#### 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

#### "National Security and Federal Lands Protection Act", H.R 1505 July 8, 2011

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For	Ind	1371	du	alco
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- 1. Name: Gary A. Thrasher, D.V.M.
- 2. Address: [Information redacted for privacy]
- 3. Email Address: [Information redacted for privacy]
- 4. Phone Number: [Information redacted for privacy]

\* \* \* \* \*

#### For Witnesses Representing Organizations:

1. Name:

Gary A. Thrasher, D.V.M.

2. Name of Organization(s) You are Representing at the Hearing:

Arizona Cattle Growers Association (ACGA) Public Lands Council (PLC) National Cattlemen's Beef Association (NCBA)

3. Business Address:

ACGA – 1401 N. 24<sup>th</sup> Street, Ste. 4, Phoenix, AZ 85008 PLC – 1301 Pennsylvania Ave. NW, Ste. 300, Washington, DC 20004 NCBA – 1301 Pennsylvania Ave. NW, Ste. 300, Washington, DC 2004

4. Business Email Address:

[Information redacted for privacy]

5. Business Phone Number:

ACGA - 602-273-7414 PLC - 202-879-9126 NCBA - 202-879-9126 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.

Doctor of Veterinary Medicine, Ohio State Univ. '71

Bachelor of Science in Agriculture, Ohio State Univ. '67

Post grad. certif. "Beef Cattle Production," Colorado State Univ.

Post grad. certif. "Agribusiness," Harvard Univ.

Post grad. certif. "Exotic & Emerging Animal Diseases," Colorado State Univ./USDA

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.

Licensed & USDA Accredited Veterinarian in States of Arizona, New Mexico, Texas

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.

Owner: Hereford Veterinary Service, Hereford, Arizona Owner: Westlake Cattle Growers, L.L.C., Cochise, Arizona Owner: Jicara Livestock Company, Hereford, Airizona

Owner: Servicios Veterinarios Associados Hereford, S.C., Cananea, Sonora, Mexico

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

None

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

None

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

Forty years living and working at U.S. ranches along the U.S./Mexico border. (AZ, N.M., TX) Fifteen years of working at ranches in Mexico along the border. (Son., Chi., Coah., Dur., N.L., Tam., B.N.)

#### 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.

ACGA - Board of Directors, Executive Committee

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

None

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

NCBA was a member of the Coalition which filed the following petitions:

- 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, 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

Arizona Cattle Growers Association
"National Security and Federal Lands Protection Act" H.R.1505 July 8, 2011

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: ACGA, PLC and NCBA IRS Forms 990

4/27/09

Form **99**0

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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

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

21

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

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

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

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

Pa	rt IV	Balance Sheets (See the instructions.)			
N	lote:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	45	Cash—non-interest-bearing	196.350	45	203,906
	46	Savings and temporary cash investments	300,000	46	300,000
	47a	Accounts receivable			
	b	Less: allowance for doubtful accounts . 47b		47c	
	48a	Pledges receivable			
	þ	Less: allowance for doubtful accounts , 48b		48c	
	49	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		FOL	
		4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	**************************************
Ø	51a	Other notes and loans receivable (attach schedule) 51a		0000000	
Assets	<b>h</b>	schedule)		51c	
AS		Inventories for sale or use		52	
	53	Down to the second of the seco		53	
		Investments—publicly-traded securities	<del></del>	54a	
	l .	Investments—other securities (attach schedule)		54b	
	l	Investments—land, buildings, and			······································
	554	equipment: basis			
	b	Less: accumulated depreciation (attach			
	~	schedule)		55c	
	56	Investments—other (attach schedule)		56	
	57a	Land, buildings, and equipment: basis . 57a			
	l .	Less: accumulated depreciation (attach			
	1	schedule) , , , , , , , , , , , , , , , , , , ,		57c	
	58	Other assets, including program-related investments			
		(describe ►		58	
	59	Total assets (must equal line 74). Add lines 45 through 58	496,350	-	503,906
	60	Accounts payable and accrued expenses		60	2,170
	61	Grants payable		61	
ιà	62	Deferred revenue		62	· · · · · · · · · · · · · · · · · · ·
ities	63	Loans from officers, directors, trustees, and key employees (attach		63	
	645	schedule) ,		64a	
Liabi		Tax-exempt bond liabilities (attach schedule)		64b	
	65	Other liabilities (describe  )		65	
	"			7-	
	66	Total liabilities. Add lines 60 through 65		66	
	Orga	anizations that follow SFAS 117, check here ▶ □ and complete lines			
S	5.	67 through 69 and lines 73 and 74.			
<u> </u>	67	Unrestricted		67	
ā	68	Temporarily restricted , , , , , , , , , , , , , , , , , , ,		68	
ä	69	Permanently restricted , , , ,		69	······································
Net Assets or Fund Balances	Orga	anizations that do not follow SFAS 117, check here ▶ □ and complete lines 70 through 74.			
ō	70	Capital stock, trust principal, or current funds		70	
ţ	71	Paid-in or capital surplus, or land, building, and equipment fund .		71	
SSe	72	Retained earnings, endowment, accumulated income, or other funds	496,350	72	501,736
tΑ	73	Total net assets or fund balances. Add lines 67 through 69 or lines			
Š		70 through 72. (Column (A) must equal line 19 and column (B) must			
	74	equal line 21)	496,350		501,736
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	496,350	74	503,906

Pai	rt IV-A Reconciliation o instructions.)	f Revenue per Audi	ted Financial Stateme	ents With Revo	enue pe	r Retur	n (S	See the
а	Total revenue, gains, and oti	her support per audite	ed financial statements		***************************************	а		
b	Amounts included on line a l							
1	Net unrealized gains on inve			b1				
2	Donated services and use of			b2				
3	Recoveries of prior year gran			b3				
4	Other (specify):					420000		
4	• • • • • • • • • • • • • • • • • • • •		1	b4				
						b		
_	Add lines <b>b1</b> through <b>b4</b> . Subtract line <b>b</b> from line <b>a</b>					C	····	
Ç	Amounts included on Part I,							
d	•	•	i i	d1				
1	Investment expenses not inc	·		<u> </u>				
2	Other (specify):			d2				
						d		
е	Total revenue (Part I, line 1)	2) Add lines <b>c</b> and <b>d</b>				e		
			dited Financial Staten			<u> </u>	urn	
а	Total expenses and losses p	oer audited financial s	tatements			a		
b	Amounts included on line a							
1	Donated services and use o	f facilities		b1				
2	Prior year adjustments repoi			b2				
3				b3				
4								
	· · · · · · · · · · · · · · · · · · ·			b4				
	Add lines b1 through b4 .					b		
C	Subtract line b from line a	, . ,				С		
ď	Amounts included on Part I,	line 17, but not on lir	ne a:					
1	Investment expenses not inc	cluded on Part I, line (	6b	d1	~~~~			
2								
	• • • • •			d2				
	Add lines d1 and d2 , ,					d		
<u>e</u>	Total expenses (Part I, line					<u>e                                    </u>		
Pa	Current Officers, or key employee at	Directors, Trustees any time during the year	, and Key Employees ar even if they were not o	compensated.) (S	ee the in:	struction	1s.)	director, trustee,
	(A) Name and add	ress	(B) Title and average hours per	(C) Compensation (If not paid, enter	(D) Contribut	ions to emp	loyee	(E) Expense account and other allowances
			Title and average hours per week devoted to position	-0)	compen	sation plans	·····	and other bhorrande
	ye Krebs		President / Part-time					
	197 Whiskey Creek Road, W	allowa, OR 97885		0			0	0
	hn Falen		Vice Pres / Part-time					
	OB 132, Orovada, NV 89425			0			0	0
***	ice Lee		Secty/Treasurer					
	0 County Road #119, Hesper	us, CO 81326	Part-time	0			_0	0
	ff Eisenberg	~ ~ « « » » » » « « » » » » » « » » » « » » » » » » » « »	Executive Director					
13	01 Pennsylvania Ave, Washi	ngton DC 20004	20 hrs	92,730			0	0
	CONTROL OF SEA AND SECURITY OF SECURITY ON THE SECURITY OF THE VIOLENCE AND							
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			i contract of the contract of	i				7

Par	t V-A	Current Officers, Directors, Trustees	, and Key Employe	es (continued)			Yes	No	
75a		ne total number of officers, directors, and tru	ustees permitted to vo	te on organizatio	_				
	meetin	*			3				
b	employ	officers, directors, trustees, or key employ rees listed in Schedule A, Part I, or hig stors listed in Schedule A, Part II-A or ships? If "Yes," attach a statement that ide	hest compensated p	professional and other through	other independent family or business	75b		<b>√</b>	
С	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization.".								
d		ne organization have a written conflict of ir			<u> </u>	75d	469454699	<b>/</b>	
Par	t V-B	Former Officers, Directors, Trustees, and officer, director, trustee, or key employee re person below and enter the amount of comp	Key Employees That I ceived compensation o	Received Comper	nsation or Other Bendescribed below) during	the y	ear, lis	ormer st that	
		(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	accou	Exper int and lowanc	other	
							***************************************	······································	
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	***************************************	//////////////////////////////////////					<del></del>		
							т	<b>,</b>	
Par		Other Information (See the instruction	······································			150205053	Yes	No	
76	detaile	e organization make a change in its activitid statement of each change				76		<b>/</b>	
77	If "Yes	any changes made in the organizing or gov," attach a conformed copy of the change	s.	·		77			
	this re	e organization have unrelated business groturn?				78a 78b		<b>√</b>	
79	Was that	nere a liquidation, dissolution, termination, ement		tion during the ye	ear? If "Yes," attach	79		1	
	commorgania	organization related (other than by association membership, governing bodies, trustration?	ees, officers, etc., to	o any other exe	mpt or nonexempt	80a		<b>/</b>	
b		," enter the name of the organization							
	Enter o	direct and indirect political expenditures. (Se organization file Form 1120-POL for this	See line 81 instruction	ns.) , <b>81a</b>		81b		/	

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

and Financial Accounts.

art VI	Other Information (continued)						No			
c At	any time during the calendar year, did the	organization mair	ntain an office o	utside of the	United States?	91c	✓			
If "	Yes," enter the name of the foreign countr	y 🕨					_			
	ction 4947(a)(1) nonexempt charitable trust						. ▶ L			
	enter the amount of tax-exempt interest			x year	▶   92					
	Analysis of Income-Producing Ac	<del></del>		Evaluded by east	tion 512, 513, or 514	(E)				
	ter gross amounts unless otherwise		usiness income			(E) Related	or			
ated.		(A) Business code							exempt function income	
Pr	ogram service revenue:	200,7000 0000	1		7 1110 24 14	HICOIT	<del>-</del>			
· —										
		<u> </u>			***************************************					
_										
	edicare/Medicaid payments	1								
	ees and contracts from government agencie	s								
	embership dues and assessments					-				
	terest on savings and temporary cash investment	,S								
	vidends and interest from securities									
	et rental income or (loss) from real estate:					- Particular security of	o vegano			
	ebt-financed property					<u> </u>				
	ot debt-financed property					<u> </u>				
	et rental income or (loss) from personal property	<i>!</i>								
	ther investment income		<del> </del>							
	ain or (loss) from sales of assets other than inventor	у				<u> </u>				
	et income or (loss) from special events .				<del></del>	<del> </del>				
	ross profit or (loss) from sales of inventory	1								
	ther revenue: a		<b>†</b>							
·		<del>-</del>		***************************************		<b> </b>				
; i		_				<del>                                     </del>				
				<u> </u>		<u> </u>				
· _	uttotal (add asilyana (D) (D) and (C)					<del> </del>				
	ubtotal (add columns (B), (D), and (E)) otal (add line 104, columns (B), (D), and (E)	1)		100000000000000000000000000000000000000		<u> </u>				
					<u> </u>					
e: <i>Lir</i>	ne 105 plus line 1e, Part I, should equal the			nses (See ti	he instructions )					
e: <i>Lir</i> ct <b>VI</b>	Relationship of Activities to the Activities	ccomplishment	of Exempt Purp	·····			 			
e: <i>Lit</i> rt <b>VII</b> ne No	Relationship of Activities to the Activities to the Activities to the Activity for which incor	ccomplishment of the complishment of the complishment of the complex c	of Exempt Purpolumn (E) of Part V	'Il contributed			hme			
e: <i>Lir</i> rt <b>VI</b> I	Relationship of Activities to the Activities	ccomplishment of the complishment of the complishment of the complex c	of Exempt Purpolumn (E) of Part V	'Il contributed			hme			
e: <i>Lit</i> rt <b>VII</b> ne No	Relationship of Activities to the Activities to the Activities to the Activity for which incor	ccomplishment of the complishment of the complishment of the complex c	of Exempt Purpolumn (E) of Part V	'Il contributed			hmei			
e: <i>Lit</i> rt <b>VII</b> ne No	Relationship of Activities to the Activities to the Activities to the Activity for which incor	ccomplishment of the complishment of the complishment of the complex c	of Exempt Purpolumn (E) of Part V	'Il contributed			hmei			
e: <i>Lit</i> rt <b>VII</b> ne No	Relationship of Activities to the Activities to the Activities to the Activity for which incor	ccomplishment of the complishment of the complishment of the complex c	of Exempt Purpolumn (E) of Part V	'Il contributed			hmei			
e: <i>Lit</i> rt VII ne No ▼	Relationship of Activities to the Activities to the Activity for which incorrect of the organization's exempt purposes (o	ccomplishment on the is reported in continuous the intermediate than by providing the intermediate than by providing the intermediate that it is not become the intermediate that it is not become the intermediate that it is not become the intermediate that is not become the intermediate that it is not become the intermediate that	of Exempt Purp blumn (E) of Part V ling funds for such	II contributed purposes).	importantly to the		hmei			
e: <i>Lit</i> rt VII ne No ▼	Relationship of Activities to the Activities to the Activity for which incord of the organization's exempt purposes (or Information Regarding Taxable Sul	ccomplishment of the control of the	of Exempt Purpolumn (E) of Part Villing funds for such	II contributed a purposes).	instructions.)	e accomplisi				
e: <i>Lir</i> rt VII ne No V	Relationship of Activities to the Activities to the Activities to the Activity for which incorrect of the organization's exempt purposes (or the organization) (A)	ccomplishment of the is reported in continuous their than by provide the by provide their than by provide their than by provide their than by provide the by provide their than by provide the by pro	of Exempt Purpolumn (E) of Part Villing funds for such	II contributed a purposes).	importantly to the	e accomplisi	year			
e: <i>Lir</i> rt VII ne No V	Relationship of Activities to the Activities to the Activities to the Activity for which incorrectly of the organization's exempt purposes (or a line of the organization) exempt purpose (or a line of the organization) exempt purpose (or a line of	ne is reported in co ther than by provid osidiaries and Di (B) Percentage of ownership interest	of Exempt Purp blumn (E) of Part V ling funds for such	II contributed a purposes).	instructions.)	e accomplisi	year			
e: <i>Lir</i> rt VII ne No V	Relationship of Activities to the Activities to the Activities to the Activity for which incorrect of the organization's exempt purposes (or the organization) (A)	ccomplishment of the is reported in continuous their than by provide the by provide their than by provide their than by provide their than by provide the by provide their than by provide the by pro	of Exempt Purpolumn (E) of Part Villing funds for such	II contributed a purposes).	importantly to the	e accomplisi	year			

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

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

%

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

# Form **990**

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public

A	For the	e 2007 ca	elendar	year, or tax year be	ginning		, 2007, a	and ending	, 20	
В	Check if a	pplicable:	Please	C Name of organization					D Employ	er identification number
		change	use IRS label or					·		
=	Name ch		print or	Number and street (or	P,O, box	if mail is not delivered t	street addr	ress) Room/suite	E Telepho	ne number
_	nitial ret		type. See						(	) .
=	Terminat		Specific Instruc-	City or town, state or	country, a	and ZIP + 4			F Accounting	method: Cash Accrual
=	Amende		tions.	Oth	er (specify) ►					
=		on pending	• Sec	tion 501(c)(3) organiza	tions and	d 4947(a)(1) nonexem	pt charitabl	ic i	, ,	to section 527 organizations.
	фриодии	on postaning	trus	its must attach a comp	leted Sch	edule A (Form 990 or	990- <b>EZ</b> ).	1	- '	for affiliates? Yes No
G	Website	e: <b>&gt;</b>						1 ' '		er of affiliates
J	Organiz	ation type	(check o	nly one) ▶ ☐ 501(c)	( )∢(i	insert no.) 🔲 4947(a)(	1) or 🔲 52	H(c) Are all a 27 (If "No,"		ded? Yes No See instructions.)
κ	Check 1	here 🕨 🗌	if the o	rganization is not a 50	9(a)(3) sup	oporting organization a	nd its gross	H(d) Is this a	separate return	filed by an
	Tobolpha are normally flot more than \$25,000. A feed in a not reduced, but it the engagement of tobols									/ a group ruling? Yes No
*****	to tile a	return, be s	sure to file	e a complete return.					Exemption Nu	<del></del>
THE R. P. LEWIS CO., LANSING				s 6b, 8b, 9b, and 10b			***************************************	to attac	h Sch. B (Fo	he organization is <b>not</b> required orm 990, 990-EZ, or 990-PF).
P	art I	Reven	ue, Ex	penses, and Cha	inges i	n Net Assets or	Fund Ba	ilances (See t	the instruc	ctions.)
	1	Contribu	utions, s	gifts, grants, and si	milar an	nounts re <b>c</b> eived:	1 1			
	a	Contribu	utions t	o donor advised fu	nds .		1a			
	b	Direct p	ublic si	upport (not include	d on line	e 1a)		7950		
	С	Indirect	public	support (not includ	ed on lir	ne 1a) , , , .	1c			
				ntributions (grants)			1d			
	е			1a through 1d) (cas				)	. <u>1e</u>	0277
	2									
	3	Membership dues and assessments							3	212 842
	4	Interest	on sav	ings and temporary	cash ir	vestments			4	18098
	5	Dividend	ds and	interest from secur	íties .				5	·
	6a						6a			
	4			penses,			6b			
	C			me or (loss). Subtra		6b from line 6a .			6c	
e	7	Other in	vestme	nt income (describ	e 🟲	(A) Securities	<del></del>	(D) Other	)   7	······································
Revenue	<b>8</b> a			from sales of asse	ts other	(A) Securities		(B) Other		
В		than inv	•				8a			
	1			er basis and sales e	(penses,		8b			
	i			attach schedule)			8c			
	1 _	_	•	s). Combine line 8c,				_	8d	
	9			nd activities (attach so		•	gaming,	check here 🕨 L	_	
	а			(not including \$			Lool			
	١.			eported on line 1b)			9a 9b			
				penses other than					9c	
				(loss) from special				a	. 30	
	1 .			inventory, less retu			10a 10b			
	þ			goods sold , , ,			·	N- 40-	10c	
	1 C		,	oss) from sales of inve (from Part VII, line		·			11	
	11 12			Add lines 1e, 2, 3,		7 8d 9c 10c and	111			248 890
									13	25.54 V2.28
e e	13	_		ces (from line 44, c		• •				128320
Expenses	14			and general (from li					15	
Š	15 16			om line 44, column ffiliates (attach sch					16	
ш	17			s. Add lines 16 an					h	243504
······································		······································	···	······································		······································		· · · · · · · · · · · · · · · · · · ·	40	5386
set	18			icit) for the year. Si						496350
Net Assets	19 20			fund balances at b in net assets or fu					,	
Š	21			und balances at end					. 21	501736

