
Totals, Part II     page 1, Part I, line 11, col. (A).     page 1, Part I, line 11, col. (B).     on page 1, Part II, line 27 351, 3       Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 23)     3 Percent of time devoted to business     4 Compensation attributable to unrelated business       STMT 4     %	(5) Totals from Part I		536,298.				351,370
Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 23)       1 Name     2 Title     3 Percent of time devoted to business     4 Compensation attributable to unrelated business       STMT 4     %       9%     %	Totals, Part II	page 1, Part I, line 11, col. (A).	page 1, Part I line 11, col. (B).				Part II, line 27,
1 Name     2 Title     3 Percent of time devoted to business     4 Compensation attributable to unrelated business       STMT 4     %       9%     %       9%     %				and Tourstoon 1			351,370
STMT 4         business         unrelated business           STMT 4         %            9         %            9         %            9         %	Schedule K - G		Officers, Directors			3 Percent of	
% % %						business	unrelated business
%	STMT 4						
%	·						
	Total Enter hare	and on page 1. Doct II	line 14			%	NON

## 84-0738973

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

	2.	3.				7.
	GROSS	DI RECT	4.	5.	б.	EXCESS
1.	ADVERTISING	ADVERTISING	ADVERTISING	CIRCULATION	READERSHIP	READERSHIP
NAME OF PERIODICAL	INCOME	COSTS	GAIN OR LOSS	INCOME.	COSTS	COSTS
*****************	222202					
NATIONAL CATTLEMEN'S MAGAZINE	507,668.	462,619.		45,951.	273,978.	
CATTLEMAN TO CATTLEMAN	360,000.	73,679.		18,671.	223, 319.	
COLUMN TOTALS	887,668.	536,298.	351,370.	64,622.	497, 297.	351,370.
	*********		***********			**********

## 84-0738973

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

	2.	3.				π.
	GROSS	DIRECT	4.	5.	6,	EXCESS
1.	ADVERTISING	ADVERTISING	ADVERTISING	CIRCULATION	READERSHIP	READERSHIP
AME OF PERIODICAL	INCOME	COSTS	GAIN OR LOSS	I NCOME	COSTS	COSTS
REFERENCESEEEEE						
PART II TOTALS						
PART I TOTALS	887,668.	536,298.				351, 370.
SCHEDULE J TOTALS	887,668.	536,298.				351, 370.
	3115228883332	***********				

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

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	0	~	0
9/30/2004	0	-	0
9/30/2005	0	-	0
9/30/2006	122,578	-	122,578
9/30/2007	21,479	10	21,479
9/30/2008		~	0
	348,892		347,103

# 84-0738973

\* \* \* \* \*

## 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.

# DO 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 <u>10/01</u>, 2007, ending <u>09/30</u>, 2008

Nam	e NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC.	Colorado Account Number
Addr		Federal Employer Identification Number
City,	State, ZIP Code	•
1	CENTENNIAL, CO 80112-3450	84-0738973
IF Y	OU DO NOT NEED A CORPORATE TAX BOOKLET MAILED TO YOU NEXT YEAR, CHECK THIS	вох
•	<ul> <li>A. Apportionment of Income. This return is being filed for:</li> <li>(42) A corporation not apportioning income;</li> <li>(43) A corporation doing an interstate business apportioning income under the Colorado I</li> <li>(44) A corporation doing an interstate business apportioning income under the Multistate (45) A corporation electing to pay a tax on its gross Colorado sales;</li> <li>X (47) Other, federal form filed <u>990T</u></li> </ul>	
1	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 el election was made in a prior year - enter the year of election here: (Attack 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 another Schedule C)	h Schedule C);
-	ROUND ALL	AMOUNTS TO THE NEAREST DOLLAR
2	Federal taxable income from Form 1120 or 1120A. Federal taxable income of companies not included in this return Net federal taxable income, line 1 minus line 2	2 .00
	Additions to federal taxable income	
5 6	Federal net operating loss deduction Colorado income tax deduction Other additions, attach explanation Total of lines 3 through 6	5 .00
	Subtractions from federal taxable income	
8 9	Exempt federal interest Excludable foreign source income	8 .00 9 .00 10 .00
11	Other subtractions, attach explanation	.00
12	Total of lines 8 through 11	12 .00
13	Total of lines 8 through 11 Modified federal taxable income, line 7 minus line 12	13 -102,744.00
14	Colorado taxable income before net operating loss deduction	-102,744.00
15		475, 29300
16	Colorado taxable income, line 14 minus line 15	16 NONE.00

1062

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

101	m 112				Page 2
17	Tax, 4.63% of the amount on line 16	121221		1.	NONE.00
18	New investment tax credit from Form 112CR		• 18	3	.00
19	Enterprise zone investment tax credit from Form 112CR			)	.00
20	Enterprise zone employee credits from Form 112CR			)	.00
21	Enterprise zone contribution credit from Form 112CR				.00
22	Other enterprise zone credits from Form 112CR			2	.00
23	Alternative fuel vehicle credit from Form 112CR			3	.00
24	Alternative fuel refueling facility credit from Form 112CR			1	.00
25	Gross conservation easement credit from Form 112CR			5	.00
26	Other credits from Form 112CR			5	.00
27	Total credits, total of lines 18 through 26				.00
28	Net tax, line 17 minus line 27			3	NONE.00
29	Recapture of prior year credits				.00
30	Total of lines 28 and 29				NONE.00
31	Estimated tax and extension payments and credits		• 3		.00
	Penalty, also include on line 35 if applicable				.00
33	Interest, also include on line 35 if applicable				.00
34	Estimated tax penalty, also include on line 35 if applicable				.00
35	If amount on line 30 exceeds amount on line 31, enter amount own				NONE.00
36	Overpayment, line 31 minus line 30				.00
37	Overpayment to be credited to estimated tax				.00
38	Overpayment to be refunded.				.00
(***	e checks payable to and mail return to the COLORADO DEPARTMENT OF R	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1.00
Na			Telephone Number	10.11.12	
	DOUG EVANS	1.20	3	03-694-0	T
	lress	City		State	ZIP
	'HE 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 adjustments in the corpora	tion's incom	ne or tax or have you	iled amended	federal income tax returns
12	at any time during the last four years? Yes No If Yes	, for which y	ear(s)?		
1.0				_	
	Did you file amended Colorado returns to reflect such changes or submit o	opies of the	Federal Agent's reports?	Yes	X No
1.	der penalties of perjury in the second degree, I declare that I have exar nplete. Declaration of preparer (other than taxpayer) is based on all inform				dge it is true, correct and
Sig	nature Date	Nar	ne and telephone numb	er of person or	firm preparing return
	CLIENT COPY	-	S&H		
Tit			33) 740-9400		
		1.51	557 740-5400		

# 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	-	66,288
9/30/2000	59,976		59,976
9/30/2001	8,795	÷	8,795
9/30/2002	69,776	8	69,776
9/30/2003		(*)	0
9/30/2004	1.20	4	0
9/30/2005	1.0		0
9/30/2006	122,578	÷ .	122,578
9/30/2007	21,479	~	21,479
9/30/2008		~	0
	488,469		475,293

STATEMENT A



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

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

Dear Terry:

Enclosed are the original and one copy of your income tax returns for the period ended September 30, 2007 for:

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

2006 990 - Return of Organization Exempt from Income Tax 2006 990-T - Exempt Organization Business Income Tax Return 2006 8879 - IRS e-file Signature Authorization 2006 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,

Ehrhandt Keefe Steiner + Hottman PC

Ehrhardt Keefe Steiner & Hottman PC

Form 990

Department of the Treasury al D

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



	e 2006 calendar year, or tax year beginning 10/01, 2006, and e		09/30/2	007
B Check if as	pplicable Please C Name of organization			dentification number
Addre		· · · · · · · · · · · · · · · · · · ·	84-0738	973
Name	t change print or type. Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone	number
Toitiat	return See 9110 E. NICHOLS AVENUE	300		4-0305
-	return Specific Instruc- City or town, state or country, and ZIP + 4		F Accounting method:	Cash X Accruai
Amer	ICENTENNIAL, CO 80112-3450		Other	(specify)
Apple pend		in the second		on 527 organizations.
	trusts must attach a completed Schedule A (Form 990 or 990-EZ).	H(a) Is this a grou		
1 march 7 -	ite: NWW. BEEF. ORG	H(b) If "Yes," ente		
	Ization type (check only one) ► X 501(c) (6. ) ◀ (insert no.) 4947(a)(1) or 527	H(c) Are all affiliate (If "No." attac	es included? h a list. See inst	ructions.) Yes No
K Check		H(d) Is this a separat	te return filed by a	
10.000	ts are normally not more than \$25,000. A return is not required, but if the organization chooses		vered by a group r	
to file	a return, be sure to file a complete return.		otion Number	
1.401	ter and the second s			anization is not required
Statement of the local division of the local	receipts: Add lines 6b, 8b, 9b, and 10b to line 12 F 69, 289, 644.		, B (Form 990, 1	990-EZ, or 990-PF).
PartI	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the in	structions.)	1.1.	
1				
	a Contributions to donor advised funds 1a		- 1	
	b Direct public support (not included on line 1a) 1b		- 1	
	c Indirect public support (not included on line 1a)		- 1	
	d Government contributions (grants) (not included on line 1a) [1d]			
	Total (add lines ta through 1d) (cash 5 noncash 5	)	1e	-
2				64,146,245.
3			3, 548, 534.	
4			295, 586.	
5		5		
6	a Gross rents		- 1	
	b Less: rental expenses	-		
	c Net rental income or (loss). Subtract line 6b from line 6a		6c	
nua 7	ease mitereliene meente Vietenite	)	7	
Kevenue		Other		
œ	than inventory		- 1	
	b Less: cost or other basis and sales expenses.		- 1	
111	c Gain or (loss) (attach schedule)			
	d Net gain or (loss). Combine line 8c, columns (A) and (B)		8d	
9		re 🕨 🛄		
1.10	a Gross revenue (not including \$ of			
	contributions reported on line 1b)		- 1	
1.1	b Less: direct expenses other than fundraising expenses			
100	c Net income or (loss) from special events. Subtract line 9b from line 9a	66424446	90	
110	a Gross sales of inventory, less returns and allowances		-	
	b Less: cost of goods sold		-	007 000
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from li			807,208
1				492,071.
12				69,289,644.
0 1:			13	
Expenses			14	
xber				
TT				70 550 505
1				70,558,635.
sets				-1,268,991.
Net Assets				9,398,904.
Vet 2				0 100 010
14	1 Net assets or fund balances at end of year. Combine lines 18, 19, and 20		. 21	8,129,913. Form 990 (2006

JSA 6E1010 2,000

Form 990				84-(	)738973	Page Z
Part II	Functional Expenses organiz			onexempt charitable tr	and (D) are required for a usts but optional for other	
Do	not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	<ul> <li>(B) Program services</li> </ul>	(C) Management and general	(D) Fundraising
22a Gran	nts paid from donor advised funds (attach schedule)					
	h \$noncash \$) his amount includes foreign grants,					
che	ck here	22a			-	
	er grants and allocations (attach schedule)					
(cas)	his amount includes foreign grants,	22b				
	ecific assistance to individuals	LLD				
	tach schedule)	23				
	nefits paid to or for members					
	ach schedule)	24				
	mpensation of current officers,				1	
	ectors, key employees, etc. listed in					
Pa	rt V-A (attach schedule)	25a	580,000.		-	
bCo	mpensation of former officers,					
	ectors, key employees, etc. listed in					
Pa	rt V-B (attach schedule)	25b				
	npensation and other distributions, not includ-	-				
	above, to disqualified persons (as defined ler section 4958(f)(1)) and persons described	1.5.1			1	
in s	ection 4958(c)(3)(B) (attach schedule)	25c				
	laries and wages of employees not					
	luded on lines 25a, b, and c	26				
	nsion plan contributions not	07	15 015			
	luded on lines 25a, b, and c	27	45,846.			
		20				
	es 25a - 27	28				
30 Pro	yroll taxes	30				
	counting fees	31				1
32 Le	gal fees	32				
	pplies	33				
	lephone	34				
35 Po	stage and shipping	35				
	cupancy	36				
	uipment rental and maintenance	37				
38 Pri	inting and publications	38				
	avel	39				
	nferences, conventions, and meetings .	40				
1 Int	erest	41				
42 De	preciation, depletion, etc. (attach schedule)	42	325,191.			
	her expenses not covered above (itemize):	41	1.2.2.2.2.2.1			
a <u>s</u> 1	MT_3	43a	69,607,598.			
b		43b				
		43c				
d		43d			1	
e		43e				
10.222		43f				-
g	tel functional automatic Add Base 00	43g				
44 To thr	tal functional expenses. Add lines 22a ough 43g. (Organizations completing umns (B)-(D), carry these totals to lines					
col	umns (B)-(D), carry these totals to lines	44	TO FEO COL			
loint C	-15)	144 J	70,558,635.			
	joint costs from a combined educational			itation reported in (P)	Drogram services?	.► Yes X No
	enter (i) the aggregate amount of these j				ocated to Program services	
	amount allocated to Management and ge				allocated to Fundraising	
		1		a second s		Form 990 (200

orm 990 (2006)	84-0738973	Page
Part III Statement of Program Service Accor	nplishments (See the instructions.)	
particular organization. How the public perceiv	and, for some people, serves as the primary or sole source o ves an organization in such cases may be determined by the e return is complete and accurate and fully describes, in Part	information presente
f clients served, publications issued, etc. Discuss	se? <b>SEE</b> STATEMENT 4 se achievements in a clear and concise manner. State the number achievements that are not measurable. (Section 501(c)(3) and (4) rusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) ar (4) orgs., and 4947(a)(1) trusts; but optional for others.)
	SEEF THROUGH CONSUMER MARKETING	
(Grants and allocations \$	) If this amount includes foreign grants, check here 🕨	
TO PROMOTE THE COMMON BUSINESS INDUSTRY IN THE UNITED STATES.		
(Grants and allocations \$	) If this amount includes foreign grants, check here 🕨	
	TIVITIES IN COMPLIANCE WITH THE	
(Grants and allocations \$	) If this amount includes foreign grants, check here 🕨	
d	) If this amount includes foreign grants, check here ►	
d (Grants and allocations \$	) If this amount includes foreign grants, check here	
d		

Form 990 (2006)

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Note:	Where required, attached schedules and amounts within the description	(A)		(B)
note.	column should be for end-of-year amounts only.	Beginning of year		(B) End of year
45	Cash - non-interest-bearing		45	
46	Savings and temporary cash investments	3, 742, 548.	46	5,547,030
1.0	to be a second			
47a	Accounts receivable	S.A. man Case	1.0	Tin Dellas
b	Less: allowance for doubtful accounts 47b 40,000.	13,777,421.	47c	11,267,718
482	Pledges receivable			
	Less: allowance for doubtful accounts		48c	
	Grants receivable		49	
50a	Receivables from current and former officers, directors, trustees, and			
	key employees (attach schedule)		50a	
b	Receivables from other disqualified persons (as defined under section		121	
122	4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
51a	Other notes and loans receivable (attach		1.000	
Ь	schedule)     51a       Less: allowance for doubtful accounts     51b		51c	
52	Inventories for sale or use	29,480.	52	28,918
53	Prepaid expenses and deferred charges	939,764.	53	306, 305
54a	Investments - publicly-traded securities , STMT, 5. • X Cost FMV	3,999,951.	54a	1,016,617
b	Investments - other securities (attach schedule) Cost FMV		54b	
55a	Investments - land, buildings, and			
	equipment: basis			
b	Less: accumulated depreciation (attach			
EC	schedule)	1 020 100	55c	1 001 505
	Land, buildings, and equipment: basis 57a 3,665,602.	1,830,168.	50	1,821,525
	Less: accumulated depreciation (attach			
	schedule)	866,829.	57c	705,915
58	Other assets, including program-related investments		1.1.1	
1.5	(describe ) STMT 7 )	130,602.	58	95,676
59	Total assets (must equal line 74). Add lines 45 through 58	25, 316, 763.	59	20,789,706
60	Accounts payable and accrued expenses	13,720,196.		11,488,106
61 62	Grants payable	2 100 620	61 62	1 100 075
5.5.1	Loans from officers, directors, trustees, and key employees (attach	2,188,638.	02	1,168,075
63 64a	schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule)	5,412.	64b	NOI
	Other liabilities (describe >)	3,613.	65	3,610
66	Total liabilities. Add lines 60 through 65	15,917,859.	66	12,659,793
Org	67 through 69 and lines 73 and 74.			
67	Unrestricted	9,398,904.	67	8,129,913
67 68 69 0rg	Temporarily restricted	5, 550, 504.	68	0,122,210
69	Permanently restricted		69	
Org	anizations that do not follow SFAS 117, check here 🕨 📃 and			
	complete lines 70 through 74.			
5 70	Capital stock, trust principal, or current funds		70	
3 71	Paid-in or capital surplus, or land, building, and equipment fund		71	
71 72 73	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must			
-	equal line 21)	9,398,904.	73	8,129,91
		21 330, 304.	1191	0,123,310

a	art IV-A Reconciliation of Revenue per Audite instructions.)	ed Financial Statement	84-073897 ts With Revenue	e per Return (See	e the
	Total revenue, gains, and other support per audited f	inancial statements			69,289,644_
b	Amounts included on line a but not on Part I, line 12:		0.0000000		
1	Net unrealized gains on investments		. b1		
2	Donated services and use of facilities				
3	Recoveries of prior year grants		b3		
4	Other (specify):				
	Add lines b1 through b4	********************		b	
с	Subtract line b from line a			C	69,289,644.
d	Amounts included on Part I, line 12, but not on line a:		1.1		
1	Investment expenses not included on Part I, line 6b .		K 2 I I I I I I I I I I I I I I I I I I		
2	Other (specify):				
	Add lines at and d2				
е	Add lines d1 and d2			d	69,289,644.
-	art IV-B Reconciliation of Expenses per Audit	ed Financial Statemer	ts With Expens	es per Return	69,289,644.
a	Total expenses and losses per audited financial stater				70,558,635.
	Amounts included on line a but not on Part I, line 17:	ileilla		· · · · · · · · · · · · · · · · · · ·	1010001000.
b 1	Donated services and use of facilities		b1		
2	Prior year adjustments reported on Part I, line 20				
3	Losses reported on Part I, line 20		•••		
4	Other (specify):				
1					
	Add lines b1 through b4			b	
С	Subtract line b from line a				70, 558, 635.
d	Amounts included on Part I, line 17, but not on line a:		1-1		
1	Investment expenses not included on Part I, line 6b .		d1		
2					
4	Other (specify):				
4	Other (specify):		d2		
	Other (specify):		d2	d	70 550 625
e	Other (specify): Add lines d1 and d2 . Total expenses (Part I, line 17). Add lines c and d .		d2	d 	70, 558, 635. director, trustee
e	Other (specify):	and Key Employees (I	List each person v	who was an officer	r, director, trustee
e	Other (specify):	and Key Employees (I r even if they were not co (B) Title and average hours per	List each person v mpensated.) (See (C) Compensation (If not paid, enter	who was an officer the instructions.) (D) Contributions to employee benefit plans & deferred	
e	Other (specify):	and Key Employees (I r even if they were not co (B)	List each person v mpensated.) (See	who was an officer the instructions.) (0) Contributions to employee	(E) Expense account
e	Other (specify):	and Key Employees (I r even if they were not co (B) Title and average hours per	List each person v mpensated.) (See (C) Compensation (If not paid, enter -0-,)	who was an officer the instructions.) (0) Contributions to employee benefit plans & deferred compensation plans	<ul> <li>director, trustee</li> <li>(E) Expense account and other allowance</li> </ul>
e	Other (specify):	and Key Employees (I r even if they were not co (B) Title and average hours per	List each person v mpensated.) (See (C) Compensation (If not paid, enter	who was an officer the instructions.) (D) Contributions to employee benefit plans & deferred	<ul> <li>director, trustee</li> <li>(E) Expense account and other allowance</li> </ul>
e	Other (specify):	and Key Employees (I r even if they were not co (B) Title and average hours per	List each person v mpensated.) (See (C) Compensation (If not paid, enter -0-,)	who was an officer the instructions.) (0) Contributions to employee benefit plans & deferred compensation plans	<ul> <li>director, trustee</li> <li>(E) Expense account and other allowance</li> </ul>
e	Other (specify):	and Key Employees (I r even if they were not co (B) Title and average hours per	List each person v mpensated.) (See (C) Compensation (If not paid, enter -0-,)	who was an officer the instructions.) (0) Contributions to employee benefit plans & deferred compensation plans	<ul> <li>director, trustee</li> <li>(E) Expense account and other allowance</li> </ul>
P	Other (specify):	and Key Employees (I r even if they were not co (B) Title and average hours per	List each person v mpensated.) (See (C) Compensation (If not paid, enter -0-,)	who was an officer the instructions.) (0) Contributions to employee benefit plans & deferred compensation plans	<ul> <li>director, trustee</li> <li>(E) Expense account and other allowance</li> </ul>
e	Other (specify):	and Key Employees (I r even if they were not co (B) Title and average hours per	List each person v mpensated.) (See (C) Compensation (If not paid, enter -0-,)	who was an officer the instructions.) (0) Contributions to employee benefit plans & deferred compensation plans	<ul> <li>director, trustee</li> <li>(E) Expense account and other allowance</li> </ul>
e	Other (specify):	and Key Employees (I r even if they were not co (B) Title and average hours per	List each person v mpensated.) (See (C) Compensation (If not paid, enter -0-,)	who was an officer the instructions.) (0) Contributions to employee benefit plans & deferred compensation plans	<ul> <li>director, trustee</li> <li>(E) Expense account and other allowance</li> </ul>
e	Other (specify):	and Key Employees (I r even if they were not co (B) Title and average hours per	List each person v mpensated.) (See (C) Compensation (If not paid, enter -0-,)	who was an officer the instructions.) (0) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account
e	Other (specify):	and Key Employees (I r even if they were not co (B) Title and average hours per	List each person v mpensated.) (See (C) Compensation (If not paid, enter -0-,)	who was an officer the instructions.) (0) Contributions to employee benefit plans & deferred compensation plans	<ul> <li>director, trustee</li> <li>(E) Expense account and other allowance</li> </ul>
e	Other (specify):	and Key Employees (I r even if they were not co (B) Title and average hours per	List each person v mpensated.) (See (C) Compensation (If not paid, enter -0-,)	who was an officer the instructions.) (0) Contributions to employee benefit plans & deferred compensation plans	<ul> <li>director, trustee</li> <li>(E) Expense account and other allowance</li> </ul>
e	Other (specify):	and Key Employees (I r even if they were not co (B) Title and average hours per	List each person v mpensated.) (See (C) Compensation (If not paid, enter -0-,)	who was an officer the instructions.) (0) Contributions to employee benefit plans & deferred compensation plans	<ul> <li>director, trustee</li> <li>(E) Expense account and other allowance</li> </ul>
e	Other (specify):	and Key Employees (I r even if they were not co (B) Title and average hours per	List each person v mpensated.) (See (C) Compensation (If not paid, enter -0-,)	who was an officer the instructions.) (0) Contributions to employee benefit plans & deferred compensation plans	<ul> <li>director, trustee</li> <li>(E) Expense account and other allowance</li> </ul>
e	Other (specify):	and Key Employees (I r even if they were not co (B) Title and average hours per	List each person v mpensated.) (See (C) Compensation (If not paid, enter -0-,)	who was an officer the instructions.) (0) Contributions to employee benefit plans & deferred compensation plans	<ul> <li>director, trustee</li> <li>(E) Expense account and other allowance</li> </ul>
e	Other (specify):	and Key Employees (I r even if they were not co (B) Title and average hours per	List each person v mpensated.) (See (C) Compensation (If not paid, enter -0-,)	who was an officer the instructions.) (0) Contributions to employee benefit plans & deferred compensation plans	<ul> <li>director, trustee</li> <li>(E) Expense account and other allowance</li> </ul>
e Pr	Other (specify):	and Key Employees (I r even if they were not co (B) Title and average hours per	List each person v mpensated.) (See (C) Compensation (If not paid, enter -0-,)	who was an officer the instructions.) (0) Contributions to employee benefit plans & deferred compensation plans	<ul> <li>director, trustee</li> <li>(E) Expense account and other allowance</li> </ul>