4/20/10

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

5/12/10 5124/10 <u>ぺぴて</u>いん~ E A

**Short Form** 

Department of the Treasury

Form **990-EZ** 

Return of Organization Exempt From Income Tax

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

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

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

Open to Public

Inter	nal Revent	ue Service		The organization may have to	use a copy of this retui	rn to satisty state report	ing requireme	ents.		
ΑĪ	For the	2008 calend	ar year	, or tax year beginning	October 1	, 2008, and en	ding	Septembe	r 30	, 20 09
В	Check if ap	oplicable:	Please	C Name of organization				D Employer	identi	fication number
	Address c	hange	use IRS label or	Public Lands Council				84		0583125
	Name cha	- 1	print or	Number and street (or P.O. b	oox, if mail is not delive	red to street address)	Room/suite	E Telephone	e num	ber
	initial retu		type.	9785 Maroon Circle	raid it tilali to flot conto	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	360	( 303 )	.,	771-3500
******	Terminatio		See Specific	City or town, state or country			- 300			
	Amended		Instruc-	Centennial, CO 80112-2			- 1	F Group Ex		
	Application		tions.					Number		
	• Section	on 501(c)(3)	_	ations and 4947(a)(1) nonex npleted Schedule A (Form 9		usts must attach	1	inting methol (specify) 🕨	d: [	Cash 🛭 Accrual
1	Websit	te: ► N/A				······				janization is <b>not</b> iule B (Form 990,
J Organization type (check only one) —										
	Check ► ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.									
				ne 9 to determine gross receipt			ead of Form	990-EZ ▶	\$	217,172
	art I			enses, and Changes in			***************************************			
	1								1	4755
	1		. •	s, grants, and similar amour				1 -		47 33
	2	_		revenue including governn						004004
	3			s and assessments				3		204094
	4	Investmen	t incom	ne , , , , , , , , ,				4		8323
	5a	Gross amo	ount fro	om sale of assets other that	an inventory					
as	b	Less: cost	or oth	er basis and sales expens	es . ,	. , <u>5b</u>				
	С	Gain or (los	s) from	sale of assets other than in	ventory (Subtract li	ne 5b from line 5a) (	attach sch	edule). 5	c _	
ž	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here								
Revenue	а	Gross revenue (not including \$ of contributions reported on line 1)								
_	b			enses other than fundraisin					(critisinti	
	C			oss) from special events ar		, , ,	ne 6a\	6	c	
	7a			ventory, less returns and a				7.50	156	
	1 .					76				
	b	Less: cost			. , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·	*****	7	C	
	C			oss) from sales of inventor				,	3	
	8 9	Other reve	onue (u	escri <b>b</b> e ► \dd lines 1, 2, 3, 4, 5c, 6c	√7c and 8			/  -}	•	217172
,	<del></del>								0	11114
	10			ar amounts paid (attach so						
	11			or for members				1		420000
šės	12	Salaries, o	other co	ompensation, and employe	∍e benefits					132680
Expenses	13	Profession	nal fees	and other payments to ir	ndependent contra	actors			3	
홋	14	Occupand	y, rent	, utilities, and maintenance	a				4	39620
ш	15	Printing, p	ublicat	tions, postage, and shippir	ng				5	237
	16			(describe > Travel/Meet	ings 57730, Offic	e/Legal Exp 4760,	Gifts 106	<u>50</u> ) 1	6	73140
	17	Total exp	enses.	Add lines 10 through 16				<u>, . 🕨   1</u>	7	245677
Ŋ	18	Excess or	(defi <b>c</b> i	t) for the year (Subtract lin	ne 17 from line 9),			1	8	-28505
Assets	19			nd balances at beginning	·			888		
As				re reported on prior year's					9	501736
Net	20	Other cha	ınaes ir	net assets or fund balan	ces (attach explar	nation)		2	0	
Z	21			nd balances at end of year					1	473231
E	art II			ts. If Total assets on line 2						of Form 990-EZ.
- Bulli				See the instructions for Pa		, , , , , , , , , , , , , , , , , , , ,	·····	ginning of yea	······	(B) End of year
^	n 0	- میلادی						503906		473231
		sh, savings,				· · · · · · ·			23	., 0201
2		Land and buildings							24	
		,						503906		470004
		al assets				<i></i>				473231
_	<b>20 (000)</b> (000) (000) (000)							2170	_	, , , , , , , , , , , , , , , , , , ,
_2	7 Net	assets or	tund b	alances (line 27 of colum	n (ਖ਼) <b>must</b> agree '	with line 21)		501736	27	473231

r-orr	n 990-EZ (2008)					Page Z
	Statement of Program Service Accom	plishments (See the instr	uctions for Part I	II.)		Expenses
W/h	at is the organization's primary exempt purpose?	romote grazing on federa	l lands for livesto	ck industry	(Req	uired for 501(c)(3)
Dos	scribe what was achieved in carrying out the organiza	tion's exempt purposes. In	a clear and conci	ee manner	and	(4) organizations 4947(a)(1) trusts;
des	scribe what was achieved in carrying out the diganiza	nefited or other relevant info	rmation for each or	rogram title.	optic	onal for others.)
	· · · · · · · · · · · · · · · · · · ·					
28						
	**************************************	.,,-,-				
	(Grants \$ ) If this amount inclu-	udes foreign grants, check	here	. > 🗆	28a	
20						
23						
	**************************************				00-	
	(Grants \$ ) If this amount inclu-				29a	
30			******	~~~~	]	
		,				
	(Grants \$ ) If this amount inclu	udes foreign grants, check	here	, ▶ □	30a	
31						
	(Grants \$ ) If this amount inclu				31a	
30	Total program service expenses (add lines 28a th	rough 31s)	11010 , , , ,		32	
	Total program service expenses (add lines 20a til	Todyli 3 (a)		1 (0 - 11 - 1 -		
	art IV List of Officers, Directors, Trustees, and Key					
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contributio employee benefit	ns to nians &	(e) Expense account and
	(4, (14, 11)	devoted to position	enter -0)	deferred compe		other allowances
Sk	ye Krebs	President / Part-time				
73	654 Hwy 74, Ione, OR 97843	1 resident / r dit-time	0		0	0
	1 F-1					
	onn raien DB 132, Orovada, NV 89425	Vice Pres / Part-time	0		0	0
	······································		<u> </u>			<u> </u>
	ice Lee	Secretary/Treasurer		The state of the s		
	0 County Road #119, Hesperus, CO 81326	Part-time	0		0	0
Je	ff Eisenberg	Executive Director				
13	01 Pennsylvania Ave, Washington, DC 20004	20 hrs	92730		0	0
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Par	Other Information (Note the statement requirements in the instructions for Part VI.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		✓_
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓_
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		✓_
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ [37a] 0		190	
	Did the organization file Form 1120-POL for this year?	37b	23355230	<b>√</b>
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? If "Yes" complete Schedule I. Part II and enter the total amount involved.	38a		<u> </u>
	if res, complete defedule E, rait if and effect the total amount involved			
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities	7		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶; section 4912 ▶; section 4955 ▶			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule			
	L. Part I	40b		
_	Enter amount of tax imposed on organization managers or disqualified persons during			
·	the year under sections 4912, 4955, and 4958			
d	Enter amount of tax on line 40c reimbursed by the organization			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		<b>✓</b>
41	List the states with which a copy of this return is filed. ► None			
42a	The books are in care of ▶ American Sheep Industry Association Telephone no. ▶ (303)	) 7: 80112:	71-35 -2692	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ✓
	If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<u></u>	✓_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			136	T
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	Yes	No ✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		
	F	orm <b>99</b>	0-EZ	(2008)

Р	age	4

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

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

Form **990-EZ** 

Department of the Treasury

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

OMB No. 1545-1150

2009

Open to Public Inspection

		ue Service	<u> </u>	The organization may have to use a copy of this retain to eaterly dutie rop duting the			20	40
ΑF	or the	2009 calend	ar year,	or tax year beginning October 1 , 2009, and endin				10
<b>B</b> c	heck if a	applicable:						:]
=	ddress (	~	use IRS label or	Public Lands Council			83125	
=	lame ch	-	print or	Number and street (or P.O. box, if mail is not delivered to street address) Room/suit	te E Telephon			
=	nitial retu erminat		type. See	9785 Maroon Circle 360		303-77	71-3500	
물	mende		Specific Instruc-	City or town, state or country, and ZIP + 4	F Group E	xempti	ion	
-		on pending	tions.	Centennial, CO 80112-2692	Number			·
_	·		orazni	ations and 4947(a)(1) nonexempt charitable trusts must attach G A	ccounting Metho	od: 🔲	Cash 🗹 Ad	ccrual
	• 360		a col	acrosso ansa na se textas securitires is	Other (specify)			
					heck ► 🗹 if th	e orgal	nization is <b>no</b>	
		SALUM NI/A			equired to attach	_		
	Vebsi		/obook o		90-EZ, or 990-P			•
		empt status (	(CHECK O	zation is not a section 509(a)(3) supporting organization and its gross receipts			han \$25,000.	
K	heck	► L If th	ne organi	turn is not required, but if the organization chooses to file a return, be sure to	n file a complete	return		
	orm s	990-EZ or Fori	m 990 re	turn is not required, but if the organization chooses to line a rotality be some	n 990-F7 ▶	\$	2	06,105
		es 5b, 6b, and	/b, to iin	e 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Forn penses, and Changes in Net Assets or Fund Balances (See	the instruction			
	art I	Revent	Je, EX	ielises, and Changes in Net Assets of Fand Balances (ess			7	7956
	1	Contributi	ons, gif	ts, grants, and similar amounts received				
	2	Program s	service	evenue including government fees and contracts				194292
	3			s and assessments	· · · · ·	1		3857
	4	Investmer				<b>*</b> Value		
	5a			m sale of assets other than inventory 5a				
	b	Less: cos	t or oth	er basis and sales expenses				
4	C	: Gain or (lo	oss) froi	n sale of assets other than inventory (Subtract line 5b from line 5a)		C		
ž	6			tivities (complete applicable parts of Schedule G). If any amount is from gaming, check	k nere ► 🔲 📗			
Revenue	a			ot including \$ of contributions	135			
æ				l) <u>  6a  </u>				
	b	Less: dire	ct expe	nses other than fundraising expenses 6b				
	c	Net incon	ne or (lo	ss) from special events and activities (Subtract line 6b from line 6a)	6	ic		
	7a	Gross sal	es of in	ventory, less returns and allowances				
	l t	Less: cos	st of god	ods sold				
	0	Gross pro	ofit or (i	oss) from sales of inventory (Subtract line 7b from line 7a)		7c		
	8	Other rev			)	8		
	9	Total rev	enue.	Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<u> <b>&gt;</b>  </u>	9		206105
	10	Grants ar	nd simil	ar amounts paid (attach schedule)		10		
	11			or for members		[1		
c)				ompensation, and employee benefits		12		88220
Se	13			and other payments to independent contractors		13		43415
xnenses	14			, utilities, and maintenance		14		22391
X	15			tions, postage, and shipping	[	15		1908
	16	Other evi	nenses	(describe ► Travel/Meetings 61879, Office Exp 3447, Gifts/Donations	23620 )	16		88946
	17			Add lines 10 through 16		17		244880
	40	Evcess	r (defic	t) for the year (Subtract line 17 from line 9)		18		(38775)
Net Assets	19	Net asse	ets or fi	nd balances at beginning of year (from line 27, column (A)) (must	agree with			
Ű		end-of-v	ear figu	re reported on prior year's return)	[	19		473231
4	200			n net assets or fund balances (attach explanation)		20		
Ž	20	Not seen	te or fu	ad balances at end of year. Combine lines 18 through 20	▶ □	21		434456
Part II  Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990								0-EZ,
	U: U			(See the instructions for Part II.)	(A) Beginning of y	ear	(B) End of y	year
	<b>.</b>	Cook souis	-	investments	473	231 2	2	434456
				nivestments		2		
						2	<del></del>	
	24	Other assets	s (aescr	ibe▶	473	231 2		434456
				, , , , , , , , , , , , , , , , , , ,		2		
	26	Total liabilit	ues (de	balances (line 27 of column (B) must agree with line 21)	473	231 2	<del></del>	434456
- 2	27	Net assets	or junc	paratives (fille 21 of committy) indistaglice with mic 21)	-710		<u> </u>	

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

Part	Other Information (Note the statement requirements in the instructions for Part V.)	т.		
22	Did the appropriation are not in the previously reported to the IBSQ If "Ves." attach a detailed		Yes	No
	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
ь 36	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	35b 36		<b>✓</b>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0	90.000		
ь 38а	Did the organization file <b>Form 1120-POL</b> for this year?	37b 38a	\$1.5% (S	_ <b>-</b> /
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	Jua	44.54	SEAL O
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9	13.00		
b	Gross receipts, included on line 9, for public use of club facilities	2000		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		<b>/</b>
41	List the states with which a copy of this return is filed. ▶ None			
42a	The organization 5 books are in said of the said of th	303-77		
_	Located at ▶ 9785 Maroon Circle, Suite 360, Centennial, CO ZIP + 4 ▶	80112	2-2092	:
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		Ves	No
	account)?	42b		1
	If "Yes," enter the name of the foreign country: ▶	1		193.5
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			800.41
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<u> </u>	✓
	If "Yes," enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	•	<b>&gt;</b>
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	163	/
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		Ž
		rm 99	^ E7	<u> </u>

Part V	Section 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	e <b>ction 4947(a)(1) none</b> 7(a)(1) nonexempt chari d 51.	xempt charitabl table trusts must	e trusts only. Al answer question	I secti ns 46-	on 49b	
	Did the organization engage in direct or indirect				Υ	es No	
	candidates for public office? If "Yes," complete S			1	46		
	Did the organization engage in lobbying activities				47 48		
ь 50	Complete this table for the organization's five hig	thest compensated emplo	vees (other than o	fficers, directors, t	49b rustees	and kev	
	employees) who each received more than \$100,0	000 of compensation from	the organization.	there is none, en	ter "No	ne."	
	(a) Name and address of each employee paid more	(b) Title and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans &	(e) E	xpense unt and	
	than \$100,000	devoted to position		deferred compensation		llowances	
None			***				
				<u> </u>			
	\$100,000 of compensation from the organizatio  (a) Name and address of each independent contractor			pe of service	(c) Con	pensation	
None							
			*****				
	44-1-4						
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	**************************************				
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		****			
	Total number of other independent contractors	each receiving over \$100,	000 ▶				
	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete. Declaration	ned this return, including accomp n of preparer (other than officer) is	anying schedules and st s based on all informatio	atements, and to the bon of which preparer has	est of my s any kno	knowledge wledge.	
Sign Here	1/2/1/			3/19	///	,	
пете	Signature of officer			Date	,		
	Brice Lee, Secretary/Treasurer						
	Type or print name and title	15.	Ch-st. If	Preparer's Identifying n	umber /9^	 e instructionel	
Paid	Preparer's signature	Date	Check if self- employed ► [	Treparer s memaying n	ומחווים! <i>(</i> 26	o monuciono)	
Prepa	rer's Firm's name (or		·····	<u>-1 </u> IN ▶			
Use O				IN ► /hone no. ►			
Mav t	the IRS discuss this return with the preparer show	vn above? See instruction	~~~		☐ Yes	□ No	
<u>-</u>	The state of the s					<b>0-EZ</b> (200	



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,

Ehrhardt Keefe Steiner & Hottman PC

Ehrhardt Keefe Steiner + Hottman PC

Form 990

## Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

Department of the Treasury

-	or the 2006 calendar year, or tax year beginning 10/01, 2006, an		09/30/	
0.40	ck if applicable Please C Name of organization	ra chang		er Identification number
11	Address thange Charge NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC.		84-073	
	Name change print or Number and street (or P.O. box if mail is not delivered to street addr.		E Telepho	
	type, Initial return See 9110 E. NICHOLS AVENUE	300	V 30000000	594-0305
	Final return Specific Instruc- City or town, state or country, and ZIP + 4	1500	F Accounting	
	Amended tions. CENTENNIAL, CO 80112-3450			ner (specify)
	Application Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable	H and I are not ap		ction 527 organizations.
	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		
		27 H(c) Are all affilia		Yes No
K C	heck here   if the organization is not a 509(a)(3) supporting organization and its gr	oss (If "No," atta	ich a list. See ir	
	eceipts are normally not more than \$25,000. A return is not required, but if the organization choo	H(d) Is this a separ	ate return filed by covered by a grou	
	file a return, be sure to file a complete return.		nption Number	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			T	rganization is not required
L G	ross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 69, 289, 644			0, 990-EZ, or 990-PF).
Par			in - Contrage	il exe majer eve i i je
- Control of	1 Contributions, gifts, grants, and similar amounts received:	io injudiciono.		
	a Contributions to donor advised funds			
	c Indirect public support (not included on line 1a)			
	d Government contributions (grants) (not included on line 1a)			
	e Total (add lines 1a through 1d) (cash \$	)	1e	64 146 645
	2 Program service revenue including government fees and contracts (from Part VII, li		3	64, 146, 245
	3 Membership dues and assessments STMT. 2			3,548,534
	4 Interest on savings and temporary cash investments		. 4	295,586
	5 Dividends and interest from securities		. 5	
	6 a Gross rents		-	
	b Less: rental expenses		-	
0	c Net rental income or (loss). Subtract line 6b from line 6a ,	2,127,121,1	. 6c	
Revenue	7 Other investment income (describe	24. CO.	) 7	
ev	8 a Gross amount from sales of assets other (A) Securities	(B) Other	_	
Œ	than inventory		-	
	b Less: cost or other basis and sales expenses.			
	c Gain or (loss) (attach schedule)			
	d Net gain or (loss). Combine line 8c, columns (A) and (B)		. 8d	
	9 Special events and activities (attach schedule). If any amount is from gaming, chec	ck here 🕨 🔲	1 1	
	a Gross revenue (not including \$ of			
	contributions reported on line 1b)			
	b Less: direct expenses other than fundraising expenses	~ ~ ~ ~ ~ ~	-	
	c Net income or (loss) from special events. Subtract line 9b from line 9a		. 9c	
	10 a Gross sales of inventory, less returns and allowances		- 1	
	b Less: cost of goods sold			
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b fr			807,208
	11 Other revenue (from Part VII, line 103)			492,071
	12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			69, 289, 644
16	13 Program services (from line 44, column (B))	********	. 13	
Expenses	14 Management and general (from line 44, column (C))			
per	15 Fundraising (from line 44, column (D))		. 15	
ŭ	16 Payments to affiliates (attach schedule)		. 16	
	17 Total expenses. Add lines 16 and 44, column (A)			70,558,635
sts	18 Excess or (deficit) for the year. Subtract line 17 from line 12			-1,268,991
Net Assets	19 Net assets or fund balances at beginning of year (from line 73, column (A))			9,398,904
et A	20 Other changes in net assets or fund balances (attach explanation)			- TT - U
_	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20			8,129,913
For P	Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2006

AHI2AJ N752

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule)					
(cash \$noncash \$					
If this amount includes foreign grants, check here	22a				
22b Other grants and allocations (attach schedule)					
(cash \$noncash \$	Death.	- 1			
If this amount includes foreign grants, check here	22b				
23 Specific assistance to individuals	5.3				
(attach schedule)	23				
24 Benefits paid to or for members	50				
(attach schedule)	24				
25a Compensation of current officers,					
directors, key employees, etc. listed in					
Part V-A (attach schedule)	25a	580,000.			
b Compensation of former officers,					
directors, key employees, etc. listed in					
Part V-B (attach schedule)	25b				
C Compensation and other distributions, not includ- ed above, to disqualified persons (as defined					
under section 4958(f)(1)) and persons described					
in section 4958(c)(3)(B) (attach schedule)	25c				
26 Salaries and wages of employees not					
included on lines 25a, b, and c	26				
27 Pension plan contributions not		02.202		1	
included on lines 25a, b, and c	27	45, 846.			
28 Employee benefits not included on					
lines 25a - 27	28			+	
29 Payroll taxes	29				
The state of the s	30				
31 Accounting fees	31				
32 Legal fees	32				
	33				
Telephone,	35				-
	36				
36 Occupancy	37				
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings	40	- 10			
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	325, 191.			
43 Other expenses not covered above (itemize):	7.2	JEJ 1 11.			
a STMT 3	43a	69,607,598.		. 5	
b	43b	33/33/1/3301			
c	43c			1 1	
d	43d				
e	43e				
f	43f				
9	43g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13.15)	44	70 550 625			
Joint Costs. Check ►   if you are follow		70, 558, 635.			1
이 회사 가입니다 이 아이들은 사람이 되었다고 되어야 한 때문에 되었다면 하나 가게 하는데 되었다.			tation reported in IDV	Gragian conjects	N Dva F
Are any joint costs from a combined educational	campai	yn anu iundraising solici e ¢	(ii) the amount all	Program services?	Yes []
If "Yes," enter (i) the aggregate amount of these j (iii) the amount allocated to Management and ge					
the amount anocated to management and ge	iciai p		, and (iv) the amount	allocated to Fundraising	Form 990