Form 990 (2006)

Form	990 (2006) 84-0738973			Page 6
Pa	rt V-A Current Officers, Directors, Trustees, and Key Employees (continued)	-	Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings			
b	Are 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, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		x
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.".	75c		×
d	If "Yes," attach a statement that includes the information described in the instructions.	75d	v	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	accour	Expense nt and opwance	other
		-0-	-0-	-0-	-0-		
		-					
		-					
		_					
		-	1		1.0		
		-					
Par	t VI Other Information (See the instructions.)					Yes	No
76	Did the organization make a change in its activities of detailed statement of each change				76		х
77	Were any changes made in the organizing or governing				77		X
	If "Yes," attach a conformed copy of the changes.						
78a	Did the organization have unrelated business gross in	come of \$1,000 or	more during th	e vear covered by			
	this return?				78a	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 su a statement	ubstantial contraction	during the yea	r? If "Yes," attach	79		x
80a	Is the organization related (other than by association common membership, governing bodies, trustees,	officers, etc., to a	ny other exem	pt or nonexempt			
b	organization?	<u>STMT_13</u>			80a	X	
81a	Enter direct and indirect political expenditures. (See line	and check wheth 81 instructions )					
	Did the organization file Form 1120 POL for this year?	or metraotorio./* * *			046	ht/	75

Form 990 (2006)

JSA

Form 990 (2006) 84-0738973				
Part VI Other Information (continued)			No	
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no cha	rge			
or at substantially less than fair rental value?	. 82a		X	
b If "Yes," you may indicate the value of these items here. Do not include this amount				
as revenue in Part I or as an expense in Part II. (See instructions in Part III.)				
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?		X		
b Did the organization comply with the disclosure requirements relating to quid pro qua contributions?		X	_	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?		X	1.1	
b If "Yes," did the organization include with every solicitation an express statement that such contributions				
gifts were not tax deductible?	846		-	
85 501(c)(4). (5), or (6) organizations. a Were substantially all dues nondeductible by members?		1	X	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?			X	
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organiza	tion			
received a waiver for proxy tax owed for the prior year.				
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				
	NE			
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		1 N/	A	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line	A 4.4 1 1 1 1 1			
to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?,	851	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 b 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	88:	-	Χ.	
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within		1		
meaning of section 512(b)(13)? If "Yes," complete Part XI	881	>	X	
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:				
	ONE			
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," at				
a statement explaining each transaction	89	) N/	8	
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			2	
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 sh	- line			
transaction?			X	
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contri g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did		-	X	
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did supporting organization, or a fund maintained by a sponsoring organization, have excess business hold				
			-	
at any time during the year?	89	N/	A	
90 a List the states with which a copy of this return is filed b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	100	Inca		
		161		
91 a The books are in care of TERRI CURTIS Telephone no. 30:		202		
Located at  9110 E. NICHOLS AVE #300 CENTENNIAL, CO. ZIP+4  8011				
b At any time during the calendar year, did the organization have an interact in or a signature or other sutharity over		Yes	No	
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)?	91		X	
		-	A.	
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.				

Form 990 (2006)

art VI	Other Information (continue					Yes No
	y time during the calendar year,			office outside c	of the United States?	91c X
	s," enter the name of the foreign on 4947(a)(1) nonexempt charite			of Form 1044	Charle hore	
	enter the amount of tax-exempt in					N/A
rt VII	Analysis of Income-Produc					N/ A
	gross amounts unless otherwise	1	ated business income		section 512, 513, or 514	(E)
cated	gross amounta amoss amoraise	(A)	(B)	(C)	(D)	Related or
Progra	am service revenue:	Business code	Amount	Exclusion code	Amount	exempt function income
	C CONTRACTS	(		-		46,239,644
and the second s	TE BEEF COUNCIL					11,492,138.
PAC	KER/PROCESSOR					1,381,710
d SPO	NSORSHIPS/MTGS					4,205,041.
ADV	ERTISING	541900	827,71	2.		
Medica	are/Medicaid payments	1. Call 1. Call				
g Fees a	and contracts from government agencies .					
Memb	pership dues and assessments					3, 548, 534
Interest	on savings and temporary cash investments			14	295, 586.	the second s
	ends and interest from securities			_		
	ental income or (loss) from real estate.					
	inanced property . ,					
b not de	ebt-financed property					
	tal income or (loss) from personal property					
	investment income			_		
	(loss) from sales of assets other than inventory			-		
	come or (loss) from special events .			-		007 000
	profit or (loss) from sales of inventory , .			-		807,208
	revenue: a					492,071
-						4321011
e						
_	tal (add columns (B), (D), and (E)) .		827,71	2.	295, 586.	68,166,346
	(add line 104, columns (B), (D), and (					69,289,644
	105 plus line 1e, Part I, should equal t					
rt VIII	Relationship of Activities	to the Acco	omplishment of E	kempt Purpos	es (See the instruction	ns.)
ne No.	Explain how each activity for which	income is re	eported in column (E)	of Part VII contrib	uted importantly to the acco	mplishment
V	of the organization's exempt purpo	ses (other the	an by providing funds fo	r such purposes).		
A	SPECIAL PROJECTS/CON	VENTIONS	AND TRADE SH	OWS UNDERTA	AKEN	
	TO PROMOTE THE BEEF	INDUSTRY				
	DUES COLLECTED TO MA	INTAIN A	ND ADVANCE TH	E BEEF INDU	JSTRY.	
2	INDUSTRY LITERATURE				10 U. I. I. I. I.	
rt IX	Information Regarding Taxa	able Subsid				
	(A) Name, address, and EIN of corporation,		(B) Percentage of Na	(C) ature of activities	(D) Total income	(E) End-of-year assets
	partnership, or disregarded entity		ownership interest			assets
_			%		-	
			%			
			%			
	Information Regarding Tra	nefore Acc	%	onal Banafit C	ontracte (See the inc	tructions 1
rt X			CONTRACT WITH FRES			
rt X	e organization, during the year, receive a					

Form 990 (2006)

	0 (2006)		and the second	the second second	84-0738		_		-	Page 9
Part	XI In is	formation Regarding 1 a controlling organiza	Fransfers To and From Co tion as defined in section	ontrolled Entitie 512(b)(13).	es. Complete	e only if th	ne or	ganization		
06			n make any transfers to a co the schedule below for eac			ction 512(I	o)(13	) of	Yes	No
	r	(A) Name, address, of each controlled entity	(B) Employer Identification Number	Descrip	C) otion of osfer	_	Ar	(D) nount of trar	sfer	
a	100		-							
b		****************	-							
c						1				
		Totals								
107			n receive any transfers from						Yes	No
		(A) Name, address, of each controlled entity	(B) Employer Identification Number	Descri	C) ption of nsfer		A	(D) mount of trai	nsfer	
a										
b										
c										
		Totals								
108			binding written contract in e s described in question 107 ;		7, 2006, cove	ring the in	teres	t,	Yes	No
Plea Sign	se	Under penalties of perjury, I d	PY	turn, including accom	is based on all info	rmation of wh				owledg
Here		Type or print name and til	tle		Date					_
		~	2. C	Date	Check if self-	Preparer's SSN or PTIN (S				
Paid	arorie	Preparer's Paul	M. Egen	08/12/08	employed 🕨		_	P003484	11	
-	arer's Only	Firm's name (or yours	0	08/12/08 NER & HOTTM		EIN Phone no.	Þ	P003484 84-0869		

FORM 990 - GENERAL EXPLANATION ATTACHMENT

FIXED ASSETS SCHEDULE FORM 990, PART IV, LINES	57A AND 57B			
DESCRIPTION	06/30/2006	ADDITIONS	DELETIONS	06/30/2007
FURNITURE & FIXTURES	2,556,449	164,220	(84,480)	2,636,189
LEASEHOLD IMPROVEMENTS	1,029,413			1,029,413
TOTAL FIXED ASSETS	3,585,862	164,219	(84,480)	3,665,602
ACCUMULATED DEPRECIATION	(2,719,033)	(325,134)	84,480	(2,959,687)
NET FIXED ASSETS	866,829			705,915
DEPRECIATION EXPENSE		325,191		

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

#### DESCRIPTION

AMOUNT

#### -----

TOTAL

3, 548, 534. 3, 548, 534.

STATEMENT 2

14

## FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL
GLOBAL MARKETING INTERNATIONAL MARKETING RESEARCH AND KNOWLEDGE MGMT INFLUENCER RELATIONS MEMBER SERVICES ASSOCIATION MARKETING GOVERNMENT AFFAIRS FEDERATION INITIATIVE BRAND STRATEGY POLITICAL EDUCATION FUND GENERAL SERVICES AND ADMIN	27,482,611. 7,459,280. 7,339,289. 8,266,336. 3,461,777. 1,215,763. 2,386,783. 551,800. 61,748. 229,405. 11,152,806.
TOTALS	69,607,598.

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15

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.

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION		BEGI NNI NG BOOK VALUE	ENDI NG BOOK VALUE
US GOVT OBLIGATION		3,999,951.	1,016,617.
	TOTALS	3,999,951.	1,016,617.

FORM 990, PART IV - INVESTMENTS - OTHER

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
INVESTMENT IN SUBSIDIARY	1,830,168.	1,821,525.
TOTALS	1,830,168.	1,821,525.

84-0738973

## FORM 990, PART IV - OTHER ASSETS

	BEGI NNI NG BOOK VALUE	ENDI NG BOOK VALUE
4	0-20000000	
	130,602.	95,676.
TOTALS	130,602.	95,676.
	TOTALS	BOOK VALUE 130,602.

## FORM 990, PART IV - DEFERRED REVENUE

DESCRIPTION	BEGI NNI NG BOOK VALUE	ENDING BOOK VALUE
DEFERRED REVENUE - SPEC PROJ	36,230.	30,879.
DEFERRED MEMBERSHIP DUES	393,876.	259,316.
DEFERRED REVENUE - TRADESHOW	603, 540.	622,305.
DEFERRED REVENUE - OTHER	313, 214.	243, 394.
DEFERRED REVENUE - USMEF	841,778.	12,183.
TOTALS	2,188,638.	1,168,077.

## FORM 990, PART IV - OTHER LIABILITIES

		BEGI NNI NG	ENDING
DESCRIPTION		BOOK VALUE	BOOK VALUE
AUTO FINANCING		3,613.	3,610.
	TOTALS	3,613.	3,610.