Form 990 (2006)

For	n 990 (2006)	84-0738973	Page 3
Pa	rt III Statement of Program Service Accom	plishments (See the instructions.)	
For par on	m 990 is available for public inspection an	d, for some people, serves as the primary or sole source as an organization in such cases may be determined by the return is complete and accurate and fully describes, in Pa	of information about a information presented rt III, the organization's
Wh	at is the organization's primary exempt purpos	e? DSEE STATEMENT 4	Program Service
All of	organizations must describe their exempt purpose lients served, publications issued, etc. Discuss a	e achievements in a clear and concise manner. State the number inchievements that are not measurable. (Section 501(c)(3) and (4) lists must also enter the amount of grants and allocations to others.)	Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
	PROGRAMS FOR RESEARCH, EDUCATION	EEF THROUGH CONSUMER MARKETING DN, PROMOTION AND INFORMATION.	
	(Grants and allocations \$	) If this amount includes foreign grants, check here ▶	r
	INDUSTRY IN THE UNITED STATES.	INTERESTS OF THE BEEF	
	(Grants and allocations \$	) If this amount includes foreign grants, check here ▶	
	TO CONDUCT CHECKOFF FUNDED ACTI	VITIES IN COMPLIANCE WITH THE D ORDER DATED JULY 18, 1986.	
	(Grants and allocations \$	) If this amount includes foreign grants, check here	
d			
	(Grants and allocations \$	) If this amount includes foreign grants, check here	
	Other program services (attach schedule) (Grants and allocations \$	) If this amount includes foreign grants, check here ▶ equal line 44, column (B), Program services) ▶	

JSA 6E1021 2,000

1	Note:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year	ļi [	(B) End of year
	45	Cash - non-interest-bearing		45	
	46	Savings and temporary cash investments	3,742,548.	46	5,547,030.
	La Contract			100	
	47a	Accounts receivable			
	b	Less: allowance for doubtful accounts 47b 40,000.	13,777,421.	47c	11, 267, 718.
		Dis deserves trable			
		Pledges receivable		100	
		Less: allowance for doubtful accounts		48c	
	500	Grants receivable		49	
	Jua	key employees (attach schedule),		50a	
	b	Receivables from other disqualified persons (as defined under section		Sua	
		4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a	Other notes and loans receivable (attach		1000	
ssets		schedule)			
155	b	Less: allowance for doubtful accounts 51b		51c	
4		Inventories for sale or use	29,480.	52	28,918.
	53	Prepaid expenses and deferred charges	939,764.	53	306, 307.
	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			
	1	equipment: basis			
	b	Less: accumulated depreciation (attach			
		schedule)	S. Cowers et	55c	
		Investments - other (attach schedule)	1,830,168.	56	1,821,525.
		Land, buildings, and equipment: basis			
	D	Less: accumulated depreciation (attach	222 444		1262.603
	58	schedule)	866,829.	5/6	705,915.
	30	(describe >STMT_7_)	130,602.	E0	05 676
	59	Total assets (must equal line 74), Add lines 45 through 58	25, 316, 763.	59	95,676. 20,789,706.
M	60	Accounts payable and accrued expenses	13,720,196.	60	11,488,106.
	61	Grants payable	13/120/120.	61	11,400,100.
	62	Deferred revenue	2, 188, 638.	62	1,168,077.
S	63	Loans from officers, directors, trustees, and key employees (attach			
lities	THE S	schedule)		63	
Liabi	64a	Tax-exempt bond liabilities (attach schedule)		64a	
	b	Mortgages and other notes payable (attach schedule)	5, 412.	64b	NON
	65	Other liabilities (describe ►)	3,613.	65	3,610
		Tatal Bakilkina Add Bass 00 Harrack 05	AD CAN DO		THE STATE OF THE STATE OF
-	66	Total liabilities. Add lines 60 through 65	15,917,859.	66	12,659,793
	Orga	67 through 69 and lines 73 and 74.			
S	67	Unrestricted	9,398,904.	67	8,129,913
Ince	68	Temporarily restricted	9,330,304.	68	0,123,313
Sala	69	Permanently restricted		69	
DO	Orga	nizations that do not follow SFAS 117, check here			
Fur		complete lines 70 through 74.			
Net Assets or Fund Balances	70	Capital stock, trust principal, or current funds		70	
ets	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
SS	72	Retained earnings, endowment, accumulated income, or other funds		72	
of A	73	Total net assets or fund balances (add lines 67 through 69 or lines			
ž		70 through 72. (Column (A) must equal line 19 and column (B) must		1	
	1.0	equal line 21)	9,398,904.		8,129,913
	74	Total liabilities and net assets/fund balances, Add lines 66 and 73	25 316 763	74	20 789 706

Pa	art IV-A	Reconciliation of Revenue per Audited Fin instructions.)	nancial Statemen	ts With Revenue	e per Return (See	e the
a	Total rev	enue, gains, and other support per audited financi	ial statements		a	69, 289, 644.
b	Amount	s included on line a but not on Part I, line 12:		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):				
	A					
		s b1 through b4			A STATE OF THE PARTY OF THE PAR	60 200 644
C		line b from line a			<u>c</u>	69, 289, 644.
d 1		ent expenses not included on Part I, line 6b		last	1.0	
2		pecify):				
~				The state of the s	400	
	Add line	s d1 and d2			d	
е	Total re	venue (Part I, line 12). Add lines c and d			> e	69, 289, 644,
Pa	rt IV-B	Reconciliation of Expenses per Audited Fi	inancial Statemer	nts With Expens	es per Return	
a	Total ex	penses and losses per audited financial statements			a	70,558,635.
b	Amount	s included on line a but not on Part I, line 17:		6.7		
1	Donated	services and use of facilities		b1		
2	Prior yea	ar adjustments reported on Part I, line 20		b2		
3		eported on Part I, line 20				
4		pecify):				
		s b1 through b4				70 550 505
C		line b from line a			, , , с	70,558,635.
d	Amounts	s included on Part I, line 17, but not on line a:		d1		
1	Investm	ent expenses not included on Part I, line 6b	*******	01		
2	Other (s	pecify):				
	Add line				d	
е	Total ex	s d1 and d2			e	70,558,635.
P	art V-A	Current Officers, Directors, Trustees, and	Key Employees (	List each person	who was an office	, director, trustee,
		or key employee at any time during the year ever				
		(A) Name and address	(B) Title and average hours per	(C) Compensation (If not paid, enter	(D) Contributions to employee benefit plans & deferred	(E) Expense account and other allowances
		, , , , , , , , , , , , , , , , , , ,	week devoted to position	-0)	compensation plans	and other allowances
1	aaa.					
SE	E STATI	EMENT 10		580,000.	45,846.	NONE
44	111111					
			-			
_						
			-			
-						
			1			
-						
			1			
	at a table of the	المنافعة والمناف والمنافق والمراوا والأولادي والمحاوية				
20	والوطاوطا					
		* 35 36 30 30 30 30 30 30 30 30 30 30 30 30 30				
						Farm 990 (2005)

8

1647-00

9

Form 990 (2006) 84-0	738973	F	Page 7
Part VI Other Information (continued)			No
82 a Did the organization receive donated services or the use of materials, equipment,	or facilities at no charge		
or at substantially less than fair rental value?			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 applicat	ons?	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		X	
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X	
b If "Yes," did the organization include with every solicitation an express statement	that such contributions or	-	
gifts were not tax deductible?		X	
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	852		X
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	851		X
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h be received a waiver for proxy tax owed for the prior year.	low unless the organization		
	legal a run ray		
c Dues, assessments, and similar amounts from members	85c 3,548,534.		0
d Section 162(e) lobbying and political expenditures	85d 152,830.		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e 709,707.		
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f NONE		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/	A.
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add			
to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the		X	
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a N/A		
b Gross receipts, included on line 12, for public use of club facilities	86b N/A		
<ul> <li>501(c)(12) orgs. Enter: a Gross income from members or shareholders</li> <li>b Gross income from other sources. (Do not net amounts due or paid to other</li> </ul>	87a N/A	12 1	
	ben serve		
sources against amounts due or received from them.)		15	
88 b At any time during the year, did the organization own a 50% or greater interest in partnership, or an entity disregarded as separate from the organization under Regulations sections	The state of the s		1
301.7701-2 and 301.7701-3? If "Yes," complete Part IX	888		X
b At any time during the year, did the organization, directly or indirectly, own a c	ontrolled entity within the	9 11	
meaning of section 512(b)(13)? If "Yes," complete Part XI			X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:	The second second second second second	120	1
section 4911 ► NONE ; section 4912 ► NONE ; section 4955			
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958			
during the year or did it become aware of an excess benefit transaction from a	prior year? If "Yes," attach		
		N/	Д
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year und	LO		
sections 4912, 4955, and 4958	. ► N/A		
d Enter: Amount of tax on line 89c, above, reimbursed by the organization	. ► N/A		6
e All organizations. At any time during the tax year, was the organization a party t			
transaction?	896		X-
f All organizations. Did the organization acquire a direct or indirect interest in any as	oplicable insurance contract? 89f		X
g For supporting organizations and sponsoring organizations maintaining donor supporting organization, or a fund maintained by a sponsoring organization, have	excess business holdings		
at any time during the year?		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.)	901	161	
91 a The books are in care of TERRI CURTIS	Telephone no.       303-694-0	305	
Located at ▶ 9110 E. NICHOLS AVE #300 CENTENNIAL, CO	ZIP+4 ▶ 80112		
N. At any time shorter the extended the sector of the		1	
b At any time during the calendar year, did the organization have an interest in or a signature or other au		Yes	-
a financial account in a foreign country (such as a bank account, securities account, or other financial ac	count)? 911	t l	X
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 Ba	nk		
and Financial Accounts,			

Yes X No Yes X No

%

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

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Form 99					84-07389			Page 9
Part 2	XI In	formation Regarding To a controlling organizati	ransfers To and From Co ion as defined in section is	ontrolled Entitie 512(b)(13).	es. Complete	only if the organization		
106	Did	the reporting organization	make any transfers to a co	ntrolled entity as		etion 512(b)(13) of	Yes	No
	ı	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C Descrip tran	otion of	(D) Amount of tran	sfer	
a								
b			-					
c _								
		Totals						
107			receive any transfers from				Yes	No
	1	(A) Name, address, of each controlled entity	(B) Employer Identification Number	Descrip	c) otion of esfer	(D) Amount of tran	sfer	
a								
ь								
c								
		Totals						
108			inding written contract in ef described in question 107 a		7, 2006, cover	ing the interest,	Yes	No
Pleas Sign Here	se	Under penalties of perjury, I de	clare that I have examined this retend complete. Declaration of prepare	um, including accomp				owledge
Paid Prepa		Firm's name (or yours	M. Egen HRHARDT KEEFE STEI	Date 08/12/08 NER & HOTTM	Check if self-employed	Preparer's SSN or PTIN (See G	1	X)
Use O	illy	ii seii-employed),	979 E. TUFTS AVENU			Phone no. ▶ 303-740-		)
		DI	ENVER, CO		80237-284	3 For	n 990	(2006

1647-00

## FORM 990 - GENERAL EXPLANATION ATTACHMENT

FIXED	ASSI	ETS SC	CHED	ULE			
FORM	990.	PART	TV.	LT NES	57A	ZMD	57R

A STORY AND ADDRESS OF THE PERSON				
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.

EXPENSES
OTHER
1
II
PART
,066
FORM

DESCRIPTION	TOTAL
	1-6-5-5
GLOBAL MARKETING	27, 482, 611.
INTERNATIONAL MARKETING	7,459,280.
RESEARCH AND KNOWLEDGE MGMT	339,28
INFLUENCER RELATIONS	S
MEMBER SERVICES	3, 461, 777.
ASSOCIATION MARKETING	215,76
GOVERNMENT AFFAIRS	386,7
FEDERATION INITIATIVE	551,800.
BRAND STRATEGY	74
POLITICAL EDUCATION FUND	40
GENERAL SERVICES AND ADMIN	11, 152, 806.
7 H F F F F F F F F F F F F F F F F F F	
TOLARS	03,007,038.

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		BEGINNING BOOK VALUE	ENDING BOOK VALUE
-			
US GOVT OBLIGATION		3,999,951.	1,016,617.
	TOTALS	3,999,951.	1,016,617.

## FORM 990, PART IV - INVESTMENTS - OTHER

	BEGI NNI NG	ENDING
DESCRIPTION	BOOK VALUE	BOOK VALUE
INVESTMENT IN SUBSIDIARY	1,830,168.	1,821,525.
TOTALS	1,830,168.	1,821,525.

## FORM 990, PART IV - OTHER ASSETS

		BEGI NNI NG	ENDING
DESCRIPTION		BOOK VALUE	BOOK VALUE
			فالتستدينين
SECURITY DEPOSITS		130,602.	95,676.
	TOTALS	130,602.	95,676.

## FORM 990, PART IV - DEFERRED REVENUE

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

# FORM 990, PART IV - OTHER LIABILITIES

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

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 ALLOWANGES
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	HONON	NONE	NON
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

1647-00

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	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	ESBC 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

CENTENNIAL, CO 80112-3450 NAME AND ADDRESS

DEVOTED TO POSITION TITLE AND TIME

COMPENSATION

CONTRIBUTIONS TO EMPLOYEE

EXPENSE ACCT AND OTHER

ALLOWANCES

BENEFIT PLANS

--------

NONE

45,846.

580,000.

GRAND TOTALS

24

STATEMENT 12

AHIZAJ N752

1647-00

## FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS

RELATED ORGANIZATION NAME: CATL FUND

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: NATIONAL CATTLEMEN'S BUILDING CORP

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: NATIONAL CATTLEMEN'S FOUNDATION

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: NATIONAL CATTLEMEN'S ASSOCIATION PAC

EXEMPT: X NONEXEMPT:

# Underpayment of Estimated Tax by Corporations ▶ See separate instructions.

OMB No. 1545-0142

Employer identification number

84-0738973

Department of the Treasury Internal Revenue Service

Attach to the corporation's tax return.

NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC.

	ne 34 on the estimated tax penalty line of Required Annual Payment			1			
	rioquirou rumauri aymoni						
1	Total tax (see instructions)					1	
			ana saraharak				
2 8	Personal holding company tax (Schedule PH (Form	1120).	line 26) included on line 1	2a			
	Look-back interest included on line 1 under section					1	
	contracts or section 167(g) for depreciation under the	ne incor	ne forecast method	2 b			
	Credit for Federal tax paid on fuels (see instruc	ctions)		2c			
	Total. Add lines 2a through 2c					2d	
3	Subtract line 2d from line 1. If the result is les	s than	\$500, do not complete	or file this form. The	corporation	5 10	
	does not owe the penalty					3	NONE
4	Enter the tax shown on the corporation's 200	5 inco	me tax return (see instru	ctions). Caution: If th	e tax is zero	l illi-	
	or the tax year was for less than 12 months, si	kip this	line and enter the amou	ınt from line 3 on line	5	4	
5	Required annual payment. Enter the smaller						
	enter the amount from line 3					5	
12/3	Reasons for Filing - Check the Form 2220 even if it does not on the second seco	e box	es below that app	oly. If any boxes	are checked,	the co	orporation must file
. T				cuoris).			
7	The corporation is using the adjusted season						
8	The corporation is using the annualized inc  The corporation is a "large corporation" fig			ent based on the orion	voor's toy		
D.	rt III Figuring the Underpayment	uring I	ts mst required mstallin	ent based on the prior	years tax.		
	Tell Tigating the Chacipayment		(a)	(b)	(c)		(d)
0	Installment due dates. Enter in columns (a) through		1-7	(-)	107	_	(4)
a	(d) the 15th day of the 4th (Form 990-PF filers:						
	Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9					
10	Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from						
	Schedule A, line 38. If the box on line 8 (but not 6						
	or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter						
	25% of line 5 above in each column. Special rules						
	apply to corporations with assets of \$1 billion or more (see instructions).	10					
		1/17					
11	Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount						
	from line 11 on line 15	11					
	Complete lines 12 through 18 of one column before						
40	going to the next column.						
12	Enter amount, if any, from line 18 of the preceding column	12					
13	Add lines 11 and 12	13			4 1		-
14	Add amounts on lines 16 and 17 of the preceding column .	14					
15	Subtract line 14 from line 13. If zero or less, enter -0-	15					
16	If the amount on line 15 is zero, subtract line 13						
111	from line 14. Otherwise, enter-0-	16					
	Underpayment. If line 15 is less than or equal to						
	line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to						
40	line 18	17			4		
18	Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line						
	12 of the next column	18					

JSA 6X8006 2,000

For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2006)

### Part IV Figuring the Penalty

		(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			
20	Number of days from due date of installment on line 9 to the	1	/		
	date shown on line 19.	20			
1	Number of days on line 20 after 4/15/2006 and before				
	7/1/2006	21			
2	Underpayment on line 17 x Number of days on line 21 x 7% $\frac{\text{Number of days on line 21}}{365}$ , .	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			
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	27			
8	Underpayment on line 17 x Number of days on line 27 x *% 365	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 *%	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 h Form 1120-A, line 29; or the comparable line for other income tax	ere and on Form 1120, li	ne 33;	34	

\*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.

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

	Fx	empt Organization I	Busin	less Inc	ome T	ax Return		OMB N	No. 1545-0687
Form 990-T	1/1/	(and proxy tax For calendar year 2006 or other tax ye	unde	r section 6	3033(e))			2 Open to	006 Public Inspection
Internal Revenue Service		ending 09/30 .2007			separate in		for	501(c)(3	Organizations Only
A Check box if address changed		Name of organization ( Check bo	x if name	changed and see	instructions	.)	(Employe	oos' trust, s	ication number see instructions for
B Exempt under section	-	NATIONAL CATTLEMEN	S BE	EF ASSOCT	ATTON.	T	Block D c	on page 9.)	
X 501(C)(6)	Print	Number, street, and room or suite no.					84-07	73897	3
408(e) 220(e)	or					117			ess activity codes
408A 530(a)	Туре	9110 E. NICHOLS AV	ENDE				(See inst	tructions for	Block E on page 9.)
529(a)		City or town, state, and ZIP code	БИОБ						
C Book value of all assets		CENTENNIAL, CO 801	12-3/1	50			54190	00	
at end of year	F Gro	oup exemption number (See instruct			911		34130	0.0	
20,789,706.		eck organization type X 501			501(0	A trust	401(a) to	rict	Other trust
		orimary unrelated business activity.			1.301(0	/ uust	401(a) (	ust	United trust
		corporation a subsidiary in an affili			u ibaidleeu a	antrollad aroun?	_	- 6	Yes X No
		identifying number of the parent co			subsidiary C	ontrolled group?			resA No
J The books are in care	7.7		poration.		Tolophon	e number > 30	2 604	DODE	
		e or Business Income		/AV 1	23.2			-0303	(D) No.
		e or Business income		(A) Incor	me	(B) Expens	es		(C) Net
1 a Gross receipts or	_		40		- 1				
b Less returns and allows		c Balance ▶						_	
		dule A, line 7)	2					-	
		2 from line 1c	3						
		attach Schedule D)	4a			1	-	-	
		Part II, line 17) (attach Form 4797)	4b				-		
		trusts	4c						
		ips and S corporations (attach statement)	5						
			6						
		ncome (Schedule E)	7						
8 Interest, annuitie	s, royalti	es, and rents from controlled	Turb.						
organizations (Sc	hedule F)		8						
9 Investment incom	ne of a s	ection 501(c)(7), (9), or (17)	64			ht .			
organization (Sch	edule G)		9						
		income (Schedule I)	10						
11 Advertising incom	ne (Schei	dule J)	11	747	, 442.	768	,921.		-21,479.
		of the instructions; attach schedule.) .	12						
		rough 12			,442.		,921.		-21,479.
		t Taken Elsewhere (See pag tributions, deductions must l							ne.)
		directors, and trustees (Schedule K)					7	1 - 1 -	NONE
16 Repairs and mair	tenance						16		
								/	
								1	
20 Charitable contri	butions (	See page 14 of the instructions for	limitation	rules.)					
		14562)							
		d on Schedule A and elsewhere on re				1,01	22b		NONE
									1101112
24 Contributions to	deferred	compensation plans		er er e e e e			24		
25 Employee benefi	program	ne					25		
26 Excess exempt e	voenses /	(Schedule I)			13315		26		
27 Excess readershi	n coste /6	Schedule ()					27		
		Schedule J)							
20 Total deductions	Add to	schedule)					29		NONE
29 Total deductions	. Add line	es 14 through 28	· · · · ·	on Cubic-st	0.20 4	ine 12	. 29		
									-21, 479.
		tion (limited to the amount on line 3						-	325,624.
		le income before specific deduction							-347,103.
		rally \$1,000, but see line 33 instruc					. 33		1,000.
		ble income. Subtract line 33 from li ero or line 32					2.4		-347, 103.
JZ, enter the Sm	and Of Ze	CIVUI III COA					. 1 34	1	-347, IU3.

JSA For Privacy Act and Paperwork Reduction Act Notice, see instructions. 6E1610 2:000

Par	t III	Tax Computation	1								-
35	Organiza	tions Taxable as Corpo	rations. See i	nstructions for tax	computation	on page 15.					
	Controlled	d group members (sect	ions 1561 and	1 1563) check here	▶ See	instructions and	i:				
a		r share of the \$50,000		The second secon							
	(1)		(2)		(3)						
b	Enter orga	anization's share of: (1)	Additional 5%	tax (not more than	\$11,750).			- 11			
	(2) Additio	onal 3% tax (not more	than \$100,000	)							
c	Income ta	ax on the amount on lin	e 34					▶ 35c			
36	Trusts Ta	exable at Trust Rates, S	See instruction	s for tax computati	ion on page 1	6. Income tax on	20.275753				
	the amou	nt on line 34 from:	Tax rate sch	nedule or	Schedule D (	Form 1041)		▶ 36			
37	Proxy tax	. See page 16 of the in	structions					▶ 37			
38	Alternativ	e minimum tax						38			
39	Total. Add	lines 37 and 38 to lin	e 35c or 36, w	hichever applies.				. 39			
		ax and Payment									
		ax credit (corporations						-			
		dits (see page 17 of the				40b					
C		business credit. Check									
7		m 3800 Forr	n(s) (specify) I			40c		+,			
d	Credit for	prior year minimum ta	x (attach Form	8801 or 8827)		40d					
	Total cred	dits. Add lines 40a thro	ugh 40d					. 40e	-		
41	Subtract I	line 40e from line 39 . s. Check if from: Form	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				. 41		_	
42	Other taxes	s. Check if from: Forn	n 4255 Fo	orm 8611 Form	n 8697 F	orm 8866 0	Other (attach schedule	). 42			
43	Total tax.	Add lines 41 and 42	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • •				- 43	-		
44 a		s: A 2005 overpayment									
b		mated tax payments .						_			
C		sited with Form 8868						-			
d		rganizations: Tax paid						-			
е		ithholding (see instruct						-			
f		federal telephone exci							1		
g		dits and payments:		Form 2439 Other	+	111 5 440					
		m 4136						- 15			
45		ments, Add lines 44a t									
46		tax penalty (see page							-	-	170111
47		If line 45 is less than the								_	NONE
49	Enter the	nent. If line 45 is large amount of line 48 you	want: Credited	to 2007 estimate	b, enter amour	it overpaid	Refunded	► 48 ► 49		-	NON
Par		Statements Rega		Control of the contro		er Informatio			nage 18\		NON
1		ne during the 2006 cale							page 10)	I v.	No.
		ancial account (bank,						,		Yes	No
		F 90-22.1. If YES, ente				the organization	may have to me				v
2		e tax year, did the orga				he grantor of or l	transferor to a fore	on trust?		-	X
		ee page 5 of the instru					aransieror to, a roto	gir truot?	*****		Λ
3		amount of tax-exempt									
Sch		- Cost of Goods									
1		at beginning of year .	1				ear	6		-	
2			2			of goods sold.					
3		bor	3		1	m line 5. Enter h					
4 a	Additional	I section 263A costs	12012					. 7			
		chedule)	4a				on 263A (with resp	ect to		Yes	No
b		sts (attach schedule) .	4b				acquired for resale				
5	Total. Add	d lines 1 through 4b .	5							N/	A
	Under p	enalties of perjury, I declare and complete. Declaration of	that I have exam	nined this return, includ	ding accompanyin	g schedules and sta	stements, and to the be		knowledge and		
Sign	1			in taxivayer) is based on a	in information of wh	num preparer has any	Knowledge.	Maytho	IRS discuss th	ale return	n with
Her	e P	CLIENT CO	PY			,			arer shown be		
	Signatu	ure of officer		Date		Title		instruction	0/20	es	No
D		Preparer's	0 .	· Egan		Date	Check if	Pre	parer's SSN or	PTIN	
Paid	arer's		uex. m	· egen		08/12/08	Check if self-employed		P003484	11	
	Only	Firm's name (or yours if self-employed),	EKS&H	0			EIN 8	4-086	9721		
		address, and ZIP code	7979 E.	TUFTS AVE.	#400		Phone no. 303	-740-			
JSA 6E162	0 2.000		DENVER,	CO 80237-	-2843				Form 9	90-T	(2006)

Schedule C - Rent Incom (see instructions on page		operty	and Personal Prop	erty	Leased Wi	th Real Prope	rty)		
1 Description of property									
(1)									
(2)							_		
tet.									
(4)									
	2 Rent received or	accrued							
(a) From personal property (if the for personal property is more than 50%	e percentage of rent	(b) I	From real and personal prop tage of rent for personal pro or if the rent is based on pro	perty e	exceeds			cted with the income in attach schedule)	
(1)									
(2)		_							
(3)				_	-				
					-				
(4)		-0.7							
Total		Total				Total deductions.	Enter		
Total income. Add totals of colu here and on page 1, Part I, line	6, column (A)					here and on page line 6, column (B)	1, Part I,		
Schedule E - Unrelated D	Debt-Financed In	come (s	see instructions on pa	ge 20	0)				
			2 Gross Income from	or	3 Dedu	ctions directly conn debt-finance		or allocable to	
1 Description of de	ebt-financed property		allocable to debt-finance property			line depreciation schedule)	(b)	Other deductions attach schedule)	
(1)									
(2)						(			
(3)									
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjuste or allocable debt-financed p (attach sched	to roperty	6 Column 4 divided by column 5		7 Gross inco (column 2	come reportable 2 x column 6) (c		8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)				%					
(2)				%					
				_					
(3)	-			%	-				
(4)				%					
Totals Total dividends-received deduc Schedule F - Interest, An	ctions included in co	s, and I	Rents From Contro	led	Part I, line 7,		Part I,	nere and on page 1, line 7, column (B).	
1 Name of Controlled Organization	2 Employer Identification Nun	nber	3 Net unrelated income (loss) (see instructions)		otal of specified yments made	5 Part of column included in the corganization's gro	ontrolling	6 Deductions directly connected with income in column 5	
(1)				-					
	-				-				
(2)		-		-					
(3)				-					
(4)	1								
Nonexempt Controlled Orga	inizations		Y-		_				
7 Taxable Income	8 Net unrelated (loss) (see instr		9 Total of specifie payments made	d	include	of column 9 that is d in the controlling ation's gross income	cor	Deductions directly nected with income in column 10	
(1)									
(2)									
(3)									
(4)									
XV					Enter here	nns 5 and 10. and on page 1, 8, column (A).	Enter	olumns 6 and 11. here and on page 1, line 8, column (B).	
Totals				)				Form 990-T (20	

#### Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions on page 22) 5 Total deductions 3 Deductions 4 Set-asides 1 Description of income 2 Amount of income directly connected and set-asides (col. 3 (attach schedule) plus col. 4) (attach schedule) (1) (2)(3)(4)Enter here and on page 1, Enter here and on page 1, Part I, line 9, column (B). Part I, line 9, column (A). Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions on page 22) 4 Net income 7 Excess exempt (loss) from 3 Expenses 2 Gross expenses unrelated trade directly unrelated (column 6 minus 1 Description of 5 Gross income 6 Expenses connected with or business exploited activity business income from activity that attributable to column 5, but not production of (column 2 minus from trade or column 5 more than is not unrelated unrelated column 3). If a column 4). business business income business income gain, compute cols. 5 through 7. (1) (2) (3)(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 . . . . ▶ Schedule J - Advertising Income (see instructions on page 23) Income From Periodicals Reported on a Consolidated Basis 4 Advertising 7 Excess gain or (loss) (col. 2 Gross 6 Readership readership costs 1 Name of 3 Direct 5 Circulation 2 minus col. 3), If (column 6 minus advertising periodical advertising costs income costs a gain, compute column 5, but not income cols, 5 through 7, more than column 4). (1) STMT 1 (2)(3)(4) Totals (carry to Part II, -21,479747, 442. 768,921. Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in Part II columns 2 through 7 on a line-by-line basis.) (1) STMT (2)(3) (4) (5) Totals from Part I 747,442. 768,921 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 II, line 27. Totals, Part II (lines 1-5), 747,442 768,921 Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 23) 3 Percent of 4 Compensation time devoted to attributable to 2 Title 1 Name business unrelated business STMT 4 % % %

JSA 6E1640 2.000

NONE

.

Total. Enter here and on page 1, Part II, line 14

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

B4-0738973

YEAR	NOL GENERATED	NOL UTILIZED	NOL CARRYOVER
9/30/1997	99,269	(13,176)	86,093
9/30/1998	40,308	Ō	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		-	0
9/30/2004	-	~	0
9/30/2005	-		0
9/30/2006	122,578	-	122,578
9/30/2007	21,479		21,479
	488,469		475,293

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

STATEMENT 1

1647-00

AHIZAJ N752

NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC.

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

7.		READERSHIP						
	9	READERSHIP	COSTS					
	in.	CIRCULATION	INCOME					
	4.	ADVERTISING	GAIN OR LOSS	***********				
ri.	DIRECT	ADVERTISING	COSTS	111111111111111111111111111111111111111		768,921,	768,921.	
2.	GROSS	ADVERTISING	INCOME			747,442.	747, 442.	
					PART II TOTALS	PART I TOTALS	SCHEDULE J TOTALS	
		·i	NAME OF PERIODICAL				SCHE	

1647-00

STATEMENT Z

## 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

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

NAME AND ADDRESS -----

TITLE

BUSINESS

-----

PERCENT COMPENSATION

300

CENTENNIAL, CO 80112-3450

ALAN ALBRIGHT

FSBC DIV VICE CHAIR

NONE

9110 E. NICHOLS AVENUE 300

CENTENNI AL, CO 80112-3450

TERRY STOKES

CHIEF EXECUTIVE OFFICER

9110 E. NICHOLS AVENUE

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 C Corporation Income Tax Return

For the tax year beginning	10/01	2006, ending	09/30	, 200 7

Nan		Colorado Account Number
Add	NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC.	•
7.440	9110 E. NICHOLS AVENUE, SUITE 300	Federal Employer Identification Number
City	State, ZIP Code	rederal Employer Identification Number
11.5	CENTENNIAL, CO 80112-3450	84-0738973
IF Y	OU DO NOT NEED A CORPORATE TAX BOOKLET MAILED TO YOU NEXT YEAR, CHECK THIS E	
	A. Apportionment of Income. This return is being filed for:	
1	(42) A corporation not apportioning income;	
	(43) A corporation doing an interstate business apportioning income under the Colorado In	some Tay Act (Attach Schodule A)
	(44) A corporation doing an interstate business apportioning income under the Colorado III	av Compact (Attach Schodule R):
	(45) A corporation electing to pay a tax on its gross Colorado sales;	ax compact (Attach Schedule B),
	X (47) Other, federal form filed 990 T	
	B. Separate/Consolidated/Combined Filling. This return is being filed by:	
1		
	A single corporation filing a separate return;	
	An affiliated group of corporations electing to file a consolidated return. (Warning: such ele	
		Schedule C);
	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 is	-fell-t-d
	Schedule C)	arrillated, consolidated group, (Attach
		Market Ma
П,		AMOUNTS TO THE NEAREST DOLLAR
1	Federal taxable income from Form 1120 or 1120A.	1 -347, 10300
2	Federal taxable income of companies not included in this return	2 .00
3	Net federal taxable income, line 1 minus line 2	3 -347, 10300
	Additions to federal taxable income	
1	Total Artist and Artist	
4	Federal net operating loss deduction	325, 62400
- 5	Colorado income tax deduction	5 .00
0	Other additions, attach explanation	6 .00
-1	Total of lines 3 through 6	7 -21,47900
+1	Subtractions from federal taxable income	
8	Exempt federal interest	8 .00
9		9 .00
10	Colorado source capital gain (asset acquired on or after 5/9/94, held five years)	
11	Other subtractions, attach explanation	
12	Total of lines 8 through 11	12 .00
10	Wodified rederal taxable income, line / minus line 12	13 -21, 47900
14	Colorado taxable income before net operating loss deduction	
15	Colorado net operating loss deduction	453,814.00
16	Colorado taxable income, line 14 minus line 15	16 NONE.00

Form 112					Page 2
17 Tax, 4.63% of the amount on line 16	G167:07:114			7	NONE.00
18 New investment tax credit from Form 1120	R		• 1	8	.00
19 Enterprise zone investment tax credit from	Form 112CR		• 1	9	.00
20 Enterprise zone employee credits from Form	m 112CR			0	.00
21 Enterprise zone contribution credit from Fo	orm 112CR			1	.00
22 Other enterprise zone credits from Form 11	12CR			2	.00
23 Alternative fuel vehicle credit from Form 11	12CR		2	3	.00
24 Alternative fuel refueling facility credit from	Form 112CR		2		.00
25 Gross conservation easement credit from F	orm 112CR				.00
26 Other credits from Form 112CR			• 2		.00
27 Total credits, total of lines 18 through 26,			2	· -	.00
28 Net tax, line 17 minus line 27			2		NONE.00
29 Recapture of prior year credits			• 2		.00
30 Total of lines 28 and 29			3	7	NONE.00
31 Estimated tax and extension payments and	credits				.00
32 Penalty, also include on line 35 if applicable			• 3		.00
33 Interest, also include on line 35 if applicable	e			3	.00
34 Estimated tax penalty, also include on line	35 if applicable,		e 3		.00
35 If amount on line 30 exceeds amount on lin	ne 31, enter amount	owed		5	NONE.00
36 Overpayment, line 31 minus line 30			3		.00
37 Overpayment to be credited to estimated ta	ax			7	.00
38 Overpayment to be refunded			• 3	8	.00
C. The corporation's books are in care of:  Name			Telephone Number		
TERRI CURTIS			3	03-694-	-0305
Address		City		State	ZIP
THE COMPANY		_		404	
D. Business code number per federal return •	541900				
E. Year corporation began doing business in Color	rado •				
F. Kind of business in detail:					
TRADE ASSOCIATION EXEMP	T				
UNDER SECTION 501(C)(6)					
G. Has the Internal Revenue Service made any adj	ustments in the corpor	ation's income	e or tax or have you filed a	mended feder	al income tay returns
at any time during the last four years?		Yes, for which		morrada rodore	a moome tax retains
		Server and by			
Did you file amended Colorado returns to reflect	t such changes or subm	it copies of the	e Federal Agent's reports?	Yes	X No
Under penalties of perjury in the second degree, I complete. Declaration of preparer (other than taxp	declare that I have ex	amined this re	eturn and to the best of m	y knowledge	it is true, correct and
Signature	Date		ame and telephone numb		or firm preparing return
CLIENT CORV			According to the second		The state of the s
CLIENT COPY		ER	KS&H		
Title			303) 740-9400		
		- 11			
		0	8/12/08		

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

### 84-0738973

YEAR	NOL GENERATED	NOL UTILIZED	NOL CARRYOVER
9/30/1997	99,269	(13,176)	86,093
9/30/1998	40,308	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	-	~	0
9/30/2004	~	-	0
9/30/2005	-	- 5	0
9/30/2006	122,578	51	122,578
9/30/2007	21,479	-	21,479
	488,469		475,293



7979 E. Tufts Avenue, Suite 400

Denver, Colorado 80237-2843

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

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

Dear Doug:

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

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

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

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

Sincerely,

Ehrhardt Keefe Steiner & Hottman PC

Ehrhardt Keefe Steiner + Hottman PC

Form 990

## Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047 2007 Open to Public Inspection

Department of the Treasury Internal Revenue Service

A Fo	r the 20	007 calendar year, or tax year beginning 10/01, 2007, and e	ending	09/30/2008
B Che	ck if applicable	Please Use IRS C Name of organization		D Employer identification number
	Address	tabel or NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC.		84-0738973
	Name chang	print or type. Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number
	Initial return	See 9110 E. NICHOLS AVENUE	300	(303) 694-0305
	Termination	Instruc- City or town, state or country, and ZIP + 4		F Accounting Cash X Accrual
	Amended	tions, CENTENNIAL, CO 80112-3450		Other (specify)
	Application	<ul> <li>Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable</li> </ul>	H and I are not ap	plicable to section 527 organizations.
G W	ebsite:	trusts must attach a completed Schedule A (Form 990 or 990-EZ).  WWW. BEEF. ORG		p return for affiliates? Yes X No
J O	rganizatio	on type (check only one) ► X 501(c) (6 ) ◀ (insert no.) 4947(a)(1) or 527	H(c) Are all affiliat	es included? Yes N
K C	heck here	if the organization is not a 509(a)(3) supporting organization and its gross	The second secon	ch a list. See instructions.)
re	ceipts are	a normally not more than \$25,000. A return is not required, but if the organization chooses	H(d) Is this a separa organization of	overed by a group ruling? Yes X N
to	file a retu	ım, be sure to file a complete return.	I Group Exem	ption Number 🕨
_			M Check	X if the organization is not required
L G	ross rece	ipts: Add lines 6b, 8b, 9b, and 10b to line 12 65, 640, 860.	the state of the s	n. B (Form 990, 990-EZ, or 990-PF).
Par	I Re	venue, Expenses, and Changes in Net Assets or Fund Balances (See the	nstructions.)	
		Contributions, gifts, grants, and similar amounts received:		
		Contributions to donor advised funds		
		Direct public support (not included on line 1a)		1
		ndirect public support (not included on line 1a)		<del>1</del>
		Government contributions (grants) (not included on line 1a)		-
	1000	5. THE RESERVE OF THE RESERVE OF THE PROPERTY	·	-
	1	rotal (add lines 1a through 1d). (cash \$	) nav	1e 2 60, 481, 537
		Membership dues and assessments	9/0/14/20	
		nterest on savings and temporary cash investments	159,969	
		Dividends and interest from securities		5
		Gross rents		-
		ess: rental expenses		
Ф	1	Net rental income or (loss). Subtract line 6b from line 6a	وتنجيبين	6c
nue	75	Other investment income (describe		7
Revenue			) Other	-
tr.		han inventory ,		4
	100	ess: cost or other basis and sales expenses . 8b		4
		Gain or (loss) (attach schedule) ,		
	40 7 7 6	Net gain or (loss). Combine line 8c, columns (A) and (B)		. 8d
	9 5	Special events and activities (attach schedule). If any amount is from gaming, check h	ere 🕨	
		Gross revenue (not including \$ of		
		contributions reported on line 1b), 9a		4 1
		ess: direct expenses other than fundraising expenses , , 9b		1
		Net income or (loss) from special events. Subtract line 9b from line 9a		9c
		Gross sales of inventory, less returns and allowances STMT. 3 . 10a	1,101,649.	
	b t	ess: cost of goods sold	57,377.	
	C (	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from	line 10a	100 1,044,272
	11 (	Other revenue (from Part VII, line 103)	Naulius II.	11 325,516
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		65,583,483
	13 F	Program services (from line 44, column (B))		13
Expenses	14 1	Management and general (from line 44, column (C))		14
oen	15 F	Fundraising (from line 44, column (D))		15
EX	16	Payments to affiliates (attach schedule)		16
	17	Total expenses. Add lines 16 and 44, column (A)		67,831,445
ts		Excess or (deficit) for the year. Subtract line 17 from line 12		
SSE	19 1	Net assets or fund balances at beginning of year (from line 73, column (A))		19 8,129,913
Net Assets		Other changes in net assets or fund balances (attach explanation)		
Ne		Net assets or fund balances at end of year. Combine lines 18, 19, and 20		
For P		ct and Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2007