84-0738973

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

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
JOHN QUEEN 9110 E. NICHOLS AVENUE 300 CENTENNIAL, CO 80112-3450	PRESIDENT 1.00	NONE	NONE	NONE
PAUL HITCH 9110 E. NICHOLS AVENUE 300 CENTENNIAL, CO 80112-3450	PRESIDENT-ELECT 1.00	NONE	NONE	NONE
ANDY GROSETA 9110 E. NICHOLS AVENUE 300 CENTENNIAL, CO 80112-3450	VICE 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	POLICY DIV CHAIR 1.00	NONE	NONE	NONE
BILL DONALD	POLICY DIV VICE CHAIR 1.00	NONE	NONE	NONE

#### 84-0738973

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

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
9110 E. NICHOLS AVENUE 300 CENTENNIAL, CO 80112-3450				
GARY VOOGT 9110 E. NICHOLS AVENUE 300 CENTENNIAL, CO 80112-3450	FSBC DIV CHAIR 1.00	NONE	NONE	NONE
ALAN ALBRIGHT 9110 E. NICHOLS AVENUE 300 CENTENNIAL, CO 80112-3450	FSBC DIV VICE CHAIR 1.00	NONE	NONE	NONE
TERRY STOKES 9110 E. NICHOLS AVENUE 300 CENTENNIAL, CO 80112-3450	CHIEF EXECUTIVE OFFICER 40.00	245,000.	19,446.	NONE
RICK HUSTED 9110 E. NICHOLS AVENUE 300 CENTENNIAL, CO 80112-3450	CHIEF OPERATING OFFICER 40.00	167,500.	13,400.	NONE
SUSAN LAMBERT 9110 E. NICHOLS AVENUE 300	CHIEF FINANCIAL OFFICER 40.00	167,500.	13,000.	NONE

AHIZAJ N752

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

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	AND OTHER
		and a first of the second s		
CENTENNIAL, CO 80112-3450				
	GRAND TOTALS	580,000.	45,846.	NONE

sendersninget obsersnings derenskeret

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 FOUNDATION

 EXEMPT:
 X
 NONEXEMPT:

 RELATED
 ORGANIZATION NAME:
 NATIONAL CATTLEMEN'S ASSOCIATION PACE

 EXEMPT:
 X
 NONEXEMPT:

 RELATED
 ORGANIZATION NAME:
 NATIONAL CATTLEMEN'S ASSOCIATION PACE

ntemal Name NAT Note Diveo 2, lin Par 1 2 a b c d 3 4 5 Par 5 7 8	Total tax (see instructions) Personal holding company tax (Schedule PH (For Look-back interest included on line 1 under sectio contracts or section 167(g) for depreciation under Credit for Federal tax paid on fuels (see instr Total. Add lines 2a through 2c Subtract line 2d from line 1. If the result is le does not owe the penalty Enter the tax shown on the corporation's 2C or the tax year was for less than 12 months, Required annual payment. Enter the smalle enter the amount from line 3	T AS red to corpo of the o m 1120; on 460(b r the inc uctions ess tha  005 inc skip th er of lin he bo t owe asonal i ncome	file Form 2220 (see bration may still use corporation's income corporation's income ), line 26) included on line b)(2) for completed long-te come forecast method come forecast method come tax return (see ins in \$500, do not completed come tax return (see ins ins line and enter the au the 3 or line 4. If the co coxes below that a a penalty (see ins installment method.	I NC. Part II below for except Form 2220 to figure the a lax return, but do not a a 1 2a 2b 2c 2c 2c 2c 2c 2c 2c 2c 2c 2c	8 4 –         tions) because the IRS         e penalty. If so, enter the attach Form 2220.         1         corporation         3         e tax is zero         5         4         kip line 4,         5	e amount from page
NAT Note Dowed 2, lin Par 1 2 a b c d 3 4 5 7 7 8	Generally, the corporation is not requirant bill the corporation. However, the error of the estimated tax penalty line of Required Annual Payment Total tax (see instructions) Personal holding company tax (Schedule PH (For Look-back interest included on line 1 under section contracts or section 167(g) for depreciation under Credit for Federal tax paid on fuels (see instructions) Credit for Federal tax paid on fuels (see instructation under section 167(g) for depreciation under Credit for Federal tax paid on fuels (see instructation and the penalty	m 1120) on 460(b r the inc uctions  005 inc skip th er of lin he bo t owe asonal i ncome	file Form 2220 (see bration may still use corporation's income corporation's income ), line 26) included on line b)(2) for completed long-te come forecast method come forecast method come tax return (see ins in \$500, do not completed come tax return (see ins ins line and enter the au the 3 or line 4. If the co coxes below that a a penalty (see ins installment method.	Part II below for except Form 2220 to figure the a tax return, but <b>do not</b> a tax return, but <b>do not</b>	8 4 –         tions) because the IRS         e penalty. If so, enter the attach Form 2220.         1         corporation         3         e tax is zero         5         4         kip line 4,         5	0738973 will figure any penalty e amount from page
Note bywed 2, lin Par 1 2 a b c d 3 4 5 Par	Generally, the corporation is not requirant bill the corporation. However, the error of the estimated tax penalty line of Required Annual Payment Total tax (see instructions) Personal holding company tax (Schedule PH (For Look-back interest included on line 1 under section contracts or section 167(g) for depreciation under Credit for Federal tax paid on fuels (see instructions) Credit for Federal tax paid on fuels (see instructation under section 167(g) for depreciation under Credit for Federal tax paid on fuels (see instructation and the penalty	m 1120) on 460(b r the inc uctions  005 inc skip th er of lin he bo t owe asonal i ncome	file Form 2220 (see bration may still use corporation's income corporation's income ), line 26) included on line b)(2) for completed long-te come forecast method come forecast method come tax return (see ins in \$500, do not completed come tax return (see ins ins line and enter the au the 3 or line 4. If the co coxes below that a a penalty (see ins installment method.	Part II below for except Form 2220 to figure the a tax return, but do not a tax return, but do n	tions) because the IRS e penalty. If so, enter the attach Form 2220.	will figure any penalty e amount from page
2, lin Par 1 2 a b c d 3 4 5 Par	and bill the corporation. However, the         a and bill the estimated tax penalty line of         Required Annual Payment         Total tax (see instructions)         Personal holding company tax (Schedule PH (For         Look-back interest included on line 1 under sector         contracts or section 167(g) for depreciation under         Credit for Federal tax paid on fuels (see instr         Total. Add lines 2a through 2c         Subtract line 2d from line 1. If the result is lead does not owe the penalty         Enter the tax shown on the corporation's 20 or the tax year was for less than 12 months,         Required annual payment. Enter the smalle enter the amount from line 3         Corm 2220 even if it does not on the corporation of the corporation is using the annualized in the cor	m 1120) on 460(b r the inc uctions ess tha 	bration may still use corporation's income (corporation's income (corporation) (corporatio	Form 2220 to figure the tax return, but do not a tax return, but do not	e penalty. If so, enter the attach Form 2220.	e amount from page
1 2 a b c d 3 4 5 Par	Total tax (see instructions) Personal holding company tax (Schedule PH (For Look-back interest included on line 1 under sectio contracts or section 167(g) for depreciation under Credit for Federal tax paid on fuels (see instr Total. Add lines 2a through 2c Subtract line 2d from line 1. If the result is le does not owe the penalty Enter the tax shown on the corporation's 20 or the tax year was for less than 12 months, Required annual payment. Enter the smalle enter the amount from line 3  Reasons for Filing - Check to Form 2220 even if it does not The corporation is using the adjusted sea The corporation is using the annualized if The c	m 1120) on 460(b r the inc uctions ess tha  005 inc skip th er of lin  he bo t owe asonal i ncome	), line 26) included on line (2) for completed long-te (3) for completed long-te (4) come forecast method (5)	a1 2a 2b 2c 2c 2c 2c 2c 2c 2c 2c 2c 2c	corporation         3           e tax is zero         4           5         4           kip line 4,         5	
2 a b c d 3 4 5 Par	Personal holding company tax (Schedule PH (For Look-back interest included on line 1 under sectio contracts or section 167(g) for depreciation under Credit for Federal tax paid on fuels (see instr Total. Add lines 2a through 2c Subtract line 2d from line 1. If the result is le does not owe the penalty Enter the tax shown on the corporation's 20 or the tax year was for less than 12 months, Required annual payment. Enter the smalle enter the amount from line 3 Reasons for Filing - Check to Form 2220 even if it does not The corporation is using the adjusted sea The corporation is using the annualized i The corporation is using the annualized i	m 1120) on 460(b r the inc uctions ess tha  005 inc skip th er of lin  he bo t owe asonal i ncome	), line 26) included on line (2) for completed long-te (3) for completed long-te (4) come forecast method (5)	a1 2a 2b 2c 2c 2c 2c 2c 2c 2c 2c 2c 2c	corporation         3           e tax is zero         4           5         4           kip line 4,         5	
2 a b c d 3 4 5 Par	Personal holding company tax (Schedule PH (For Look-back interest included on line 1 under sectio contracts or section 167(g) for depreciation under Credit for Federal tax paid on fuels (see instr Total. Add lines 2a through 2c Subtract line 2d from line 1. If the result is le does not owe the penalty Enter the tax shown on the corporation's 20 or the tax year was for less than 12 months, Required annual payment. Enter the smalle enter the amount from line 3 Reasons for Filing - Check to Form 2220 even if it does not The corporation is using the adjusted sea The corporation is using the annualized i The corporation is using the annualized i	m 1120) on 460(b r the inc uctions ess tha  005 inc skip th er of lin  he bo t owe asonal i ncome	), line 26) included on line (2) for completed long-te (3) for completed long-te (4) come forecast method (5)	a1 2a 2b 2c 2c 2c 2c 2c 2c 2c 2c 2c 2c	corporation         3           e tax is zero         4           5         4           kip line 4,         5	
b c d 3 4 5 Par	Look-back interest included on line 1 under section contracts or section 167(g) for depreciation under Credit for Federal tax paid on fuels (see instr Total. Add lines 2a through 2c	on 460(b r the inc uctions ess tha  005 inc skip th er of lin he bo t owe asonal i ncome	(2) for completed long-te come forecast method (3) (3) (4) (5) (5) (5) (5) (5) (5) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	erm 2b 2c 2c olete or file this form. The instructions). Caution: If the imount from line 3 on line orporation is required to sl	corporation         3           e tax is zero         4           5         4           kip line 4,         5	
c d 3 4 5 Par	Credit for Federal tax paid on fuels (see instr Total. Add lines 2a through 2c Subtract line 2d from line 1. If the result is lo does not owe the penalty Enter the tax shown on the corporation's 20 or the tax year was for less than 12 months, Required annual payment. Enter the smalle enter the amount from line 3 Reasons for Filing - Check to Form 2220 even if it does not The corporation is using the adjusted sea The corporation is using the annualized if The corporation is using the annualized if The corporation is a "large corporation" for	r the inc uctions ess tha 005 inc skip th er of lin he bo t owe asonal i ncome	in \$500, do not compl some tax return (see installment method.	2b 2c 2c elete or file this form. The instructions). Caution: If the mount from line 3 on line orporation is required to sl	corporation         3           e tax is zero         4           5         4           kip line 4,         5	
c d 3 4 5 Par	Credit for Federal tax paid on fuels (see instr Total. Add lines 2a through 2c Subtract line 2d from line 1. If the result is le does not owe the penalty Enter the tax shown on the corporation's 2C or the tax year was for less than 12 months, Required annual payment. Enter the smalle enter the amount from line 3 Reasons for Filing - Check the Form 2220 even if it does not The corporation is using the adjusted sea The corporation is using the annualized if The corporation is using the annualized if The corporation is a "large corporation" for	uctions ess tha 005 inc skip th er of lin he bo t owe asonal i ncome	s) come tax return (see ins nis line and enter the an the 3 or line 4. If the co oxes below that a a penalty (see ins installment method.	2c lete or file this form. The istructions). Caution: If the imount from line 3 on line orporation is required to sl apply. If any boxes	corporation         3           e tax is zero         4           5         4           kip line 4,         5	
d 3 4 5 Par	Total. Add lines 2a through 2c         Subtract line 2d from line 1. If the result is leaders not owe the penalty         does not owe the penalty         Enter the tax shown on the corporation's 20 or the tax year was for less than 12 months,         Required annual payment. Enter the smaller enter the amount from line 3         II       Reasons for Filing - Check the Form 2220 even if it does not for the corporation is using the adjusted sear The corporation is using the annualized in The corporation is using the annualized in The corporation is a "large corporation" for the corporation is a "large corporat	005 Inc skip th er of lin he bo t owe asonal i ncome	in \$500, do not compl come tax return (see ins this line and enter the ar the 3 or line 4. If the co coxes below that a a penalty (see ins installment method.	elete or file this form. The istructions). Caution: If the imount from line 3 on line orporation is required to sl	corporation         3           e tax is zero         4           5         4           kip line 4,         5	
d 3 4 5 Par	Total. Add lines 2a through 2c         Subtract line 2d from line 1. If the result is leaders not owe the penalty         does not owe the penalty         Enter the tax shown on the corporation's 20 or the tax year was for less than 12 months,         Required annual payment. Enter the smaller enter the amount from line 3         II       Reasons for Filing - Check the Form 2220 even if it does not for the corporation is using the adjusted sear The corporation is using the annualized in The corporation is using the annualized in The corporation is a "large corporation" for the corporation is a "large corporat	005 Inc skip th er of lin he bo t owe asonal i ncome	in \$500, do not compl come tax return (see ins this line and enter the ar the 3 or line 4. If the co coxes below that a a penalty (see ins installment method.	elete or file this form. The istructions). Caution: If the imount from line 3 on line orporation is required to sl	corporation         3           e tax is zero         4           5         4           kip line 4,         5	
3 4 5 Par	Subtract line 2d from line 1. If the result is la does not owe the penalty	ess tha 005 inc skip th er of lin he bo t owe asonal i ncome	in \$500, do not compl come tax return (see in: is line and enter the au ne 3 or line 4. If the co coxes below that a a penalty (see ins installment method.	elete or file this form. The instructions). Caution: If the mount from line 3 on line orporation is required to sl	corporation         3           e tax is zero         4           5         4           kip line 4,         5	
4 5 Par	does not owe the penalty         Enter the tax shown on the corporation's 20         or the tax year was for less than 12 months,         Required annual payment. Enter the smaller         enter the amount from line 3         III         Reasons for Filing - Check the         Form 2220 even if it does not         The corporation is using the adjusted seat         The corporation is using the annualized if         The corporation is a "large corporation" for	on of line skip the er of line he bo t owe asonal i ncome	toome tax return (see ins in fine and enter the and the 3 or line 4. If the co boxes below that a a penalty (see ins installment method.	apply. If any boxes	at ax is zero         3           at ax is zero         4           b 5         4           kip line 4,         5	
4 5 Par	Enter the tax shown on the corporation's 20 or the tax year was for less than 12 months, Required annual payment. Enter the smalle enter the amount from line 3 Reasons for Filing - Check th Form 2220 even if it does not The corporation is using the adjusted sea The corporation is using the annualized in The corporation is a "large corporation" for	oos inc skip th er of lin he bo t owe asonal i ncome	ome tax return (see ins nis line and enter the au the 3 or line 4. If the co oxes below that a a penalty (see ins installment method.	astructions). Caution: If the mount from line 3 on line orporation is required to sl	kip line 4, 5	
5 Par	or the tax year was for less than 12 months, Required annual payment. Enter the smalle enter the amount from line 3 Reasons for Filing - Check th Form 2220 even if it does not The corporation is using the adjusted sea The corporation is using the annualized i The corporation is a "large corporation" f	skip ther of line er of line her bot t owe asonal i ncome	nis line and enter the and be 3 or line 4. If the co oxes below that a a penalty (see ins installment method.	orporation is required to sl	5         4           kip line 4,         5	orporation must file
5 Par	Required annual payment. Enter the smalle enter the amount from line 3 Reasons for Filing - Check to Form 2220 even if it does not The corporation is using the adjusted sea The corporation is using the annualized in The corporation is a "large corporation" f	he bo t owe asonal i ncome	e 3 or line 4. If the co oxes below that a a penalty (see ins installment method.	orporation is required to sl	kip line 4,	orporation must file
Par	enter the amount from line 3 Reasons for Filing - Check t Form 2220 even if it does not The corporation is using the adjusted sea The corporation is using the annualized i The corporation is a "large corporation" f	he bo t owe asonal i	oxes below that a a penalty (see ins	apply. If any boxes	5	orporation must file
5	Reasons for Filing - Check to Form 2220 even if it does not The corporation is using the adjusted sea The corporation is using the annualized in The corporation is a "large corporation" f	he bo t owe asonal i ncome	oxes below that a a penalty (see ins	apply. If any boxes		prporation must file
	Form 2220 even if it does not The corporation is using the adjusted sea The corporation is using the annualized i The corporation is a "large corporation" f	t owe asonal i ncome	a penalty (see ins		are checked, the co	orporation must file
	The corporation is using the adjusted sea The corporation is using the annualized i The corporation is a "large corporation" f	asonal i ncome	installment method.	structions).		
	The corporation is using the annualized i The corporation is a "large corporation" f	ncome				
3	The corporation is a "large corporation" f		installment method.			
Par		igunna	this first second and frants	allerant becault an iter dates	initial as him is	
r ai	inguing the onderpayment	0 0	its first required insta	aument based on the phor	years tax.	
		T	(a)	(b)	(c)	(d)
0 1-	stalles out does dates. Fatas is action as (a) theory					1-1
(0	stallment due dates. Enter in columns (a) through the 15th day of the 4th (Form 990-PF filers:					
	se 5th month), 6th, 9th, and 12th months of the prooration's tax year				· · · · · · · · · · · · · · · · · · ·	
		1 1				
	equired installments. If the box on line 6 and/or ne 7 above is checked, enter the amounts from					
	chedule A. line 38. If the box on line 8 (but not 6					
	7) is checked, see instructions for the amounts enter. If none of these boxes are checked, enter					
	5% of line 5 above in each column. Special rules oply to corporations with assets of \$1 billion or					
m	ore (see instructions).	10		-		
					2	
	stimated tax paid or credited for each period (see structions). For column (a) only, enter the amount					
fr	om line 11 on line 15	11				-
	omplete lines 12 through 18 of one column before oing to the next column.					
12 E	nter amount, if any, from line 18 of the preceding			1		
	olumn					
	dd amounts on lines 16 and 17 of the preceding column					
	ubtract line 14 from line 13. If zero or less, enter -0-			1		1
16 If	the amount on line 15 is zero, subtract line 13 om line 14. Otherwise, enter -0-	16				
17 U	nderpayment. If line 15 is less than or equal to					
	ne 10, subtract line 15 from line 10. Then go to ne 12 of the next column. Otherwise, go to					
li	te 18	17		-		-
18 C	ne 18 verpayment. If line 10 is less than line 15					