1647-00

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule)			OUTVIOLO	sing gonoral	
(cash \$ noncash \$)					
If this amount includes foreign grants, check here	22a				
22b Other grants and allocations (attach schedule)					
(cash \$ noncash \$)					
If this amount includes foreign grants, check here	22b				
23 Specific assistance to individuals	5.7				
(attach schedule)	23				
24 Benefits paid to or for members	12.1				
(attach schedule)	24				
25a Compensation of current officers,					
directors, key employees, etc. listed in		- And -			
Part V-A	25a	486,144.			
b Compensation of former officers,					
directors, key employees, etc. listed in	12.2				
Part V-B	25b				
C Compensation and other distributions, not includ- ed above, to disqualified persons (as defined					
under section 4958(f)(1)) and persons described					
in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not	17				
included on lines 25a, b, and c	26				
27 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				-
31 Accounting fees	31				
32 Legal fees	32				
	33				
34 Telephone	34				
35 Postage and shipping	35				
36 Occupancy	36				
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	286, 273.			
43 Other expenses not covered above (itemize):	7.2	200,213.			
a STMT 4	43a	67,026,558.		11. 1. 1. 1	
b	43b	57,020,000.			
c	43c				
d	43d				
e	43e				
f	43f				
9	43g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines		60/002-112			
Joint Costs. Check ► if you are follow	vina C	67,831,445.			
Are any joint costs from a combined educational			tolian resetted to test	leagram age de eig	
Are any joint costs from a combined educational If "Yes," enter (i) the aggregate amount of these j	campa	ign and rundraising solic	(ii) the amount allo	rogram services?	
(iii) the amount allocated to Management and get		12 4		allocated to Fundraising \$	

E	art III Statement of Program Service Accompl	lighments (Can the instructions )	1 age 0
Fo pa or	orm 990 is available for public inspection and, articular organization. How the public perceives	for some people, serves as the primary or sole source of an organization in such cases may be determined by the eturn is complete and accurate and fully describes, in Par	information procented
W	hat is the organization's primary exempt purpose?	SEE STATEMENT 5	Program Service
All of	I organizations must describe their exempt purpose a clients served, publications issued, etc. Discuss ach	achievements in a clear and concise manner. State the number nievements that are not measurable. (Section 501(c)(3) and (4) is must also enter the amount of grants and allocations to others.)	Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a	INCREASE CONSUMER DEMAND FOR BEE PROGRAMS FOR RESEARCH, EDUCATION	E THROUGH CONSUMER MARKETING L PROMOTION AND INFORMATION.	
	(Grants and allocations \$	) If this amount includes foreign grants, check here ▶	
b		NTERESTS OF THE BEEF  ) If this amount includes foreign grants, check here ▶	
c	TO CONDUCT CHECKOFF FUNDED ACTIVE BEEF PROMOTION RESEARCH ACT AND	TTIES IN COMPLIANCE WITH THE	
d	(Grants and allocations \$	) If this amount includes foreign grants, check here	
	(Grants and allocations \$	) If this amount includes foreign grants, check here	
•	Other program services (attach schedule) (Grants and allocations \$	) If this amount includes foreign grants, check here	

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

Form 990 (2007)

No	te:	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
	5	Cash - non-interest-bearing		45	
4	6	Savings and temporary cash investments	5,547,030.	46	5, 479, 652.
١.	4	According to the Control of the Cont		777	
14	/a	Accounts receivable	0.000	420	
	D	Less: allowance for doubtful accounts	11, 267, 718.	47c	9,919,542.
4	88	Pledges receivable			
	b	Less: allowance for doubtful accounts		48c	
4		Grants receivable		49	
5	0a	Receivables from current and former officers, directors, trustees, and		7.0	
		key employees (attach schedule)		50a	
	b	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
, 5	1a	Other notes and loans receivable (attach			
Hasers		schedule)			
2		Less: allowance for doubtful accounts 51b		51c	
5	2	Inventories for sale or use	28,918.		NON
		Prepaid expenses and deferred charges	306, 307.		472,404
5	44	Investments - publicly-traded securities STMT .7 • X Cost FMV	1,016,617.		993,400
	52	Investments - other securities (attach schedule) Cost FMV Investments - land, buildings, and		54b	
1°	oa	equipment: basis			
	h	Less: accumulated depreciation (attach			
	~	schedule)		55c	
5	6	Investments - other (attach schedule)	1,821,525.	56	1,680,765.
5	7a	Land, buildings, and equipment: basis	1,021,323.		1,000,100.
	b	Less: accumulated depreciation (attach			
		schedule)	705,915.	57c	498,523
5	8	Other assets, including program-related investments			20,000
		(describe ▶ STMT 9 )	95,676.	58	95, 589.
5		Total assets (must equal line 74). Add lines 45 through 58	20,789,706.	59	19,139,875.
6	0	Accounts payable and accrued expenses	11,488,106.	60	11,481,964.
100	1	Grants payable		61	
	2	Deferred revenue	1,168,077.	62	1,775,960.
6	3	Loans from officers, directors, trustees, and key employees (attach			
<u>ا</u> ا	a.c	schedule)		63	
6	44	Tax-exempt bond liabilities (attach schedule)	20.507	64a	
L	5	Mortgages and other notes payable (attach schedule)  Other liabilities (describe ► STMT 11)	NON		NON
l,	0	Other liabilities (describe STMT 11)	3,610.	65	NON
6	6	Total liabilities. Add lines 60 through 65	12,659,793.	66	12 257 024
_		inizations that follow SFAS 117, check here 🕨 X and complete lines	12,009,190.	00	13, 257, 924.
		67 through 69 and lines 73 and 74.		3	
6	7	Unrestricted	8,129,913.	67	5,881,951.
6	8	Temporarily restricted		68	3/332/332
6	9	Permanently restricted		69	
ruild balances	orga	nizations that do not follow SFAS 117, check here ▶ and complete lines 70 through 74.			
5 7	0	Capital stock, trust principal, or current funds	-	70	
	1	Paid-in or capital surplus, or land, building, and equipment fund		71	
7	2	Retained earnings, endowment, accumulated income, or other funds		72	
7	3	Total net assets or fund balances. Add lines 67 through 69 or lines			
2		70 through 72. (Column (A) must equal line 19 and column (B) must			
		equal line 21) ,	8,129,913.		5,881,951.
7	4	Total liabilities and net assets/fund balances. Add lines 66 and 73	20,789,706.	74	19, 139, 875.

Pa	art IV-A	Reconciliation of Revenue per Audited Fin instructions.)	nancial Statemen	ts With	Revenu	e per Retui	n (Se	e the
a	Total re	venue, gains, and other support per audited financi	al statements			,,,,,,,	a	65, 583, 483.
b		s included on line a but not on Part I, line 12:						
1		ealized gains on investments					- 1	
2		services and use of facilities					-	
3		ies of prior year grants			3		-	
4	Other (s	pecify):			4			
	Add line	s b1 through b4				0-2-2-5-2-5	ь	
c		line b from line a						65, 583, 483.
d		s included on Part I, line 12, but not on line a:					(17)	
1	Investm	ent expenses not included on Part I, line 6b		d	1			
2	Other (s	pecify):						
	Add line	s d1 and d2		<u>d</u>			-	
е	Total re	venue (Part I, line 12). Add lines c and d		1111			0	65, 583, 483.
-	rt IV-B	Reconciliation of Expenses per Audited Fi	inancial Statemen	nts With	Expens	es per Ret	urn	03,303,403.
a		penses and losses per audited financial statements					1	67,831,445.
b		s included on line a but not on Part I, line 17:			****			0 (1 0 0 2 1 3 1 0 5
1			Ь	1				
2	Donated services and use of facilities				2			
3		reported on Part I, line 20						
4		pecify):						
					4		111	
	Add line	s b1 through b4					b	
C		t line b from line a					С	67,831,445.
d	Amount	s included on Part I, line 17, but not on line a:		1	4		KIN)	
1	Investm	s included on Part I, line 17, but not on line a: ent expenses not included on Part I, line 6b	*********	d	1		-	
2	Other (s	pecify):						
							-	
e	Add line	s d1 and d2	********		11111	1111112	a e	67,831,445.
_	rt V-A	Current Officers, Directors, Trustees, and I	Key Employees (	List each	person	who was an	office	
Name of Street		or key employee at any time during the year even						.,
		(A) Name and address	(B)	(C) Con	pensation	(D) Contributions t	o employee	
		(A) Name and address	Title and average hours per week devoted to position		oald, enter 0-,)	benetit plans & compensation		and other allowances
SEE STATEMENT 12				48	36,144.	32,	740.	NONE
_								
_								-
				Line .				
_								
_								
_								
_								
_				-		1.		Form 990 (2007)
								1 5000 (2007)

exempt or L

81b

Part VI Other Information (continued)			No No
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge	-		
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.) , , , , , , , , , 82b N/A			
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X	-
b If "Yes," did the organization include with every solicitation an express statement that such contributions or			
gifts were not tax deductible?	84b	X	
85 a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a		X
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?  If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization	85b		X
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			
f Taxable amount of lobbying and political expenditures (line 85d less 85e)  85f NONE			-
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/	Δ.
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f	oug	LN/	-
to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	X	
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a N/A			
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 87a N/A			
b Gross income from other sources. (Do not net amounts due or paid to other			
sources against amounts due or received from them.)			
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or			
partnership, or an entity disregarded as separate from the organization under Regulations sections			
301,7701-2 and 301,7701-3? If "Yes," complete Part IX	88a		X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the	1221	7 = 1	
meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
section 4911 ► NONE; section 4912 ► NONE; section 4955 ► NONE			
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction			
during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach			
a statement explaining each transaction	89Ь	N/	A
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			
sections 4912, 4955, and 4958			
d Enter: Amount of tax on line 89c, above, reimbursed by the organization  • N/A  e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
그는 그들은 사람이 가입니다고 있는 데 있는 일반 이 사람들이 되었습니다. 그들은 점에 나가 있는 사람들이 가입니다. 그렇게 다양하는 사람들이 가입니다. 그렇게 다양하는 사람들이 가입니다. 그렇게 되었습니다. 그렇게 그렇게 되었습니다. 그렇게 그렇게 되었습니다. 그렇게	on-		
transaction?  f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89e 89f		X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the	0.01		^
supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings			
at any time during the year?	89g	N/	Δ
90 a List the states with which a copy of this return is filed >		2.77	
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	906	148	
91 a The books are in care of ▶ DOUG EVANS Telephone no. ▶ 303-69			
Located at ▶ 9110 E. NICHOLS AVE #300 CENTENNIAL, CO ZIP+4 ▶ 80112			
h At any time during the calendar year did the organization have as interest is an alicenture with a state of the calendar year.	- 1	Vac	Ma
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)?	631	Yes	
If "Ves " enter the name of the foreign country is	91b		X
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			

Form 990 (2007)

and Financial Accounts.

Form 990 (2007)			84-	0738973	Page 8
Part VI Other Information (con	tinued)				Yes No
c At any time during the calendar ye	ear, did the orga	anization maintain a	in office outside o	of the United States?	91c X
If "Yes," enter the name of the for	reign country				7.00
92 Section 4947(a)(1) nonexempt cl	naritable trusts f	iling Form 990 in liet	of Form 1041 -	Check here	
and enter the amount of tax-exem				▶ 92	N/A
Part VII Analysis of Income-Pro					
Note: Enter gross amounts unless otherwise indicated.	Unre	Unrelated business income		section 512, 513, or 514	(E) Related or
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	exempt function
93 Program service revenue:	Cosmess code	ranount	Exclusion code	Amount	income
a BPOC CONTRACTS					42,681,347.
b STATE BEEF COUNCIL					11,180,630.
c PACKER/PROCESSOR					1,348,761.
d SPONSORSHIPS/MTGS	E41000	007.6	co		4, 383, 131.
e ADVERTISING  f Medicare/Medicaid payments	541900	887,6	58.		
g Fees and contracts from government agenc					
94 Membership dues and assessments .	200	10			3,572,189.
95 Interest on savings and temporary cash investment			14	159,969.	5,572,103.
96 Dividends and interest from securities				155/505.	
97 Net rental income or (loss) from real e					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income				1 - 3	
00 Gain or (loss) from sales of assets other than inver-	itory				
101 Net income or (loss) from special even	ts .		4,0		
102 Gross profit or (loss) from sales of inventory					1,044,272.
03 Other revenue: a STMT 16			A Comment of the		325, 516.
b	_		- 4		
c					
d	1 10		4 10, 1000 4		
е					
104 Subtotal (add columns (B), (D), and (E)				159,969.	64, 535, 846.
105 Total (add line 104, columns (B), (D), a					65, 583, 483.
Note: Line 105 plus line 1e, Part I, should eq		managed the second second second		18 11 1 1 1	
Part VIII Relationship of Activit					
Line No. Explain how each activity for organization's exempt purpose	r which income i	is reported in column	(E) of Part VII co	entributed importantly to	the accomplishment of the
	co (other than by )	or origing rands for sur	or purposesy.		
STMT 17					
Part IX Information Regarding	Taxable Subs	idiaries and Disre	garded Entitie	s (See the instruction	75.1
(A)	100.0				
Name, address, and EIN of corporation partnership, or disregarded entity	n,	Percentage of Nownership interest	(C) lature of activities	(D) Total income	(E) End-of-year assets
		%			
		%			
		%			
		%			
Part X Information Regarding	Transfers Ass	ociated with Pers	sonal Benefit C	ontracts (See the ins	structions.)
(a) Did the organization, during the year, r	eceive any funds,	directly or indirectly, t	o pay premiums or	a personal benefit contra	ct? Yes X No
(b) Did the organization, during the					
Note: If "Yes" to (b), file Form 8870 at				Company of the same of the same	
					Form 990 (2007)
					/ / / / / / / / / / / / / / / / / / /

106	Did the reporting organization	make any transfers to a co	ontrolled entity as defined in se	otion 542/b)/42) -f	Yes	No	
	the Code? If "Yes," complete the	ne schedule below for each	controlled entity.	ction 512(b)(13) of		x	
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer			
a							
b							
С							
	Totals						
107 Did the reporting organization r		receive any transfers from a	a controlled entity as defined in society.	section	Yes	No	
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of		(D) nt of transfer		
a							
b							
с							
	Totals						
108	Did the organization have a bi	nding written contract in effe	ect on August 17, 2006, covering	g the interest,	Yes		
			m, including accompanying schedules and	d statements, and to the best of	of my kno	X owledg wledge	
Pleas Sign Here	Under penalties of perjury, I der and belief, it is true, correct, an CLIENT COP	d complete. Declaration of prepare	r (other than officer) is based on all info	rmation of which preparer has	any kno		
Pleas Sign	Under penalties of perjury, I der and belief, it is true, correct, an CLIENT COP	d complete. Declaration of prepare	or (other than officer) is based on all info				
Pleas Sign Here Paid	Under penalties of perjury, I declared and belief, it is true, correct, an CLIENT COPY Signature of officer	d complete. Declaration of prepare	r (other than officer) is based on all info	Preparer's SSN or PTIN (S	ee Gen.	Inst. X	

# FORM 990 - GENERAL EXPLANATION ATTACHMENT

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

FORM	990,	PART	I	$\overline{z}$	MEMBERSHIP	DUES	AND	ASSESSMENTS

DESCRIPTION

AMOUNT

TOTAL

3,572,189.

3,572,189.

NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC.

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

						MINUS:	
		BEGI NNI NG		SALARIES		ENDING	COST OF
ESCRIPTION	GROSS SALES	INVENTORY	PURCHASES	AND WAGES	OTHER COSTS	INVENTORY	GOODS SOLD
						**********	
SALES OF MATERIALS	1,101,649.	28, 918,	28, 459.	NONE	MONE	NONE	57, 377.
		-					
OTALS	1,101,649.	28,918.	28, 459.	NONE	NONE	NONE	57,377.
			000000000000000000000000000000000000000				

STATEMENT 3

EXPENSES
OTHER
1
H
PART
,066
FORM

DESCRIPTION	TOTAL
GLOBAL MARKETING	25, 214, 652.
INTERNATIONAL MARKETING	7,067,497.
RESEARCH AND KNOWLEDGE MGMT	9, 113, 582.
INFLUENCER RELATIONS	
MEMBER SERVICES	3,908,913.
ASSOCIATION MARKETING	1,465,940.
GOVERNMENT AFFAIRS	1,931,502.
FEDERATION INITIATIVE	501,586.
BRAND STRATEGY	9,67
POLITICAL EDUCATION FUND	161,297.
GENERAL SERVICES AND ADMIN	9,466,884.
SIZECE	87 026 TA
TOTHE	7707010

16

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

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

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

		BEGINNING	ENDING
DESCRIPTION		BOOK VALUE	BOOK VALUE
PREPAID EXPENSES		306, 307.	472,404.
	0200000		
	TOTALS	306, 307.	472,404.

# FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

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

# FORM 990, PART IV - INVESTMENTS - OTHER

DESCRIPTION		BEGINNING BOOK VALUE	ENDING BOOK VALUE
INVESTMENT IN SUBSIDIARY		1,821,525.	1,680,765.
	TOTALS	1,821,525.	1,680,765.
		=======================================	================

# FORM 990, PART IV - OTHER ASSETS

		BEGI NNI NG	ENDING
DESCRIPTION		BOOK VALUE	BOOK VALUE
SECURITY DEPOSITS		95,676.	95, 589.
	TOTALS	95,676.	95,589.

# FORM 990, PART IV - DEFERRED REVENUE

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

NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC.

84-0738973

FORM 990, PART IV - OTHER LIABILITIES

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DESCRIPTION

BEGINNING ENDING
BOOK VALUE
BOOK VALUE

AUTO FINANCING

3,610.

NONE

TOTALS

3,610.

-------

THERMSON THE STREET

NONE

STATEMENT 11

NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC.

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	NON
ALAN ALBRIGHT	FSBC DIV CHAIR 1.00	NONE	NONE	NONE

AHIZAG N752

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	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	NON	NONE
JD ALEXANDER 9110 E. NICHOLS AVENUE 300	FEDERATION DIV VICE CHAIR 1.00	NONE	NONE	NONE

AHIZAJ N752

STATEMENT 13

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND IRUSIEES	r OFFICERS, DIREC	DIRECTORS, A	AND IROSIEES	
	Ę,	FITTE AND AVERAGE HOURS	AGE HOURS PER	
NAME AND ADDRESS		WEEK DEVOTED TO POSIT	TO POSITION	COMPENS
CENTENNIAL, CO 80112-3450				

EXPENSE ACCT AND OTHER ALLOWANCES		NONE
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS		32,740.
COMPENSATION	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	486,144.
HOURS PER	-	

GRAND TOTALS

1647-00

#### FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS

RELATED ORGANIZATION NAME: CATL FUND

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: NATIONAL CATTLEMEN'S BUILDING CORP

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: NATIONAL CATTLEMEN'S FOUNDATION

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: NATIONAL CATTLEMEN'S ASSOCIATION PAC

EXEMPT: X NONEXEMPT:

FORM 990, PART VII - OTHER REVENUE

RELATED OR EXEMPT	FUNCTION INCOME		325, 516.	323, 316.
	AMOUNT			
EXCLUSION	CODE	1		
	AMOUNT			
BUSINESS	CODE	1		
	DESCRIPTION		OTHER REVENUE RELATED TO EXEMPT FUNCTIONS	TOTALS

1647-00

AHIZAJ N752

### FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

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

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

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

Signature...

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

Filing ...

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

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

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

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

Forn	m 990-T Exempt Organization Business For calendar year 2007 or other tax	vear ber	e rax Keturn (	and proxy	of tax under section of tax under section (01,2007, and	1 6033(e))	2007
	nal Revenue Service (77) ending 09/30 , 20(	. 80	► See	separate	instructions.		Open to Public Inspection for 501(c)(3) Organizations Or
A L	Check box if Name of organization ( Check address changed	box if na	me changed and see	instruction	ns.)	D Employ	er identification number ps' trust, see instructions for Block D
	xempt under section NATIONAL CATTLEME	IN'S E	BEEF ASSOCI	ATION	INC.		
X	501(C)(6) Print Number, street, and room or suite n	o. If a P.O	, box, see page 9 of	instruction	S.	84-07	738973
-	408(e) 220(e) Type					1	ed business activity cod
-	408A 530(a) 9110 E. NICHOLS A	VENUE				(See inst	ructions for Block E on page 9
C Br	529(a) City or town, state, and ZIP code	255					
	end of year    CENTENNIAL, CO 80   F Group exemption number (See instr			011		54190	00
	19,139,875. G Check organization type ► X 5				c) trust	401(a) tr	rust Other tr
H C	Describe the organization's primary unrelated business activity			1 30 11	C) trust	1 40 Ma) (I	ust Other tr
E	During the tax year, was the corporation a subsidiary in an al	filiated g	roup or a parent-s	ubsidiary	controlled group?	Y. Solv	. ▶ Yes X
_ 1	f "Yes," enter the name and identifying number of the parent	corporation	on. 🕨		and Stark.		
	The books are in care of DOUG EVANS			Telepho	ne number 🕨 3	03-694-	0305
Pa	Int I Unrelated Trade or Business Income		(A) Incor	ne	(B) Exper	ises	(C) Net
1 a	Gross receipts or sales						
t	c Balance						
2	Cost of goods sold (Schedule A, line 7)	. 2					
3	Gross profit. Subtract line 2 from line 1c	. 3					
4 8	a Capital gain net income (attach Schedule D)	. 4a					
k	b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	. 4b	H				
	Capital loss deduction for trusts						
5	Income (loss) from partnerships and S corporations (attach statemer	nt) 5					
6	Rent income (Schedule C)	. 6					
7	Unrelated debt-financed income (Schedule E)						
8	Interest, annuities, royalties, and rents from controlle				111		
	organizations (Schedule F)						
9	Investment income of a section 501(c)(7), (9), or (1)						
	organization (Schedule G)	. 9					
0	Exploited exempt activity income (Schedule I)	. 10					
11	Advertising income (Schedule J)	. 11	887,	668.	53	6,298.	351,37
2	Other income (See page 11 of the instructions; attach schedule.)	. 12					
3	Total, Combine lines 3 through 12		887,	668.	53	6,298.	351,37
ME							
0	(Except for contributions, deductions mus	r be air	edily connecte	ed with	me unrelated	business	
5	Compensation of officers, directors, and trustees (Schedule Salaries and wares	N)	******			14	NO
6	Salaries and wages					15	
7	Repairs and maintenance					16	
8	Bad debts					17	
9	Interest (attach schedule)					. 18	
20	Taxes and licenses Charitable contributions (See page 14 of the instructions for	r limitet	on rulos \			19	
1	Depreciation (attach Form 4562)	mintatio	in rules.)	4.1			
2	Less depreciation claimed on Schedule A and elsewhere on	rolum		20	NO		150
3						22b	NO
4	Depletion  Contributions to deferred compensation plans	Mary.	*****			23	
5	Contributions to deferred compensation plans Employee benefit programs					24	
6	Employee benefit programs  Excess exempt expenses (Schedule I)	71.0				. 25	
7	Excess readership costs (Schedule J)		******			. 26	351 35
	Other deductions (attach schedule)	* 10.14				27	351, 37
8	Total deductions. Add lines 14 through 28		*******			29	251 27
	The state of the s	ss dedu	ction Subtract lies	29 from	ine 13	30	351,37
9	Unrelated business taxable income before net operating to	no neun	AUDITACE IINE	29 HOM	mie 15	30	247 70
9	Unrelated business taxable income before net operating lo	30)				31	347,10
18 19 10 11 12	Net operating loss deduction (limited to the amount on line	30)	act line 24 from 1	00.20		2.0	nam an
10	Net operating loss deduction (limited to the amount on line Unrelated business taxable income before specific deduction	30)	act line 31 from li	ne 30	5 E 5 . F C . F C	32	
10 11 12 13	Net operating loss deduction (limited to the amount on line Unrelated business taxable income before specific deduction (Generally \$1,000, but see line 33 instru	30)	act line 31 from li er exceptions.)	ne 30 .		32	
10	Net operating loss deduction (limited to the amount on line Unrelated business taxable income before specific deduction	30) on. Subtructions for line 32.	ract line 31 from li or exceptions.) If line 33 is greate	ne 30  er than lin		32	-347,103 1,000 -347,103

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. May the IRS discuss this return with the preparer shown below (see Signature of officer Date Title instructions)? Y Yes Date Preparer's SSN or PTIN Preparer's Alpon Check if self-employed signature 8/10/2009 P00173718 Preparer's Firm's name (or EKS&H FIN 84-0869721 yours if self-employed), address, and ZIP code 7979 E TUFTS AVE. . #400 Phone no. 303-740-9400 Form 990-T (2007) DENVER. 80237-2843

Sign

Here

Paid

Use Only

(1) (2) (3) (4)  4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  (1) (2) (3) (4)  5 Average adjusted basis of or allocable to debt-financed property (attach schedule)  (1) (2) (3) (4)  (4)  (5) (6) (7) (7) (8) (9) (9) (9) (10) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (18) (19) (19) (19) (19) (19) (19) (19) (19	Total deduct here and on line 6, column	page 1, Part I, on (B)	tions tions columns
(2) (3) (4)  2 Rent received or accrued  (a) From personal property (if the percentage of rent for personal property) is more than 10% but not more than 50%)  (1) (2) (3) (4)  Total  T	Total deduct here and on line 6, column  3 Deductions directly debt-fin (attach schedule)  Gross income reportable	tions. Enter page 1, Part I, in (B)	tions tions columns
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)  (a) From 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 exces 50% or if the rent is based on profit or income 50% or if the rent is based on profit or income 70% or if the rent is based on profit or i	Total deduct here and on line 6, column  3 Deductions directly debt-fin (attach schedule)  Gross income reportable	tions. Enter page 1, Part I, in (B)	tions tions columns
2 Rent received or accrued  (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)  (1)  (2)  (3)  (4)  Total  Total  Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)  Schedule E - Unrelated Debt-Financed Income (see instructions on page 20)  1 Description of debt-financed property  (1)  (2)  (3)  (4)  4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  (1)  (2)  (3)  (4)  4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  (1)  (2)  (3)  (4)  5 Average adjusted basis of or allocable to debt-financed property (attach schedule)  (1)  (2)  (3)  (4)  6 Column 4 divided by column 5  (5)  (6)  (7)  (8)  (9)  (1)  (9)  (1)  (9)  (1)  (1)  (1	Total deduct here and on line 6, column  3 Deductions directly debt-fin (attach schedule)  Gross income reportable	tions. Enter page 1, Part I, in (B)	tions tions columns
(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 excessors or in the rent is based on profit or incommore than 50%)  (1) (2) (3) (4) Total  Total  Total  Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)  Schedule E - Unrelated Debt-Financed Income (see instructions on page 20)  1 Description of debt-financed property  (1) (2) (3) (4)  4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  5 Average adjusted basis of or allocable to debt-financed property (attach schedule)  (1) (2) (3) (4)  6 Column 4 divided by column 5  7 (attach schedule)  (1) (2) (3) (4)  (4)  (5)  6 Column 4 divided by column 5  (6)  (7)  (8)  (9)  (1) (9) (1) (9) (1) (1) (1) (2) (3) (4) (4) (5)  (6)  (7)  (8)  (8)  (9)  (9)  (10)  (11) (12) (13) (14) (15) (16) (17) (18) (18) (19) (19) (19) (19) (19) (19) (20) (31) (42) (43) (44) (44) (45) (46) (47) (47) (48) (49) (49) (40) (40) (40) (40) (40) (41) (41) (41) (42) (42) (43) (44) (44) (45) (46) (47) (48) (49) (49) (40) (40) (40) (40) (40) (40) (40) (40	Total deduct here and on line 6, column  3 Deductions directly debt-fin (attach schedule)  Gross income reportable	tions. Enter page 1, Part I, in (B)	tions tions columns
for personal property is more than 10% but not more than 50%)  percentage of rent for personal property exces 50% or if the rent is based on profit or incomposed from	Total deduct here and on line 6, column  3 Deductions directly debt-fin (attach schedule)  Gross income reportable	tions. Enter page 1, Part I, in (B)	tions tions columns
(2) (3) (4) Total Total Total Total Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)  Schedule E - Unrelated Debt-Financed Income (see instructions on page 20)  1 Description of debt-financed property  (1) (2) (3) (4)  4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  (1) (2) (3) (4)  7 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  (1) (2) (3) (4)  6 Column 4 divided by column 5  7 (attach schedule) (3) (4) (4) (5) (6) (7) (8) (8) (9) (9) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (18) (19) (19) (19) (19) (19) (19) (19) (19	here and on line 6, column 3 Deductions directly debt-fin 1) Straight line depreciatio (attach schedule)  Gross income reportable	page 1, Part I, on (B)	tions ile)
(3) (4) Total Total Total Total Total Income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)  Schedule E - Unrelated Debt-Financed Income (see instructions on page 20)  1 Description of debt-financed property  1 Description of debt-financed property  (1) (2) (3) (4)  4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  5 Average adjusted basis of or allocable to debt-financed property (attach schedule)  (1) (2) (3) (4)  5 Average adjusted basis of or allocable to debt-financed property (attach schedule)  (3) (4)  (4)  (5) (6) (7) (8) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (11) (11	here and on line 6, column 3 Deductions directly debt-fin 1) Straight line depreciatio (attach schedule)  Gross income reportable	page 1, Part I, on (B)	tions ale)
Total	here and on line 6, column 3 Deductions directly debt-fin 1) Straight line depreciatio (attach schedule)  Gross income reportable	page 1, Part I, on (B)	tions ale)
Total Total Total  Fotal income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)  Schedule E - Unrelated Debt-Financed Income (see instructions on page 20)  1 Description of debt-financed property  2 Gross income from or allocable to debt-financed property  (1)  2)  3)  4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  5 Average adjusted basis of or allocable to debt-financed property (attach schedule)  (1)  (2)  (3)  (4)  5 Average adjusted basis of or allocable to debt-financed property (attach schedule)  (5)  6 Column 4 divided by column 5  (6)  (7)  (8)  (9)  (1)  (9)  (1)  (1)  (2)  (3)  (4)  (4)  (5)  (6)  (7)  (7)  (8)  (8)  (9)  (9)  (9)  (10)  (11)  (12)  (13)  (14)  (15)  (16)  (17)  (18)  (18)  (19)  (19)  (20)  (31)  (41)  (42)  (43)	here and on line 6, column 3 Deductions directly debt-fin 1) Straight line depreciatio (attach schedule)  Gross income reportable	page 1, Part I, on (B)	tions ale)
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Schedule E - Unrelated Debt-Financed Income (see instructions on page 20)  1 Description of debt-financed property  1 Description of debt-financed property  2 Gross income from or allocable to debt-financed property  (1)  (2)  (3)  (4)  4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  5 Average adjusted basis of or allocable to debt-financed property (attach schedule)  7 Average adjusted basis of or allocable to debt-financed property (attach schedule)  (1)  (2)  (3)  (4)  5 Average adjusted basis of or allocable to debt-financed property (attach schedule)  (3)  (4)  (4)  (5)  6 Column 4 divided by column 5  (6)  (7)  (8)  (9)  (1)  (9)  (1)  (1)  (2)  (3)  (4)  (4)  (5)  (6)  (6)  (7)  (7)  (8)  (8)  (9)  (9)  (10)  (11)  (12)  (22)  (33)  (44)  (45)	here and on line 6, column 3 Deductions directly debt-fin 1) Straight line depreciatio (attach schedule)  Gross income reportable	page 1, Part I, on (B)	tions ale)
1 Description of debt-financed property  2 Gross income from or allocable to debt-financed property  (1)  (2)  (3)  (4)  4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  5 Average adjusted basis of or allocable to debt-financed property (attach schedule)  (1)  (2)  (3)  (4)  5 Average adjusted basis of or allocable to debt-financed property (attach schedule)  (5 Column 4 divided by column 5  (1)  (2)  (3)  (4)  (4)  (5)  (6)  (7)  (8)  (8)  (9)  (9)  (9)  (10)  (9)  (11)  (9)  (12)  (13)  (14)  (15)  (16)  (17)  (17)  (18)  (18)  (19)  (19)  (20)  (31)  (41)  (42)  (43)  (44)  (44)  (5)  (6)  (7)  (8)  (8)  (9)  (9)  (9)  (9)  (10)  (11)  (11)  (12)  (13)  (14)  (15)  (15)  (16)  (17)  (17)  (18)  (18)  (19)  (19)  (19)  (10)  (10)  (11)  (11)  (12)  (13)  (14)  (15)  (15)  (16)  (17)  (17)  (18)  (18)  (19)	3 Deductions directly debt-fin  1) Straight line depreciatio (attach schedule)  Gross income reportable	connected with or allocable to nanced property on (b) Other deduct (attach schedu	tions ile)
1 Description of debt-financed property  allocable to debt-financed property  (1)  (2)  (3)  (4)  4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  (1)  (1)  (2)  (3)  (4)  5 Average adjusted basis of or allocable to debt-financed property (attach schedule)  (1)  (2)  (3)  (4)  (4)  (5)  6 Column 4 divided by column 5  (1)  (2)  (3)  (4)  (4)  (5)  (6)  (7)  (8)  (9)  (9)  (1)  (9)  (1)  (1)  (2)  (3)  (4)  (4)  (5)  (6)  (7)  (8)  (8)  (9)  (9)  (9)  (10)  (11)  (12)  (13)  (14)  (15)  (16)  (17)  (17)  (18)  (18)  (19)  (19)  (20)  (30)  (4)  (4)  (5)  (6)  (7)  (8)  (9)  (9)  (9)  (10)  (11)  (12)  (13)  (14)  (15)  (16)  (17)  (17)  (18)  (18)  (19)  (19)  (19)  (19)  (20)  (3)  (4)  (4)  (5)  (6)  (7)  (8)  (8)  (9)  (9)  (9)  (9)  (10)  (11)  (12)  (13)  (14)  (15)  (16)  (17)  (17)  (18)  (18)  (19)  (19)  (19)  (19)  (20)  (3)  (4)  (4)  (5)  (6)  (7)  (8)  (9)  (9)  (9)  (9)  (10)  (10)  (11)  (12)  (13)  (14)  (15)  (16)  (17)  (17)  (18)  (18)  (19)  (1	debt-fin  Straight line depreciatio (attach schedule)  Gross income reportable	nanced properly  (attach schedu  (attach schedu  8 Allocable deduc (column 6 x total of c	tions ile)
1 Description of debt-financed property  allocable to debt-financed property  (1)  (2)  (3)  (4)  4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  (1)  (1)  (2)  (3)  (4)  5 Average adjusted basis of or allocable to debt-financed property (attach schedule)  (1)  (2)  (3)  (4)  (4)  (5)  6 Column 4 divided by column 5  (1)  (2)  (3)  (4)  (4)  (5)  (6)  (7)  (8)  (9)  (9)  (1)  (9)  (1)  (1)  (2)  (3)  (4)  (4)  (5)  (6)  (7)  (8)  (8)  (9)  (9)  (9)  (10)  (11)  (12)  (13)  (14)  (15)  (16)  (17)  (17)  (18)  (18)  (19)  (19)  (20)  (30)  (4)  (4)  (5)  (6)  (7)  (8)  (9)  (9)  (9)  (10)  (11)  (12)  (13)  (14)  (15)  (16)  (17)  (17)  (18)  (18)  (19)  (19)  (19)  (19)  (20)  (3)  (4)  (4)  (5)  (6)  (7)  (8)  (8)  (9)  (9)  (9)  (9)  (10)  (11)  (12)  (13)  (14)  (15)  (16)  (17)  (17)  (18)  (18)  (19)  (19)  (19)  (19)  (20)  (3)  (4)  (4)  (5)  (6)  (7)  (8)  (9)  (9)  (9)  (9)  (10)  (10)  (11)  (12)  (13)  (14)  (15)  (16)  (17)  (17)  (18)  (18)  (19)  (1	Straight line depreciatio (attach schedule)	8 Allocable deduct	etions
(2) (3) (4)  4 Amount of average adjusted basis of acquisition debt on or allocable to debt-financed property (attach schedule)  (1) (2) (3) (4)  Fortilis	Gross income reportable (column 2 x column 6)	(column 6 x total of c	columns
(3) (4)  4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  (1) (2) (3) (4)  Fotals	Gross income reportable (column 2 x column 6)	(column 6 x total of c	columns
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  5 Average adjusted basis of or allocable to debt-financed property (attach schedule)  6 Column 4 divided by column 5  7  (1)  (2)  (3)  (4)  6 Column 4 divided by column 5  6 Column 5	Gross income reportable (column 2 x column 6)	(column 6 x total of c	columns
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  (1)  (2)  (3)  (4)  Fotals	Gross income reportable (column 2 x column 6)	(column 6 x total of c	columns
acquisition debt on or allocable to debt-financed property (attach schedule)  (1)  (2)  (3)  (4)  Fotals	Gross income reportable (column 2 x column 6)	(column 6 x total of c	columns
(2) % (3) % (4) % Fotals			
(3) % (4) % Ent Par			
(4) % Ent Par			
Fotals Ent		A Little Committee Committ	
Totals Par			
Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Org	er here and on page 1, t I, line 7, column (A).	Part I, line 7, columi	page 1, n (B).
Exempt Controlled Organization		istructions on page 21)	
1 Name of Controlled 2 Employer Organization Identification Number 3 Net unrelated income 4 Total or	5 Part of co included in	olumn 4 that is the controlling 's gross income 6 Deduction connected w in colu	vith incom
(1)			_
(2)			
(3)			
(4)			
Nonexempt Controlled Organizations			
7 Taxable Income 8 Net unrelated income (loss) (see instructions) 9 Total of specified payments made	10 Part of column 9 th included in the control organization's gross inc	olling connected with in	ncome in
1)			
2)			
3)			
4)			
	Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).		age 1,

JSA

Form 990-T (2007)			84-0			-0738973 Pa			
		me of a Section 501	(c)(7),	9), or (17	) Organizati	on			
(see instructio	ns on page 22)			3 Deduc	ctions	_	V-2-1-000	5 Total deductions	
1 Description	on of income	2 Amount of income		directly con (attach sch	nnected		4 Set-asides (attach schedule)	and set-asides (col. 3	
(1)				(attach sci	nedule)		I W C L C C C C C C C C C C C C C C C C C	plus col. 4)	
(2)									
(3)									
(4)									
		Enter here and on page						Enter here and on	
		Part I, line 9, column (A)	1					page 1, Part I, line 9, column (B).	
Totals									
	xploited Exemp ns on page 22)	ot Activity Income, O	ther Tha	ın Advert	ising Income				
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	(loss unrela or bu (columi colum gain, o	income s) from ted trade siness 1 2 minus n 3). If a compute through 7.	5 Gross inco from activity is not unrela business inco	that ated	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)						_			
(2)					_	_		-	
(3)									
(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	duantiaine luaas								
		ne (see instructions or							
Part I Incom	ne From Periodi	icals Reported on a	Consoli	dated Ba	SIS				
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	gain or 2 minus a gain,	vertising (loss) (col. s col. 3). If compute through 7.	5 Circulati income		6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1) STMT 1									
(2)				_		_			
(3)						_			
(4)									
Totals (carry to Part II,									
line (5))	887,668.	536, 298.	35	1,370.	64,	622	497, 297.	351,370	
Part II Incor		icals Reported on a			For each pe	riodica	I listed in Part II. f	ill in	
colur	nns 2 through 7	on a line-by-line basi	is.)						
(1) STMT 2									
(2)									
(3)					-				
(4)									
(5) Totals from Part I	887,668.	536, 298.						351,370	
Totals, Part II	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 II, line 27.	
(lines 1-5) >	887,668.	536, 298.	1 T	ne Ar a di			~	351,370	
ochedule K - C	ompensation of	f Officers, Directors	, and Ir	ustees (se	ee instructions	on pa		1.6	
7 32 16 90 71	1 Name	e		.1	2 Title	1	3 Percent of ime devoted to business	4 Compensation attributable to unrelated business	
STMT 4							%		
-						-	%		
							%		

%

Total. Enter here and on page 1, Part II, line 14 . . . .

NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC.

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

	7	es.				15
	GROSS	DIRECT	4.	ιά	.0	EXCESS
	ADVERTISING	ADVERTISING	ADVERTISING	CIRCULATION	READERSHIP	READERSHIP
NAME OF PERIODICAL	INCOME	COSTS	GAIN OR LOSS	INCOME	COSIS	COSTS
		H 11 11 14 11				11 11 11 11 11 11 11 11 11 11 11 11 11
MATIONAL CATTLEMEN'S MAGAZINE	507, 668.	462,619.		45, 951.	273,978.	
CATTLEMAN TO CATTLEMAN	380,000.	73, 679.		18,671.	223, 319.	
COLUMN TOTALS	887, 668.	536, 298.	351,370.	64,622.	497, 297.	351, 370.
					000000000000000000000000000000000000000	

STATEMENT 1

1647-00

NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC.

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

1	EXCESS	READERSHIP	COSTS			351,370.	351,370.	
	6.	READERSHIP	COSTS					
	ić.	CIRCULATION	INCOME					
	4.	ADVERTISING	GAIN OR LOSS	-				
m	DIRECT	ADVERTISING	COSTS			536, 298.	 536, 298.	
esi.	GROSS	ADVERTISING	INCOME			887,668.	887, 668,	
			CAL		PART II TOTALS	PART I TOTALS	SCHEDULE J TOTALS	
		T	NAME OF PERIODICAL					

1647-00

AMEZAC N752

STATEMENT 2

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

84-0738973

YEAR	NOL GENERATED	NOL UTILIZED	NOL C <u>ARRYOVE</u> R
9/30/1999	66,288	(1,789)	64,499
9/30/2000	59,976	2	59,976
9/30/2001	8,795	=	8,795
9/30/2002	69,776	-	69,776
9/30/2003	0	·e	0
9/30/2004	Ō	ē	0
9/30/2005	0	4	0
9/30/2006	122,578	-	122,578
9/30/2007	21,479	0em	21,479
9/30/2008		2.0	0
	348,892		347,103

\* \* \* \* \*

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

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

\* \* \* \* \*

Signature . . .

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

Filing . . .

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

Colorado Department of Revenue Denver, CO 80261-0006

No tax due . . .

There is no tax due for the current year.

#### DEPARTMENTAL USE ONLY

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	10/01	, 2007, ending	09/30	2008

Name	Colorado Account Number
NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC.	e
Address	
9110 E. NICHOLS AVENUE, #300	Federal Employer Identification Number
City, State, ZIP Code	•
CENTENNI AL, CO 80112-345	
IF YOU DO NOT NEED A CORPORATE TAX BOOKLET MAILED TO YOU NEXT YEAR, CHECK THIS	S BOX
<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 (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 990T</li> </ul>	Income Tax Act (Attach Schedule A); Tax Compact (Attach Schedule B);
B. Separate/Consolidated/Combined Filing. This return is being filed by:  A single corporation filing a separate return;  An affiliated group of corporations electing to file a consolidated return. (Warning: such election was made in a prior year - enter the year of election here:  An affiliated group of corporations required to file a combined return. (Attach Schedule C)  An affiliated group of corporations required to file a combined return that includes another Schedule C)	ch Schedule C);
2.7 APR 20	L AMOUNTS TO THE NEAREST DOLLAR
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	-449,84700 2 .00 -449,84700
Additions to federal taxable income	
4 Federal net operating loss deduction	347,103.00
5 Colorado income tax deduction	5 .00
o Other additions, attach explanation	6 .00
7 Total of lines 3 through 6	7 -102,74400
Subtractions from federal taxable income	
8 Exempt federal interest	8 .00
9 Excludable foreign source income	9 .00
9 Excludable foreign source income 10 Colorado source capital gain (asset acquired on or after 5/9/94, held five years)	10 .00
11 Other subtractions, attach explanation	11 .00
12 Total of lines 8 through 11	. 12 .00
13 Modified federal taxable income, line 7 minus line 12	. 13 -102, 74400
14 Colorado taxable income before net operating loss deduction	14 -102,74400
15 Colorado net operating loss deduction	475, 29300
16 Colorado taxable income, line 14 minus line 15	. 16 NONE.00

Form 112					P	age 2
17 Tax, 4.63% of the amount on line 16			W 1	17	NC	NE.OC
18 New investment tax credit from Form 112CR				8		.00
19 Enterprise zone investment tax credit from Form	112CR		0 1	9		.00
20 Enterprise zone employee credits from Form 112	2CR			20		.00
21 Enterprise zone contribution credit from Form 1:	12CR			21		.00
22 Other enterprise zone credits from Form 112CR				22		.00
23 Alternative fuel vehicle credit from Form 112CR				23		.00
24 Alternative fuel refueling facility credit from Form	112CR			24		.00
25 Gross conservation easement credit from Form	112CR		62	25		.00
26 Other credits from Form 112CR			02	26		.00
27 Total credits, total of lines 18 through 26				2.7		.00
28 Net tax, line 17 minus line 27 ,				28	NO	NE.00
29 Recapture of prior year credits			62	29		.00
30 Total of lines 28 and 29			3	30	NO	NE.00
31 Estimated tax and extension payments and credi	ts					.00
32 Penalty, also include on line 35 if applicable						.00
33 Interest, also include on line 35 if applicable				33		.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	owed			NC	NE.00
36 Overpayment, line 31 minus line 30			3	36		.00
37 Overpayment to be credited to estimated tax			• 3			.00
38 Overpayment to be refunded	Section .			88		.00
C. The corporation's books are in care of:  Name			Telephone Number	22 22 1		
DOUG EVANS Address		City	4 - 3	303-694-		
THE COMPANY	-	City		State	ZIP	-
D. Business code number per federal return •	541900					
E. Year corporation began doing business in Colorado	•					
F. Kind of business in detail:						
TRADE ASSOCIATION EXEMPT						
UNDER SECTION 501(C)(6)						
G. Has the Internal Revenue Service made any adjustm	ents in the corp	oration's incom	me or tax or have you	filed amended	I federal income tax	returns
at any time during the last four years?		Yes, for which				
Did you file amended Colorado returns to reflect such	changes or subm	it copies of the	Federal Agent's reports?	Yes	X No	
Under penalties of perjury in the second degree, I decla complete. Declaration of preparer (other than taxpayer) is	re that I have e	xamined this	return and to the best	of my knowle	edge it is true, corre	act and
Signature	Date		me and telephone numb		firm preparing return	0
CLIENT COPY			S&H	a pareon or	toon krapaning ratur	
Title	-		03) 740-9400	1		
Control of the Contro		13	03) /40-3400			

YEAR	NOL GENERATED	NOL UTILIZED	NOL CARRYOVER		
9/30/1997	99,269	(13,176)	86,093		
9/30/1998	40,308		40,308		
9/30/1999	66,288	4	66,288		
9/30/2000	59,976	-	59,976		
9/30/2001	8,795	2	8,795		
9/30/2002	69,776		69,776		
9/30/2003	-	3,	0		
9/30/2004	-		Ō		
9/30/2005	1		0		
9/30/2006	122,578		122,578		
9/30/2007	21,479		21,479		
9/30/2008		- 1	0		
	488,469		475,293		



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,

Ehrhardt Keefe Steiner & Hottman PC

Ehrhandt Keefe Steiner + Hottman PC



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

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

Dear Doug:

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

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

2008 990 - Return of Organization Exempt from Income Tax

2008 Schedule C - Political Campaign and Lobbying Activities

2008 Schedule D - Supplemental Financial Statements

2008 Schedule J - Compensation Information

2008 Schedule L - Transactions with Interested Persons

2008 Schedule O - Supplemental Information to Form 990

2008 Schedule R - Related Organizations and Unrelated Partnerships

2008 990-T - Exempt Organization Business Income Tax Return

2008 CO 112 - Colorado Corporation Income Tax Return

2008 8879-EO - IRS e-file Signature Authorization

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

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

Sincerely,

Ehrhardt Keefe Steiner + Hottman PC

Ehrhardt Keefe Steiner & Hottman PC

#### Form 990

## Return of Organization Exempt From Income Tax

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

2008

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements.

AI	or th		1 , 2008, and ei				30,2009	
B	heck if ap	lies IPS	BEEF ASSOC	IATION	D Emplo	yer identifica	ation number	
-	chang	label or Doing Business As		12.61		0738973		
	Name	change print or Number and street (or P.O. box if mail is not delivered to street a type.	iddress) F	Room/suite	E Telepi	none number		
	Initial	return See 9110 E. NICHOLS AVENUE	3	00	(30)	3) 694-0	305	
	Term	Specific Instruc- City or town, state or country, and ZIP + 4						
	Amen	CENTENNI AL. CO 80112-3450			G Gross	receipts \$	57, 118, 310.	
	Applic	F Name and address of principal officer: HORDING BORDING	rs			s a group return		
	-(-(-)	9110 E. NICHOLS AVENUE, #300 CENTENNIA		)	affilia H(b) Are	tes? all affiliates incli	uded? Yes No	
1	Tax-ex	empt status: X 501(c) ( 6 ) ◀ (insert no.) 4947(a)(1) or	527				(see instructions)	
J	Websi	te: ▶ WWW. BEEF. ORG	1921			n exemption nu	The state of the s	
K		of organization: X Corporation Trust Association Other	I v	ear of format		- 1000	ALL CALACTER SEC.	
-	ırt l	Summary	12.	Jan of Tormia	199	o m orace	of legal domicile: CO	
B/MA	-							
	1	Briefly describe the organization's mission or most significant activities: TO WORK TO INCREASE PROFIT OPPORTUNITIES F	OD CAMBITE	OUD DEE				
JCe								
nai		PRODUCERS BY ENHANCING THE BUSINESS CLIMAT	E AND BULLI	DI NG CC	ONS UME.	K		
Ver	2	DEMAND.  Check this box ▶ ☐ if the organization discontinued its operations			بدعمات			
ő	3	Number of voting members of the reversion had (Cort V). Use 4-3	or disposed of mor	e than 25%	of its ass	ets.		
S	4	Number of voting members of the governing body (Part VI, line 1a)				3	8	
Activities & Governance		Number of independent voting members of the governing body (Part VI,					8	
cţi		Total number of employees (Part V, line 2a)				5	193	
A	6	Total number of volunteers (estimate if necessary)				6	9	
	7a	Total gross difference business revenue from Part VIII, line 12, column (C.		oranie reina		/a	746,109.	
_	b	Net unrelated business taxable income from Form 990-T, line 34						
	125			-	Prior	/ear	Current Year	
ne	1 30	8 Contribution and grants (Part VIII, line 1h)				NONE	NONE	
Revenue	9	9 Program service revenue (Part VIII, line 2g)			64,05	3,726.	55,611,704.	
Rev	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)			15	9,969.	7,362.		
-	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				1,36	9,788.	1,075,094.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A),	line 12)		65, 58	3,483.	56,694,160.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)				NONE	NONE	
	14	14 Benefits paid to or for members (Part IX, column (A), line 4)					NONE	
S	15	5 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)				1,056.	13, 192, 569.	
Expenses	16a	a Professional fundraising fees (Part IX, column (A), line 11e)				NONE	NONE	
dx	b	Total fundraising expenses, Part IX, column (D), line 25)						
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	54,16	0,389.	42,501,633.			
	18	8 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)				1,445.	55, 694, 202.	
	19				-2,24		999,958.	
Pos					Beginning		End of Year	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	o co co a lian	I	19,13		19, 125, 284.	
As	21	Total liabilities (Part X, line 26)			13, 25		12,298,004.	
Net	22	Net assets or fund balances. Subtract line 21 from line 20		21		1,951.	6,827,280.	
Pa	ert II	Signature Block			37.00	27,501.1	0,027,200.	
		Under penalties of perjury, I declare that I have examined this return, including	na accompanyina sa	hedules and	d statemen	s and to th	a best of my knowledge	
		and belief, it is true, correct, and complete. Declaration of preparer (other the	nan officer) is based	on all info	rmation of	which prep	arer has any knowledge.	
5	ign	CLIENT COPY			T			
	lere	Signature of officer			Da	te		
		Type or print name and title						
-	_	11 0 01	Date	Check if		Preparer's	identifying number	
Paid		riepatity signature		(see instruc		ctions)		
Pre	parer's	- Other March		employed			P00173718	
Use	Only	in dan ampioyoda			EIN		1-0869721	
1/4	the !		80237-2843		Phone no.		3-740-9400	
		RS discuss this return with the preparer shown above? (See instructions)					X Yes No	
JSA	Priva	cy Act and Paperwork Reduction Act Notice, see the separate instructi	ons.				Form 990 (2008)	
	010 2.00	oo						

Part   State	ement of Program Service A	accomplishments (see instructions)	0.000,0	
1 Briefly descri	be the organization's mission	ri e		
		OPPORTUNITIES FOR CATTLE		
PRODUCER	S BY ENHANCING THE	BUSINESS CLIMATE AND BUIL	DING CONSUMER	
DEMAND.				
the prior Forr If "Yes" descr Did the orga services? If "Yes," descr Describe the	m 990 or 990-EZ? ribe these new services on So nization cease conducting, of the conducting of the con	or make significant changes in how it	conducts, any program	,
		rions and section 4947(a)(1) trusts are and revenue, if any, for each program s		of grants and
	) (Expenses \$	including grants of \$	) (Revenue \$	.)
4 b (Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c (Code:	) (Expenses \$	including grants of \$	) (Revenue \$	_)
	m services. (Describe in Sche			
(Expenses \$	including gra			
JSA JSA	m service expenses ▶\$	(Must equal Part IX,	Line 25, column (B).)	A 7 222 33 33
8E1020 1.000				Form 990 (2008

	00 (2008) 84-0738973		F	age 3
Part	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	있는 병원 내용 경우 내용 가는 사람들이 되었다. 그는 이 사람들이 되었다면 하는 사람들이 되었다면 하는데 그는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하	1	0.0	X
	complete Schedule A  Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-	- 1	43
		3	X	-
4	candidates for public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	X	
	Did the organization maintain any donor advised funds or any accounts where donors have the right to		-	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete	2		
	Schedule D, Part I	6		X
	Did the organization receive or hold a conservation easement, including easements to preserve open space,	5		1, 1
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
9	complete Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	8	$\Rightarrow$	X
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	그래, 그렇게 하고 하는 유명에 모든데 그래를 가면 하는데 얼마나가 얼마나 아니는데 그리고 말라면 어머니를 보고 있다면 하는데 얼마나 이렇게 하는데 이렇게 하는데 이렇게 되었다면 하는데 그래요?	9		X
10	complete Schedule D, Part IV  Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,		121	
	Parts VI, VII, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return			
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	1,14		
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	1.2		1.0
4.0	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	-	X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	4.0		
	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	16		X
	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	11 -	X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete	1.71	11	
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	- 11		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
- 5	24b-24d and complete Schedule K. If "No," go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		17.7	
- 4	to defease any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	24d		-
200		25a		. 11
b	with a disqualified person during the year? If "Yes," complete Schedule L, Part I  Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified	200		
	person from a prior year? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Х	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or		- 23	
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		1.0

Form 990 (2008) 84-0738973 Page 4

#### Part IV Checklist of Required Schedules (continued) Yes No During the tax year, did any person who is a current or former officer, director, trustee, or key employee: Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L. 28a b Have a family member who had a direct or indirect business relationship with the organization? If "Yes." 28b Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV . . . . . . . 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes." complete Schedule R. Parts II. III, IV, and V, line 1 34 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part 37

#### Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 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)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	175		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See 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	11	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	
	Prohibited Tax Shelter Transaction?	5 c		
6a		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	1 = 1		
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? .	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		11 =
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
b.	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			
	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.			
a	Did the organization make any taxable distributions under section 4966?	9a		1
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:			
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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			

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

Sect	ion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the		900	
	circumstances, process, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members		110	
	of the governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	-
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	-	5 11 15	-12
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	×	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at		- 1	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		v
Secti	ion B. Policies			-12
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	. X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	7		
	rise to conflicts?	12b	X	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
a	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers or key employees of the organization?	15b		X
	Describe the process in Schedule O. (see instructions)			100
16a				
	with a taxable entity during the year?	16a		X
b	if Yes, has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶	Cob		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)	s only		
	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 inte	rest		
	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	ne		
	organization: ▶DOUG EVANS 9110 E. NICHOLS AVENUE, #300 CENTENNIAL, CO 80112			
	303-694-0305			

Form 990 (2008)

BE1042 1.000

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

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

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

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

(A)	(B)			(0				(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	Institutional trustee	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.
SEE SCHEDULE J-2										
					Ìį					
			i i							
			ij							

AHI2AJ N752

(B) Average	Danit	lan /	((			. LA	(D)	(E)		(F)
hours per week	or director	Institutional trustee	Officer	Key employee	Highest compensated at employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	com fr org	itimated nount of other pensation om the anization d related anizations
	1									
					Щ					
	T									
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					1 = 1					
 e in 1a) v	/ho re		ved	mo	ore th	nan	2,440,998. \$100,000 in re			416,806 from the
ile J for su	ch indi	vidu	ıal		100				3	Yes No
greater th	an \$	150	,00	0?	If "Y	es,"	complete Sched	ule J for such	4	x
or accr complete	ue co Schedu	mp ule J	ens I for	atio suc	n fro	m son	any unrelated o	rganization for	5	×
compensal	ed in	dep	end	lent	cont	rac	tors that received	d more than \$1	00,000	of
ess							(B) Description of ser	vices		
							2 decompliant of dec	1,000	Compen	aduori
ncluding th	nose i	n 1	) w	/ho	rece	ivec	I more than \$10	0,000 in		
5								The second secon		
	e in 1a) very director of the sum of greater the complete scompensations.	e in 1a) who receiver, director or ule J for such indices sum of report greater than \$ complete Scheducompensated incress	e in 1a) who received a sum of reportable greater than \$150 complete Schedule compensated independent of the sum of the s	e in 1a) who received the ser, director or trusted the ser, director or trusted the series of the se	e in 1a) who received more in 1a) who received more in trustee, is alle J for such individual	e in 1a) who received more the ser, director or trustee, key engle J for such individual	e in 1a) who received more than ser, director or trustee, key empule J for such individual	ter, director or trustee, key employee, or highest tale J for such individual	ter, director or trustee, key employee, or highest compensated alle J for such individual	ter, director or trustee, key employee, or highest compensated alle J for such individual