For Paperwork Reduction Act Notice, see separate instructions. JSA 6X8005 2.000

#### Form 2220 (2006)

#### Part IV Figuring the Penalty

1			(a)	(b)	(c)	(d)
19	Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see instructions). (Form 990-PF and Form 990-T filers: Use 5th month instead of 3rd month.)	19				
0	Number of days from due date of installment on line 9 to the					
1	date shown on line 19. Number of days on line 20 after 4/15/2006 and before	20				-
ĺ	7/1/2006	21				
2	Underpayment on line 17 x Number of days on line 21 x 7% $365$	22				
3	Number of days on line 20 after 6/30/2006 and before 4/1/2007	23	_			
4	Underpayment on line 17 x Number of days on line 23 x 8%	24		u.		
5	Number of days on line 20 after 3/31/2007 and before 7/1/2007	25		-		
6	Underpayment on line 17 x Number of days on line 25 x *% , , 365	26				
7	Number of days on line 20 after 6/30/2007 and before 10/1/2007 $\hfill \hfill $	27		-		
8	Underpayment on line 17 x Number of days on line 27 x *%	28		-		
9	Number of days on line 20 after 9/30/2007 and before 1/1/2008	29			-	
0	Underpayment on line 17 x Number of days on line 29 x *% , , , 365	30				
1	Number of days on line 20 after 12/31/2007 and before 2/16/2008	31				
2	Underpayment on line 17 x Number of days on line 31 x *% 366	32			-	
3	Add lines 22, 24, 26, 28, 30, and 32	33	_			
4	Penalty. Add columns (a) through (d) of line 33. Enter the total f Form 1120-A, line 29; or the comparable line for other income ta		A CONTRACTOR OF A SAME			

\*For underpayments paid after March 31, 2007: For lines 26, 28, 30, and 32, use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form 2220 (2006)

#### Instructions for filing NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC. Form 990T - Exempt Organization Business Return for the period ended September 30, 2007

\*\*\*\*\*\*

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, 2008 with...

Internal Revenue Service Ogden, UT 84201-0027

Payment of tax... No payment of tax is required.

\*\*\*\*\*\*

Department of the Treasury	0	(and proxy tax For calendar year 2006 or other tax ye	ar begin	ning10	01 ,2006, and		2006 Open to Public Inspection
nternal Revenue Service	-	ending 09/30 .2007		See separate	instructions.	for	501(c)(3) Organizations On
A Check box if address changed		Name of organization ( Check bo	x if name	changed and see instruction	15.) D		er identification number es' trust, see instructions for
B Exempt under section						Block D or	
X 501(C)(6)	Print	NATIONAL CATTLEMEN Number, street, and room or suite no. I				04-07	20072
408(e) 220(e	or	Number, street, and fount of suite no. I	147.0.1	tox, ace page 5 or manuchon	_	84-07 Unrelate	d business activity codes
408A 530(a	1300	9110 E. NICHOLS AV	FNUE				uctions for Block E on page 9.)
408A 529(a)	2	City or town, state, and ZIP code	ENOE-				
C Book value of all assets		CENTENNIAL, CO 8011	12-34	50		54190	0
at end of year	F Gro	up exemption number (See instruct				51150	0
20,789,706.	G Che	ck organization type 🕨 X 501	(c) corp	oration 501(	c) trust	401(a) tru	ust Other trus
H Describe the organ		rimary unrelated business activity.			1		100.000
During the tax year	, was the	corporation a subsidiary in an affili	ated gro	up or a parent-subsidiary	controlled group?		. Yes X N
		identifying number of the parent cor				1.565.576	
J The books are in ca	re of 🕨	TERRI CURTIS	_	Telepho	ne number 🕨 303	-694-	0305
and the second se		e or Business Income		(A) Income	(B) Expense	S	(C) Net
1 a Gross receipts or	sales						
b Less returns and allow			1c				
		ule A, line 7)	2				
		2 from line 1c	3				
		ttach Schedule D)	4a			-	
		Part II, line 17) (attach Form 4797)	4b				
		rusts	46				
		ps and S corporations (attach statement)	5				
		a survey a constant	6		-		
		come (Schedule E)	7				
		es, and rents from controlled	8			- 10	
		ection 501(c)(7), (9), or (17)	0			-	
			9				
10 Exploited exemp	t activity in	ncome (Schedule I)	10				
11 Advertising inco	me (Sched	dule J)	11	747, 442.	768.	921.	-21,479
		of the instructions; attach schedule.)	12		1001	2611	had for the
		ough 12	13	747,442.	768.	921.	-21,479
		Taken Elsewhere (See pag	ge 12				
		tributions, deductions must b					
14 Compensation of	of officers,	directors, and trustees (Schedule K)	1			14	NON
15 Salaries and way	ges					15	
17 Bad debts						17	1
							1
19 Taxes and licens	es					19	
		See page 14 of the instructions for I				and the second s	
21 Depreciation (at	tach Form	4562)		21	NON		
		on Schedule A and elsewhere on re				22b	NON
	1.1.1.1					23	
23 Depletion	deferred	compensation plans				24	
23 Depletion 24 Contributions to		s				25	
<ul><li>23 Depletion</li><li>24 Contributions to</li><li>25 Employee beneficial</li></ul>	fit program			**********	*******	26	
23 Depletion 24 Contributions to 25 Employee bene 26 Excess exempt	fit program: expenses (	Schedule I)		***********	*****	27	
23 Depletion 24 Contributions to 25 Employee benef 26 Excess exempt 27 Excess readersh	fit program: expenses ( hip costs (S	ichedule J)	• • • •			28	
23 Depletion 24 Contributions to 25 Employee benef 26 Excess exempt 27 Excess readersh 28 Other deduction	fit programs expenses ( hip costs (S his (attach s	ichedule J)				20	1001
23 Depletion 24 Contributions to 25 Employee benef 26 Excess exempt 27 Excess readersh 28 Other deduction 29 Total deduction	fit programs expenses (3 nip costs (S ns (attach s s. Add line	schedule J) schedule)				29	
23 Depletion 24 Contributions to 25 Employee benef 26 Excess exempt 27 Excess readersh 28 Other deduction 29 Total deduction 30 Unrelated busin	fit programs expenses (S nip costs (S ns (attach s s. Add line ess taxabl	ichedule J) schedule) es 14 through 28 e income before net operating loss	deduci	tion. Subtract line 29 from	line 13	29 30	-21,479
23 Depletion 24 Contributions to 25 Employee benef 26 Excess exempt 27 Excess readersh 28 Other deduction 29 Total deduction 30 Unrelated busin 31 Net operating to	fit programs expenses ( ip costs (S is (attach s s. Add line ess taxabl oss deducti	ichedule J) schedule) es 14 through 28 e income before net operating loss ion (limited to the amount on line 30	s deduct	tion. Subtract line 29 from	ine 13	29 30 31	-21,479 325,624
<ul> <li>23 Depletion</li> <li>24 Contributions to</li> <li>25 Employee benel</li> <li>26 Excess exempt of</li> <li>27 Excess readersh</li> <li>28 Other deduction</li> <li>29 Total deduction</li> <li>30 Unrelated busin</li> <li>31 Net operating lo</li> <li>32 Unrelated busin</li> </ul>	fit programs expenses (3 nip costs (S ns (attach s s. Add line ess taxabl oss deducti ess taxabl	ichedule J) schedule) es 14 through 28 e income before net operating loss ion (limited to the amount on line 30 e income before specific deduction	s deduct 0)	tion. Subtract line 29 from	i line 13	29 30 31 32	NON -21,479 325,624 -347,103
<ul> <li>23 Depletion</li> <li>24 Contributions to</li> <li>25 Employee beneficities</li> <li>26 Excess exemptor</li> <li>27 Excess readershing</li> <li>28 Other deduction</li> <li>29 Total deduction</li> <li>30 Unrelated busin</li> <li>31 Net operating to</li> <li>32 Unrelated busin</li> <li>33 Specific deduction</li> </ul>	fit programs expenses (3 nip costs (S s. (attach s s. Add line ess taxabl oss deductions taxabl on (Gener	ichedule J) schedule) es 14 through 28 e income before net operating loss ion (limited to the amount on line 30 e income before specific deduction rally \$1,000, but see line 33 instruc	s deduct 0) n. Subtra	tion. Subtract line 29 from act line 31 from line 30 r exceptions.)	i line 13	29 30 31 32	-21,479 325,624
<ul> <li>23 Depletion</li> <li>24 Contributions to</li> <li>25 Employee beneficities</li> <li>26 Excess exemptor</li> <li>27 Excess readership</li> <li>28 Other deduction</li> <li>29 Total deduction</li> <li>30 Unrelated busin</li> <li>31 Net operating lo</li> <li>32 Unrelated busin</li> <li>33 Specific deduction</li> <li>34 Unrelated busin</li> </ul>	fit programs expenses (1 nip costs (S s. (attach s s. Add line ess taxabl oss deducti ess taxabl ion (Gener ness taxabl	ichedule J) schedule) es 14 through 28 e income before net operating loss ion (limited to the amount on line 30 e income before specific deduction	s deduct 0) . Subtra tions for ne 32. I	tion. Subtract line 29 from act line 31 from line 30 rexceptions.) f line 33 is greater than li	i line 13	29 30 31 32 33	-21,479 325,624 -347,103

Part I	Tax Computation	84-0738	3973	Page 2
And a second		1 1		
	rganizations Taxable as Corporations. See instructions for tax computation on page 15. ontrolled group members (sections 1561 and 1563) check here See instructions and			
	nter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):			
(1				
	nter organization's share of: (1) Additional 5% tax (not more than \$11.750)			
	) Additional 3% tax (not more than \$100,000)			
		► 35c		
36 T	come tax on the amount on line 34			
	e amount on line 34 from: Tax rate schedule or Schedule D (Form 1041)	▶ 36		
	같다. 그 것 같은 것			
	roxy tax. See page 16 of the instructions			
39 T	ternative minimum tax	38		-
Part	45 I IS			
College College				
	ther credits (see page 17 of the instructions)			
c G				
L	Form 3800 Form(s) (specify) Form(s) (specify)			
	redit for prior year minimum tax (attach Form 8801 or 8827)	-		
	otal credits. Add lines 40a through 40d	40e		
1 S	ubtract line 40e from line 39	41		
2 0	ther taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach sche	dule), 42		
3 T	otal tax. Add lines 41 and 42	43		
14a P	ayments: A 2005 overpayment credited to 2006 ,			
b 2	006 estimated tax payments 44b			
c T	ax deposited with Form 8868			
dF	preign organizations: Tax paid or withheld at source (see instructions)			
e B	ackup withholding (see instructions)			
FC	redit for federal telephone excise tax paid (attach Form 8913)			
	ther credits and payments: Form 2439			
- [	Form 4136 Other Total ► 44g			
45 T	otal payments. Add lines 44a through 44g	45		
	stimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached			
	ax due. If line 45 is less than the total of lines 43 and 46, enter amount owed			NON
	verpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid			NON
	nter the amount of line 48 you want: Credited to 2007 estimated tax F			NON
Part	Statements Regarding Certain Activities and Other Information (see instr	uctions on pa	age 18)	HOL
_	t any time during the 2006 calendar year, did the organization have an interest in or a signature or other auth		Ye	s No
	ver a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to fil		10	5 110
	TO F 00 00 1 KVES onter the name of the family sounds, here b			x
	uring the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a l	ionaign trust?		X
	YES, see page 5 of the instructions for other forms the organization may have to file.	oreign trustr .	····	-
				1
	nter the amount of tax-exempt interest received or accrued during the tax year <b>\$</b>			-
		1.1		
1 Ir	iventory at beginning of year . 1 6 Inventory at end of year	6		
	urchases			
3 C	ost of labor	the second se		1
3 C 4a A	dditional section 263A costs Part I, line 2,			
3 C 4a A (a	dditional section 263A costs     Part I, line 2,       attach schedule)     4a       8     Do the rules of section 263A (with rules of section 263A)	espect to	Ye	s No
3 C 4a A (i b C	dditional section 263A costs     Part I, line 2       attach schedule)     4a       ther costs (attach schedule)     4b   Part I, line 2,	espect to esale) apply	100	s No
3 C 4a A (i b C	dditional section 263A costs     Part I, line 2       attach schedule)     4a       ther costs (attach schedule)     4b       otal. Add lines 1 through 4b     5	respect to esale) apply		N/A
3 C 4a A (4 b C 5 T	dditional section 263A costs       4a       Part I, line 2,         attach schedule)       4a       B       Do the rules of section 263A (with rul	respect to esale) apply		N/A
3 C 4a A (4 b C 5 T	dditional section 263A costs       4a       Part I, line 2,         attach schedule)       4b       Boothe rules of section 263A (with reproperty produced or acquired for retorn to the organization?         under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the corganization of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	respect to esale) apply ne best of my kn	owledge and belief	N/A it is tru
3 C 4a A (i 5 T Sign	dditional section 263A costs       4a       Part I, line 2,         attach schedule)       4a       B       Do the rules of section 263A (with rul	respect to esale) apply ne best of my kn May the IF		N/A ; it is tru turn with
3 C 4a A (i 5 T Sign	dditional section 263A costs       4a       Part I, line 2,	respect to esale) apply ne best of my kn May the IF	owledge and belief RS discuss this rel rer shown below (	N/A ; it is tru turn with
3 C 4a A (a 5 T Sign Here	dditional section 263A costs attach schedule)       4a       Part I, line 2,	respect to esale) apply he best of my kn May the IF the preparinstruction	owledge and belief RS discuss this re- rer shown below (	N/A ; it is tru turn with see No
3 C 4a A (i b C 5 T Sign Here Paid	dditional section 263A costs       4a       Part I, line 2,	May the IF the prepare	owledge and belief RS discuss this rei rer shown below ( s)? X Yes	N/A ; it is tru turn with see No
3 C 4 a A (4 5 T Sign Here	dditional section 263A costs       4a       Part I, line 2,	May the IF the prepare	owledge and belief RS discuss this re- rer shown below (s)? X Yes arer's SSN or PTIN 200348411	N/A ; it is tru turn with see No

#### Form 990-T (2006)

84-0738973

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions on page 20)

1 Description of property

(2)									
(3)				_					
(4)									
the second se	2 Rent received or	accrued			1				
(a) From personal property (if the for personal property is more th more than 50%	rom real and personal property (if the age of rent for personal property exceeds if the rent is based on profit or income)			3 Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)					
(1)									
(2)	1	1							
(3)				- 1					
(4)									
Total		Total							
Total income. Add totals of colu here and on page 1, Part I, line 6	6, column (A)					Total deductions. here and on page line 6, column (B)	1, Part I,		
Schedule E - Unrelated D	Debt-Financed I	ncome (se	e instructions on page	ge 20					
1 Description of de	ebt-financed property		2 Gross income from allocable to debt-finance			debt-financed	property	or allocable to	
		property			schedule)		attach schedule)		
(1)									
(2)									
(3)									
(4)		_							
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	acquisition debt on or or allocable to ocable to debt-financed debt-financed property					s income reportable mn 2 x column 6)		8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(5)									
(4)				%	Enter here a	nd on page 1	Entert	sere and on page 1	
(4) Totals Total dividends-received deduc	tions included in c	ies, and R	ents From Contro	%	Part I, line 7, Organizati		Part I,	nere and on page 1, line 7, column (B). n page 21)	
(4) Totals Total dividends-received deduc	tions included in c	ies, and R		%	Part I, line 7, Organizati	column (A).	Part I,	line 7, column (B).	
(4)	tions included in c	ies, and R	ents From Contro	%	Part I, line 7, Organizati	column (A).	Part I, ctions or 4 that is pontrolling	line 7, column (B).	
(4) Totals Total dividends-received deduc Schedule F - Interest, An 1 Name of Controlled Organization	tions included in conuities, Royalti	ies, and R	ents From Control xempt Controlled Or 3 Net unrelated income	%	Part I, line 7, Organizations	column (A).	Part I, ctions or 4 that is pontrolling	n page 21) 6 Deductions direct	
(4) Totals Total dividends-received deduc Schedule F - Interest, An 1 Name of Controlled Organization	tions included in conuities, Royalti	ies, and R	ents From Control xempt Controlled Or 3 Net unrelated income	%	Part I, line 7, Organizations	column (A).	Part I, ctions or 4 that is pontrolling	n page 21) 6 Deductions direct	
(4) Totals Total dividends-received deduc Schedule F - Interest, An 1 Name of Controlled Organization (1) (2)	tions included in conuities, Royalti	ies, and R	ents From Control xempt Controlled Or 3 Net unrelated income	%	Part I, line 7, Organizations	column (A).	Part I, ctions or 4 that is pontrolling	n page 21) 6 Deductions direct	
(4) Totals Total dividends-received deduc Schedule F - Interest, An 1 Name of Controlled Organization (1) (2) (3) (4)	tions included in connuities, Royalti	ies, and R	ents From Control xempt Controlled Or 3 Net unrelated income	%	Part I, line 7, Organizations	column (A).	Part I, ctions or 4 that is pontrolling	n page 21) 6 Deductions direct	
(4) Totals Total dividends-received deduc Schedule F - Interest, An 1 Name of Controlled Organization (1) (2) (3) (4)	tions included in connuities, Royalti	ies, and R	ents From Control xempt Controlled Or 3 Net unrelated income	%	Part I, line 7, Organizations	column (A).	Part I, ctions or 4 that is pontrolling	hine 7, column (B). n page 21) 6 Deductions directions	
(4) Totals Total dividends-received deduc Schedule F - Interest, An 1 Name of Controlled Organization (1) (2) (3) (4)	tions included in connuities, Royalti	ed income	ents From Control xempt Controlled Or 3 Net unrelated income	%	Part I, line 7, Organizations otal of specified yments made	column (A).	Part I, ctions of 4 that is pontrolling ss income	hine 7, column (B). n page 21) 6 Deductions directions	
(4) Totals Total dividends-received deduc Schedule F - Interest, An 1 Name of Controlled Organization (1) (2) (3) (4) Nonexempt Controlled Orga 7 Taxable Income	tions included in contractions included in contractions 2 Employer Identification Nu Identification Nu anizations 8 Net unrelate	ed income	Pents From Control xempt Controlled Or 3 Net unrelated income (loss) (see instructions)	%	Part I, line 7, Organizations otal of specified yments made	column (A).	Part I, ctions of 4 that is pontrolling ss income	Ine 7, column (B).  n page 21)  6 Deductions direct connected with inco in column 5  1 Deductions directly nected with income in	
(4) Totals Total dividends-received deduc Schedule F - Interest, An 1 Name of Controlled Organization (1) (2) (3) (4) Nonexempt Controlled Orga 7 Taxable Income (1)	tions included in contractions included in contractions 2 Employer Identification Nu Identification Nu anizations 8 Net unrelate	ed income	Pents From Control xempt Controlled Or 3 Net unrelated income (loss) (see instructions)	%	Part I, line 7, Organizations otal of specified yments made	column (A).	Part I, ctions of 4 that is pontrolling ss income	Inne 7, columin (B).  n page 21)  6 Deductions directed with inco in column 5  1 Deductions directly nected with income in	
(4) Totals Total dividends-received deduc Schedule F - Interest, An 1 Name of Controlled Organization (1) (2) (3) (4) Nonexempt Controlled Orga 7 Taxable Income (1) (2)	tions included in contractions included in contractions 2 Employer Identification Nu Identification Nu anizations 8 Net unrelate	ed income	Pents From Control xempt Controlled Or 3 Net unrelated income (loss) (see instructions)	%	Part I, line 7, Organizations otal of specified yments made	column (A).	Part I, ctions of 4 that is pontrolling ss income	Inne 7, columin (B).  n page 21)  6 Deductions directed with inco in column 5  1 Deductions directly nected with income in	
(4) Totals Total dividends-received deduc Schedule F - Interest, An 1 Name of Controlled Organization (1) (2) (3) (4) Nonexempt Controlled Orga 7 Taxable Income (1) (2)	tions included in c nuities, Royalti 2 Employer Identification Nu inizations 8 Net unrelate	ed income	Pents From Control xempt Controlled Or 3 Net unrelated income (loss) (see instructions)	%	Part I, line 7, Organizations otal of specified yments made	column (A).	Part I, ctions of 4 that is pontrolling ss income	Inne 7, columin (B).  n page 21)  6 Deductions directed with incomin column 5  1 Deductions directly nected with income i	
(4) Totals Total dividends-received deduc Schedule F - Interest, An 1 Name of Controlled Organization (1) (2) (3) (4) Nonexempt Controlled Orga 7 Taxable Income (1) (2) (3) (3)	tions included in c nuities, Royalti 2 Employer Identification Nu inizations 8 Net unrelate	ed income	Pents From Control xempt Controlled Or 3 Net unrelated income (loss) (see instructions)	%	Part I, line 7, Organizations otal of specified yments made	column (A).	Part I, ctions or 4 that is controlling ss income 1 cor Add c Enter	Inne 7, columin (B).  n page 21)  6 Deductions directed with incomin column 5  1 Deductions directly innected with income i	

JSA 6E1630 2.000

Page 3

Page 4

# Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions on page 22)

1 Description of income		2 Amount of income	directly	Deductions actly connected tach schedule)		4 Set-asides attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)			(ditud	seriedule)			piùo con 47
(2)			1				I
(3)			1	E			-
(4)					11.		
T-4-b	A 100	Enter here and on page 1, Part I, line 9, column (A).					Enter here and on page 1, Part I, line S column (B).
Schedule I - E	xploited Exempt ns on page 22)	Activity Income, Ot	her Than Adv	ertising Incor	me		
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 from activ is not un business	vity that related	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(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.
Totals							. ert itt into zot
Schedule J - A	dvertising Incom	e (see instructions on	page 23)				
Part I Incon	ne From Periodic	cals Reported on a C	consolidated	Basis			
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (co 2 minus col. 3), a gain, compute cols. 5 through 7	If inco		6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) STMT 1							
(2)		1					
(3)							
(4)		1					
Totals (carry to Part II,	· · · · · · · · · · · · · · · · · · ·		and the second				
line (5))	747,442.	768,921.	-21,47	9.		the second se	
		cals Reported on a Son a line-by-line basis		is (For each	periodica	I listed in Part II, f	ill in
(1) STMT 2 (2)							
(3)				-			
(4)							
(5) Totals from Part I	747, 442. Enter here and on	768,921.					Enter here and
Totals, Part II (lines 1-5)►	page 1, Part I, line 11, col. (A). 747, 442.	Enter here and on page 1, Part I line 11, col. (B). 768, 921.					Enter here and on page 1, Part II, line 27,
		Officers, Directors,	and Trustees	s (see instruction	ons on pa	ae 23)	
	1 Name			2 Title		3 Percent of ime devoted to business	4 Compensation attributable to unrelated business
STMT 4						%	and a second second second
						%	
						%	
						%	
TALE INC.	and on page 1, Part II,	line d.d.					NC

#### 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	0	40,308
9/30/1999	66,288	0	66,288
9/30/2000	59,976	0	59,976
9/30/2001	8,795	0	8,795
9/30/2002	69,776	0	69,776
9/30/2003	σ.	<i>e</i> .	0
9/30/2004		0	0
9/30/2005			0
9/30/2006	122,578	-	122,578
9/30/2007	21,479	÷.	21,479
	488,469		475,293

#### 84-0738973

#### 84-0738973

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

	2.	З.				7.
	GROSS	DIRECT	4.	5.	6.	EXCESS
1,	ADVERTISING	ADVERTISING	ADVERTISING	CIRCULATION	READERSHIP	READERSHIP
NAME OF PERIODICAL	INCOME	COSTS	GAIN OR LOSS	INCOME	COSTS	COSTS
	#hadaa					
NATIONAL CATTLEMEN'S MAGAZINE	482,020.	534,375.		44,280.	186,385.	
BEEF BUSINESS BULLETIN	45, 422.	136,503.		14,463.	95,803.	
CATTLEMAN TO CATTLEMAN	220,000.	98,043.		21,528.	250,801.	
COLUMN TOTALS	747,442.	768,921.	-21,479.			
		freedoment	componentator.	canadaaaaaaa		

#### 84-0738973

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

	2.	3.				7.
	GROSS	DIRECT	4.	5.	6.	EXCESS
1.	ADVERTISING	ADVERTISING	ADVERTISING	CIRCULATION.	READERSHIP	READERSHIP
NAME OF PERIODICAL	INCOME	COSTS	GAIN OR LOSS	INCOME	COSTS	COSTS
*************						
PART II TOTALS						
PART I TOTALS	747,442.	768,921.				
SCHEDULE J TOTALS	747,442.	768,921.				
						************

84-0738973

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
JOHN QUEEN 9110 E. NICHOLS AVENUE 300 CENTENNIAL, CO 80112-3450	PRESIDENT		NONE
PAUL HITCH 9110 E. NICHOLS AVENUE 300 CENTENNIAL, CO 80112-3450	PRESIDENT-ELECT		NONE
ANDY GROSETA 9110 E. NICHOLS AVENUE 300 CENTENNIAL, CO 80112-3450	VICE PRESIDENT		NONE
LUISA MUNSEE 9110 E. NICHOLS AVENUE 300 CENTENNIAL, CO 80112-3450	TREASURER		NONE
STEVE FOGLESONG 9110 E. NICHOLS AVENUE 300 CENTENNIAL, CO 80112-3450	POLICY DIV CHAIR		NONE
BILL DONALD 9110 E. NICHOLS AVENUE 300 CENTENNIAL, CO 80112-3450	POLICY DIV VICE CHAIR		NONE
GARY VOOGT 9110 E. NICHOLS AVENUE	FSBC DIV CHAIR		NONE
		STATEMENT 3	

1647-00

84-0738973

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

BUSINESS NAME AND ADDRESS TITLE PERCENT COMPENSATION ----\_\_\_\_\_ 300 CENTENNIAL, CO 80112-3450 ALAN ALBRIGHT FSBC DIV VICE CHAIR NONE 9110 E. NICHOLS AVENUE 300 CENTENNIAL, CO 80112-3450 TERRY STOKES CHIEF EXECUTIVE OFFICER 9110 E. NICHOLS AVENUE 300 CENTENNIAL, CO 80112-3450 RICK HUSTED CHIEF OPERATING OFFICER 9110 E. NICHOLS AVENUE 300 CENTENNIAL, CO 80112-3450 SUSAN LAMBERT CHIEF FINANCIAL OFFICER 9110 E. NICHOLS AVENUE 300 CENTENNIAL, CO 80112-3450

TOTAL COMPENSATION

NONE

#### \* \* \* \* \*

#### National Cattlemen's Beef Association, Inc. Instructions for filing Form 112 Colorado State C Corporation Income Tax Return for the year ended September 30, 2007

\* \* \* \* \*

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, 2008 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) 2006 Form 112 Colorado State

1062

_	-	-	_		-	~ ~			_	_	-					
C	1	C	0	rp	0	ra	ti	on	1	nc	0	m	e	Tax	Return	٦
-		_	-		_								-			

For the tax year beginning <u>10/01</u>, 2006, ending <u>09/30</u>, 2007

Nam		Colorado Account Number
A	NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC.	•
Add	9110 E. NICHOLS AVENUE, SUITE 300 State, ZIP Code	Federal Employer Identification Number
Sich	CENTENNIAL, CO 80112-3450	84-0738973
IF Y	OU DO NOT NEED A CORPORATE TAX BOOKLET MAILED TO YOU NEXT YEAR, CHECK THIS	
-		
•	<ul> <li>A. Apportionment of Income. This return is being filed for:</li> <li>(42) A corporation not apportioning income;</li> <li>(43) A corporation doing an interstate business apportioning income under the Colorado I</li> <li>(44) A corporation doing an interstate business apportioning income under the Multistate (45) A corporation electing to pay a tax on its gross Colorado sales;</li> <li>X (47) Other, federal form filed <u>990 T</u></li> </ul>	
	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 el	ection is binding for four years.) If your
		n Schedule C);
	An affiliated group of corporations required to file a combined return. (Attach Schedule C);	An and a second s
	An affiliated group of corporations required to file a combined return that includes another	
	Schedule C)	
-	ROUND ALL	AMOUNTS TO THE NEAREST DOLLAR
1	Federal taxable income from Form 1120 or 1120A.	1
2	Federal taxable income of companies not included in this return	2 .00
3	Net federal taxable income, line 1 minus line 2	.300
	Additions to federal taxable income	
A	Federal not operating loss deduction	4 325, 624, 00
5	Federal net operating loss deduction	4 325,624.00
6	Colorado income tax deduction Other additions, attach explanation	6
7	Total of lines 3 through 6	
	Subtractions from federal taxable income	.,
8	Exempt federal interest	.00
9	Exempt federal interest Excludable foreign source income	
10		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 -21, 479. 00
14	Colorado taxable income before net operating loss deduction	14 -21, 479, 00
15	Colorado net operating loss deduction	453, 81400
16	Colorado taxable income, line 14 minus line 15	16 NONE.00

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

Form 112					Pag	e 2
17 Tax, 4.63% of the amount on line 16				17	NONE	.00
18 New investment tax credit from Form 112CR				18		.0
19 Enterprise zone investment tax credit from F				19		.0
20 Enterprise zone employee credits from Form				20		.00
21 Enterprise zone contribution credit from Forr	m 112CR			21		.00
22 Other enterprise zone credits from Form 112	CR			22		.0
23 Alternative fuel vehicle credit from Form 112	CR			23		.0
24 Alternative fuel refueling facility credit from F				24		.0
25 Gross conservation easement credit from Fo				25		.0
26 Other credits from Form 112CR				26		.0
27 Total credits, total of lines 18 through 26	11221127111			27		.0
28 Net tax, line 17 minus line 27				28	NONE	0.1
29 Recapture of prior year credits				29		.0
30 Total of lines 28 and 29				30	NONE	1.0
31 Estimated tax and extension payments and o	credits			31		.0
32 Penalty, also include on line 35 if applicable.				32		.0
33 Interest, also include on line 35 if applicable			•	33		.0
34 Estimated tax penalty, also include on line 3	5 if applicable			34		.0
35 If amount on line 30 exceeds amount on line				35	NONE	0.0
36 Overpayment, line 31 minus line 30				36		.0
37 Overpayment to be credited to estimated tax				37		.0
38 Overpayment to be refunded				38		.0
check to a one time electronic banking transaction. Y check will not be returned. If your check is rejected d	our bank account ma	y be debited as	early as the same d			you
Name	our bank account ma	y be debited as	early as the same d is, the Department o Telephone Number	f Revenue may colle	ect the payment am	you
check to a one time electronic banking transaction. Y check will not be returned. If your check is rejected d directly from your bank account electronically. C. The corporation's books are in care of: Name TERRI CURTIS	our bank account ma	y be debited as uncollected func	early as the same d is, the Department o Telephone Number	f Revenue may colle 303-694-03	oct the payment am	your
check to a one time electronic banking transaction. Y check will not be returned. If your check is rejected d directly from your bank account electronically. C. The corporation's books are in care of: Name <u>TERRI CURTIS</u> Address	our bank account ma	y be debited as	early as the same d is, the Department o Telephone Number	f Revenue may colle	ect the payment am	you
check to a one time electronic banking transaction. Y check will not be returned. If your check is rejected d directly from your bank account electronically. C. The corporation's books are in care of: Name TERRI CURTIS	our bank account ma	y be debited as uncollected func	early as the same d is, the Department o Telephone Number	f Revenue may colle 303-694-03	oct the payment am	you
check to a one time electronic banking transaction. Y check will not be returned. If your check is rejected d directly from your bank account electronically. C. The corporation's books are in care of: Name <u>TERRI CURTIS</u> Address THE COMPANY	our bank account ma lue to insufficient or t 541900	y be debited as uncollected func	early as the same d is, the Department o Telephone Number	f Revenue may colle 303-694-03	oct the payment am	your
check to a one time electronic banking transaction. Y check will not be returned. If your check is rejected d directly from your bank account electronically. C. The corporation's books are in care of: Name <u>TERRI CURTIS</u> Address <u>THE COMPANY</u> D. Business code number per federal return • E Year corporation began doing business in Colora	our bank account ma lue to insufficient or t 541900	y be debited as uncollected func	early as the same d is, the Department o Telephone Number	f Revenue may colle 303-694-03	oct the payment am	you
check to a one time electronic banking transaction. Y check will not be returned. If your check is rejected d directly from your bank account electronically. C. The corporation's books are in care of: Name <u>TERRI CURTIS</u> Address <u>THE COMPANY</u> D. Business code number per federal return • E. Year corporation began doing business in Colora F. Kind of business in detail:	our bank account ma lue to insufficient or t 541900 ado ●	y be debited as uncollected func	early as the same d is, the Department o Telephone Number	f Revenue may colle 303-694-03	oct the payment am	your
check to a one time electronic banking transaction. Y check will not be returned. If your check is rejected d directly from your bank account electronically. C. The corporation's books are in care of: Name <u>TERRI CURTIS</u> Address <u>THE COMPANY</u> D. Business code number per federal return • E. Year corporation began doing business in Colora	our bank account ma lue to insufficient or t 541900 ado ●	y be debited as uncollected func	early as the same d is, the Department o Telephone Number	f Revenue may colle 303-694-03	oct the payment am	your
check to a one time electronic banking transaction. Y check will not be returned. If your check is rejected d directly from your bank account electronically. C. The corporation's books are in care of: Name <u>TERRI CURTIS</u> Address <u>THE COMPANY</u> D. Business code number per federal return • E Year corporation began doing business in Colora F. Kind of business in detail: <u>TRADE ASSOCIATION EXEMPT</u> UNDER SECTION 501(C)(6)	our bank account ma lue to insufficient or t 541900 ado ●	v be debited as	early as the same dis, the Department o	f Revenue may colle 303-694-03 State	305 ZIP	your
check to a one time electronic banking transaction. Y check will not be returned. If your check is rejected d directly from your bank account electronically. C. The corporation's books are in care of: Name <u>TERRI CURTIS</u> Address <u>THE COMPANY</u> D. Business code number per federal return • E Year corporation began doing business in Colora F. Kind of business in detail: <u>TRADE ASSOCIATION EXEMPS</u> <u>UNDER SECTION 501(C)(6)</u> G. Has the Internal Revenue Service made any adju at any time during the last four years?	our bank account ma lue to insufficient or to 541900 ado • I Istments in the corpor Yes \ No tf	City City Cation's income of Yes, for which ye	Telephone Number	f Revenue may colle <u>303-694-03</u> State amended federal inc	act the payment am	your
check to a one time electronic banking transaction. Y check will not be returned. If your check is rejected d directly from your bank account electronically. C. The corporation's books are in care of: Name <u>TERRI CURTIS</u> Address Address <u>THE COMPANY</u> D. Business code number per federal return • E. Year corporation began doing business in Colora F. Kind of business in detail: <u>TRADE ASSOCIATION EXEMPS</u> <u>UNDER SECTION 501(C)(6)</u> G. Has the Internal Revenue Service made any adju at any time during the last four years?	iour bank account ma lue to insufficient or u 541900 ado • I I Istments in the corpor Yes INo If such changes or subm	City City City ration's income of Yes, for which ye	Telephone Number	f Revenue may colle 303-694-03 State amended federal inc s? Yes	ect the payment am	you
check to a one time electronic banking transaction. Y check will not be returned. If your check is rejected d directly from your bank account electronically. C. The corporation's books are in care of: Name TERRI CURTIS Address THE COMPANY D. Business code number per federal return • E Year corporation began doing business in Colora F. Kind of business in detail: TRADE ASSOCIATION EXEMPT UNDER SECTION 501(C)(6) G. Has the Internal Revenue Service made any adju at any time during the last four years?	our bank account ma lue to insufficient or t 541900 ado ● I I Istments in the corpor Yes □ No If such changes or subm declare that I have ex	City City City ration's income of Yes, for which yes it copies of the F	Telephone Number Telephone Number	A revenue may colle 303-694-03 State amended federal inc s? Yes S my knowledge it is	ect the payment am	you
check to a one time electronic banking transaction. Y check will not be returned. If your check is rejected d directly from your bank account electronically. C. The corporation's books are in care of: Name <u>TERRI CURTIS</u> Address <u>THE COMPANY</u> D. Business code number per federal return • E Year corporation began doing business in Colora F. Kind of business in detail: <u>TRADE ASSOCIATION EXEMPT</u> <u>UNDER SECTION 501(C)(6)</u> G. Has the Internal Revenue Service made any adju at any time during the last four years? Did you file amended Colorado returns to reflect Under penalties of perjury in the second degree, I of	our bank account ma lue to insufficient or t 541900 ado ● I I Istments in the corpor Yes □ No If such changes or subm declare that I have ex	City City City ration's income of Yes, for which yes at copies of the F camined this retu	Telephone Number Telephone Number	f Revenue may colle 303-694-03 State amended federal inc r Yes my knowledge it is knowledge.	come tax returns No true, correct and	you
check to a one time electronic banking transaction. Y check will not be returned. If your check is rejected d directly from your bank account electronically. C. The corporation's books are in care of: Name <u>TERRI CURTIS</u> Address <u>THE COMPANY</u> D. Business code number per federal return • E Year corporation began doing business in Colora F. Kind of business in detail: <u>TRADE ASSOCIATION EXEMPT</u> <u>UNDER SECTION 501(C)(6)</u> G. Has the Internal Revenue Service made any adju at any time during the last four years? Did you file amended Colorado returns to reflect Under penalties of perjury in the second degree, I of complete. Declaration of preparer (other than taxpa	our bank account ma lue to insufficient or t 541900 ado ● T stments in the corpor Yes No If such changes or subm declare that I have ex iver) is based on all in	City City City ration's income of Yes, for which yes hit copies of the F camined this return formation of whether	Telephone Number Telephone Number Telephone Number	f Revenue may colle 303-694-03 State amended federal inc r Yes my knowledge it is knowledge.	come tax returns No true, correct and	you
check to a one time electronic banking transaction. Y check will not be returned. If your check is rejected d directly from your bank account electronically. C. The corporation's books are in care of: Name <u>TERRI CURTIS</u> Address <u>THE COMPANY</u> D. Business code number per federal return • E Year corporation began doing business in Colora F. Kind of business in detail: <u>TRADE ASSOCIATION EXEMPS</u> <u>UNDER SECTION 501(C)(6)</u> G. Has the Internal Revenue Service made any adju at any time during the last four years? Did you file amended Colorado returns to reflect Under penalties of perjury in the second degree, I of complete. Declaration of preparer (other than taxpa Signature	our bank account ma lue to insufficient or t 541900 ado ● T stments in the corpor Yes No If such changes or subm declare that I have ex iver) is based on all in	City City City ration's income of Yes, for which yes it copies of the F ramined this return formation of whether Nam EKS	Telephone Number Telephone Number Telephone Number	A revenue may colle 303-694-03 State State amended federal inc 37 Yes Tyes my knowledge it is knowledge. nber of person or fir	come tax returns No true, correct and	you

#### 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	0	40,308	
9/30/1999	66,288	0	66,288	
9/30/2000	59,976	Q	59,976	
9/30/2001	8,795	o	8,795	
9/30/2002	69,776	0	69,776	
9/30/2003	14	-	0	
9/30/2004			0	
9/30/2005	-	~	0	
9/30/2006	122,578		122,578	
9/30/2007	21,479	8	21,479	
	488,469		475,293	

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