11

-	Statement of Revenue			4-0738973		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from t under sections 512, 513, or 5
1a	Federated campaigns	. 1a				
b	Membership dues	. 1b				
С	Fundraising events	. 1c				
d	Related organizations	. 1d		1		
e	Government grants (contributions) .	. 1e				
f	All other contributions, gifts, grants,					
	and similar amounts not included above	, 1f NONE				
	Noncash contributions included in lines 1a					
h	Total. Add lines 1a-1f	Treatment of the second of the	NONE			
		Business Code				
A 17	BPOC CONTRACTS	900099	35, 832, 980.	35, 832, 980.		
	STATE BEEF COUNCIL	900099	10, 254, 288.	10, 254, 288.		
C	SPONSORSHIPS/MTGS	900099	4,133,901.	4,133,901.		
d	MEMBERSHIP DUES	900099	3,400,614.	3,400,614.		
e	ADVERTISING	541900	746, 109.		746,109.	
	All other program service revenue .		1,243,812.	1,243,812.		
g	Total. Add lines 2a-2f		55,611,704.			
3	Investment income (including divide	nds, interest, and				
	other similar amounts)		7,362.			7,3
4	Income from investment of tax-exen	npt bond proceeds ▶	NONE			
5	Royalties · · · · · · · · · · · · · · · · · · ·		NONE			
100	(1)	Real (ii) Personal				
6a	Gross Rents	82,274.				
b	Less: rental expenses	NONE				
	Rental income or (loss)	82,274.				
d			82, 274.			82,2
7a	Gross amount from sales of assets other than inventory	curities (ii) Other				
	Less: cost or other basis and sales expenses					
	Gain or (loss)					
	Net gain or (loss)		NONE			
100	Gross income from fundraisi events (not including \$	7				
	of contributions reported on line 1c).					
40.	See Part IV, line 18					
	Less: direct expenses Net income or (loss) from fundraising		NONE			
9a	Gross income from gaming activities.		NONE			
	See Part IV, line 19	10				
	Net income or (loss) from gaming ac		NONE			
10a	Gross sales of inventory, le	ss	NONE			
	returns and allowances					1
	Less: cost of goods sold Net income or (loss) from sales of inv		501 000			
С	Miscellaneous Revenue	Business Code	501,066.			501,0
11a	OTHER REVENUE RELATED TO EXEMPT	FUNCTION 900099	491,754.	491,754.		
b						
С						
d	All other revenue					
e	Total. Add lines 11a-11d		491,754.			
12	Total Revenue. Add lines 1h, 2g, 3,	4, 5, 6d, 7d, 8c,				
	9c, 10c, and 11e		56,694,160.	55, 357, 349.	746,109.	59

### Part IX Statement of Functional Expenses

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

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

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and	22437			
	organizations in the U.S. See Part IV, line 21	NONE			
2	Grants and other assistance to individuals in	3.7.0			
	the U.S. See Part IV, line 22	NONE			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	20.04			
	U.S. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members ,	NONE			
5	Compensation of current officers, directors, trustees, and key employees	2,441,000.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	8,063,475.			
8	Pension plan contributions (include section 401	0,000,475.			The state of the s
,	(k) and section 403(b) employer contributions).	NONE			
9	Other employee benefits	2,688,094.			
0	Payroll taxes	NONE			
1	Fees for services (non-employees):	110110			
	Management	NONE		2	
	Legal	230, 120.			
	Accounting	59, 296.			
	Lobbying	NONE			
e	Professional fundraising services. See Part IV, line 17	NONE			1
	Investment management fees	NONE			
g	Other	8, 153, 264.			
2	Advertising and promotion	27, 235, 646.			
3	Office expenses ,	544, 252.			
4	Information technology	250, 257.			
5	Royalties	NONE			
6	Occupancy	1,680,667.			
7	Travel	2,056,269.			
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
9	Conferences, conventions, and meetings	1,028,525.			
0	Interest	39,619.		10	
1	Payments to affiliates	NONE			
2	Depreciation, depletion, and amortization	168,105.			
3	Insurance	307,625.			
.4	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a	BAD_DEBT_EXPENSE	338, 336.			
b	RELOCATION	150, 582.			
c	REGISTRATION	110,995.			
d	FINANCE_CHARGES	46,145.			
e	VOLUNTEER	16,507.			
	All other expenses	85, 423.			4
5	Total functional expenses. Add lines 1 through 24f	55,694,202.			
26	Joint Costs. Check here ▶ ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Page 11 Part X **Balance Sheet** (A) (B) Beginning of year End of year 1 2 2 5, 479, 652 9,504,207. 3 3 4 9,919,542 4 7, 138, 486. Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L . . . . . NONE 5 150,000. Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II 6 Notes and loans receivable, net .............. Assets 7 8 Prepaid expenses and deferred charges . . . . . . . . . . STMT . 3 . . 472,404 9 194,676. 10a Land, buildings, and equipment: cost basis . . . . | 10a | 3,745,627. b Less: accumulated depreciation. Complete 10c 498,523 416, 192. Investments - publicly traded securities . . . . . . . . . . . . . STMT . 4 . . 11 993,400. 11 NONE 12 12 13 13 1,680,765. 1,626,134. 14 14 15 15 95,589 95,589. Total assets. Add lines 1 through 15 (must equal line 34) . . . . . . . . . 16 19, 125, 284. 19, 139, 875 16 17 11,481,964. 17 9,558,207. 18 18 19 1,775,960. 19 2,691,999. 20 20 21 21 Liabilities Payables to current and former officers, directors, trustees, key employees, 22 highest compensated employees, and disqualified persons. Complete Part II 22 23 Secured mortgages and notes payable to unrelated third parties . . . . . . 23 24 24 25 25 NONE 47,798. 26 13, 257, 924. 26 12, 298, 004. Organizations that follow SFAS 117, check here > X and complete Balances lines 27 through 29, and lines 33 and 34. 27 5.881.951 27 6,827,280. 28 28 Fund 29 29 Organizations that do not follow SFAS 117, check here ▶ and 0 complete lines 30 through 34. Assets 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . . . . . 31 32 Retained earnings, endowment, accumulated income, or other funds . . . . 32 Net 33 5,881,951 33 6,827,280. Total liabilities and net assets/fund balances.......... 34 19, 139, 875. Part XI Financial Statements and Reporting Yes No Accounting method used to prepare the Form 990: Cash X Accrual Other 2a 2b c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the 20 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in 3a

### SCHEDULE C

(Form 990 or 990-EZ)

### Political Campaign and Lobbying Activities

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

To be completed by organizations described below.

Attach to Form 990 or Form 990-EZ.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Inspection If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below, Do not complete Part I-B. Section 527 organizations: Complete Part I-A only. If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(cy)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization Employer identification number NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC 84-0738973 To be completed by all organizations exempt under section 501(c) and section 527 organizations. See the instructions for Schedule C for details. Provide a description of the organization's direct and indirect political campaign activities in Part IV. 1 2 To be completed by all organizations exempt under section 501(c)(3). See the instructions for Schedule C for details. 1 Enter the amount of any excise tax incurred by organization managers under section 4955 . . > \$ \_\_\_ If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . . . . . . No No If "Yes," describe in Part IV. To be completed by all organizations exempt under section 501(c), except section 501(c)(3). Part I-C See the instructions for Schedule C for details. Enter the amount directly expended by the filing organization for section 527 exempt function activities \_\_\_\_\_ ► \$\_ NONE Enter the amount of the filing organization's funds contributed to other organizations for section NONE Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and NONE State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political contributions received and filing organization's promptly and directly funds. If none, enter -0 -. delivered to a separate political organization. If none, enter -0-.

8E1264 1.000

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

Schedule C (Form 990 or 990-EZ) 2008

-	art II-A To be completed by	oy organi	zations e	xempt under sec	tion 501(c)(3) t	hat filed Form 5768	Page Z
		anization	belongs to	ne instructions for an affiliated group oox A and "limited	p.		
	Limit: (The term "expend		ying Expen		.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a	Total lobbying expenditures to Total lobbying expenditures (a Other exempt purpose expend	influence dd lines 1a litures itures (add	a legislative a and 1b)  I lines 1c an	e body (direct lobbyi	ng)		
	If the amount on line 1e, column (	(a) or (b) is:			is:		
	Not over \$500,000	0.000	CAMPTON	amount on line 1e.			
	Over \$500,000 but not over \$1,00 Over \$1,000,000 but not over \$1,5			lus 15% of the excess			
	Over \$1,500,000 but not over \$1,500,000 but not over \$17			lus 10% of the excess			
	Over \$17,000,000	,000,000	\$1,000,000		over \$1,500,000.		
		4 ations that	-Year Aver	aging Period Unde	r Section 501(h)	o complete all of the fi	Yes No
		Lobb	ying Exper	nditures During 4-Y	ear Averaging Pe	riod	
	Calendar year (or fiscal year beginning in)	(a) 2	005	(b) 2006	(c) 2007	(d) 2008	(e) Total
22	Lobbying non-taxable amount			17	- m		
k	Lobbying ceiling amount (150% line 2a, column(e))						
C	: Total lobbying expenditures						
C	Grassroots non-taxable amount						
6	Grassroots ceiling amount (150% of line 2d, column (e))		- 8				
f	Grassroots lobbying expenditures				1		

Schedule C (Form 990 or 990-EZ) 2008

84-0738973 Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details. (b) Yes No Amount During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? q h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? Other activities? If "Yes," describe in Part IV Total lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . . . If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? . . . . Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details. Yes No Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? . . . . . To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details. Dues, assessments and similar amounts from members 1 3,400,614. Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a 266, 374. Carryover from last year 2b 2c 266, 374. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 680, 123. If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4) Part IV Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5 and Part II-B, line 1i. Also, complete this part for any additional information.

Schedule C (F	orm 990 or 990-EZ) 2008	84-0738973	Page 4
Part IV	Supplemental Information (continued)		
	~		
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
	4-1		
			2245-225-35-435
2000			

### SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

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.

	of the organization			Employer identification number
	IONAL CATTLEMEN'S BEEF ASSOCIATION			84-0738973
Pai	Organizations Maintaining Donor Ad- the organization answered "Yes" to Fo	vised Funds or Othe orm 990, Part IV, line	er Similar Funds or A e 6.	Accounts. Complete if
		(a) Donor ad	vised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor	advisors in writing that	the assets held in done	or advised
	funds are the organization's property, subject to t	4 D. G.		
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the	benefit of the donor o	r donor advisor or other	
_	impermissible private benefit?		and the same and the same and	Yes No
Pa	Conservation Easements. Complete	if the organization a	nswered "Yes" to For	m 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by th	e organization (check a	ill that apply).	
	Preservation of land for public use (e.g., recr Protection of natural habitat Preservation of open space	reation or pleasure)		an historically importantly land area certified historic structure
2	Complete lines 2a-2d if the organization held a que on the last day of the tax year.	ualified conservation c	ontribution in the form	
			9	Held at the End of the Year
a	Total number of conservation easements			2a
b	Total acreage restricted by conservation easemen	ts		2 b
C	Number of conservation easements on a certified	historic structure incli	uded in (a)	2 c
d	Number of conservation easements included in (	c) acquired after 8/17	/06	2 d
3	Number of conservation easements modified, tra	nsferred, released, ex	tinguished, or terminate	ed by the organization during
	the taxable year >			
4	Number of states where property subject to cons	ervation easement is lo	cated >	
5	Does the organization have a written policy regard			
-	enforcement of the conservation easements it hold			
6	Staff or volunteer hours devoted to monitoring, in			
7	Amount of expenses incurred in monitoring, inspe			
8	Does each conservation easement reported on lin 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?			
9	In Part XIV, describe how the organization reports			
9	balance sheet, and include, if applicable, the text			
	the organization's accounting for conservation east		organization's imancial	statements that describes
Pa	Organizations Maintaining Collection Complete if the organization answere	s of Art, Historical	Treasures, or Other 1	Similar Assets.
1a	If the organization elected, as permitted under SF art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its	AS 116, not to report ald for public exhibition financial statements t	in its revenue stateme n, education, or researc hat describes these item	nt and balance sheet works of ch in furtherance of public service, ss.
b	If the organization elected, as permitted under SF historical treasures, or other similar assets held for provide the following amounts relating to these ite	or public exhibition, ed ems:	ducation, or research in	furtherance of public service,
	(i) Revenues included in Form 990, Part VIII, line	1		> \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, h	nistorical treasures, or	other similar assets for	r financial gain, provide the
	following amounts required to be reported under	SFAS 116 relating to	these items:	The state of the s
a	Revenues included in Form 990, Part VIII, line 1 .		a ceresaria e	Þ\$
b	Assets included in Form 990, Part X			
For	Privacy Act and Paperwork Reduction Act Notice, see the Instru		P. CTO J. S. TO J. S.	Schedule D (Form 990) 2008

3	t III Organizations Maintain	ing consensue	AIL, IIISTOII	our mousuros,	- J- Control - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	sets (continued)
	Using the organization's accession	and other records	chock any of	the following the	des a dissilinant man	of its calleation
	items (check all that apply):	and other records	, check any or	the following that	are a significant use	of its collection
- 2	Public exhibition			62 Eros - 600	15 10 10 10 10 10 10 10 10 10 10 10 10 10	
a			d		ange programs	
b	Scholarly research	COSTAGOS	e	Other		
C	Preservation for future ge					
4	Provide a description of the organ	zation's collections	and explain h	ow they further th	e organization's exer	npt purpose in
	Part XIV.					
5	During the year, did the organizati	on solicit or receive	e donations of	art, historical trea	sures, or other similar	
	assets to be sold to raise funds rat	her than to be mai	ntained as par	t of the organizati	on's collection?	· · · Yes No
Pai	Part IV, line 9, or reported	odial Arrangeme ed an amount on	ents. Comple Form 990, P	ete if organization Part X, line 21.	n answered "Yes" to	Form 990,
1.	In the organization on apput twenty					
Id	Is the organization an agent, truste	e, custodian or otr	ner intermedia	ry for contribution	s or other assets not	
	included on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in	Part XIV and com	plete the follo	wing table:		
	W. A. W. C. C. C. C.					ount
C	Beginning balance					
d	Additions during the year					
e	Distributions during the year			1	e	
f	Ending balance			1	f	
2a	Did the organization include an an	ount on Form 990	, Part X, line 2	1?		Yes No
b	If "Yes," explain the arrangement in					
Pai	tV Endowment Funds, Cor	nplete if organiz	ation answer	ed "Yes" to Forn	990 Part IV line	10
		(a) Current Year	(b) Prior year			
1a	Beginning of year balance		157.55.25	10/11/00/00	(a) imag jaan	(o) i sui your puon
b	Contributions					
C	Investment earnings or losses					
d	Grants or scholarships					
	Other expenditures for facilities .					
	One expenditures for facilities .					
е	and programs					
	and programs ,					
е	and programs					
e f	and programs ,	of the year end ba	lance held as:			
e f g	and programs	The second secon	lance held as:			
e f g	and programs	The second secon				
e f g 2 a	and programs	nent ▶				
e f g 2 a b c	and programs	ment >	%	ion that are held a	and administered for the	ne
e f g 2 a b c	and programs	ment >	%	ion that are held a	and administered for the	
e f g 2 a b c	and programs	ment / % % the possession of	% the organizati			Yes No
e f g 2 a b c	and programs	% % the possession of	the organizati			Yes No
e f g 2 a b c 3a	and programs	% % the possession of	the organizati			Yes No 3a(ii)
e f g a b c 3a	and programs	% % the possession of	the organizati	Schedule R?		Yes No
e f g 2 a b c 3a b 4	and programs	the possession of ganizations listed a uses of the organiz	% the organizatis required on Sation's endown	Schedule R?		Yes No 3a(i) 3a(ii)
e f g 2 a b c 3a b	and programs	the possession of spanizations listed a sees of the organiz	the organizations required on Sation's endown	Schedule R? ment funds.		Yes No 3a(i) 3b
e f g 2 a b c 3a b	and programs	the possession of anizations listed a ses of the organiz dings, and Equi	the organizations required on Sation's endown	Schedule R? ment funds. Form 990, Part (b) Cost or other		Yes No 3a(ii)
e f g a b c 3a b 4 Pa	and programs	the possession of sanizations listed a sees of the organiz dings, and Equi	the organizations required on Sation's endown	Schedule R? ment funds.	K, line 10.	Yes No 3a(i) 3b
e f g 2 a b c 3 a b 4 Pa	and programs	the possession of sanizations listed a sees of the organiz dings, and Equi	the organizations required on Sation's endown	Schedule R? ment funds. Form 990, Part (b) Cost or other	K, line 10.	Yes No 3a(i) 3b
e f g 2 a b c 3a b 4 Pa	and programs	the possession of sanizations listed a ses of the organiz dings, and Equi	the organizations required on Sation's endown	Schedule R? ment funds. Form 990, Part (b) Cost or other	K, line 10.	Yes No 3a(i) 3b
e f g 2 a b c 3a b 4 Pa	and programs	the possession of anizations listed a ses of the organiz dings, and Equi	the organizations required on Sation's endown	Schedule R? ment funds. Form 990, Part (b) Cost or other	K, line 10.	Yes No
e f g 2 a b c 3 a b 4 Par	and programs	the possession of anizations listed a ses of the organiz dings, and Equi	the organizations required on Sation's endown	Schedule R? ment funds. Form 990, Part 2 (b) Cost or other basis (other)	X, line 10.	Yes No
e f g 2 a b c 3a b 4 Pa 1a b c	and programs	the possession of anizations listed a ses of the organiz dings, and Equi	the organizations required on Sation's endown	Schedule R? ment funds. Form 990, Part 2 (b) Cost or other basis (other)	X, line 10. (c) Depreciation  898, 947.	Yes No 3a(i) 3a(ii) 3b

Part VII	Investments - Other Securities. See	Form 990, Part X, line 12.	04_0730373
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial d	erivatives and other financial products	. I I I I I I I I I I I I I I I I I I I	
Closely-hel	d equity interests		
Other			
	~	1	
		1	
Total. (Colur	nn (b) should equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments - Program Related. See	Form 990, Part X, line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
INVEST	MENT IN SUBSIDIARY	1,626,134.	FMV
		1,626,134.	
Part IX	Other Assets. See Form 990, Part X		
		a) Description	(b) Book value
	nn (b) should equal Form 990, Part X, col. (B) line 15.)		
Total. (Colun	Other Liabilities. See Form 990, Par	t X, line 25.	
Part X	Other Liabilities. See Form 990, Par (a) Description of liability		
Part X Federal inc	Other Liabilities. See Form 990, Par (a) Description of liability ome taxes	t X, line 25.	
Part X Federal inc	Other Liabilities. See Form 990, Par (a) Description of liability	t X, line 25.	
Part X Federal inc	Other Liabilities. See Form 990, Par (a) Description of liability ome taxes	t X, line 25.	
Part X Federal inc	Other Liabilities. See Form 990, Par (a) Description of liability ome taxes	t X, line 25.	
Part X Federal inc	Other Liabilities. See Form 990, Par (a) Description of liability ome taxes	t X, line 25.	
Part X Federal inc	Other Liabilities. See Form 990, Par (a) Description of liability ome taxes	t X, line 25.	
Part X Federal inc	Other Liabilities. See Form 990, Par (a) Description of liability ome taxes	t X, line 25.	
Part X Federal inc	Other Liabilities. See Form 990, Par (a) Description of liability ome taxes	t X, line 25.	
Part X Federal inc	Other Liabilities. See Form 990, Par (a) Description of liability ome taxes	t X, line 25.	
Part X Federal inc	Other Liabilities. See Form 990, Par (a) Description of liability ome taxes	t X, line 25.	

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.

### SCHEDULE J (Form 990)

### Compensation Information

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

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC Questions Regarding Compensation

Employer identification number 84-0738973

			C. H	Yes	No
1a	Check the appropriate box(es) if the organization pr	ovided any of the following to or for a person listed in Form			
	First-class or charter travel	provide any relevant information regarding these items.	8		
	X Travel for companions	Housing allowance or residence for personal use			
	Tax indemnification and gross-up payments	Payments for business use of personal residence			
	Discretionary spending account	Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef)			
		Treisonal services (e.g., maid, chaulleur, cher)			
b	If line 1a is checked, did the organization follow a wr	ritten policy regarding payment or reimbursement or			
	provision of all of the expenses described above? If	"No," complete Part III to explain	1b	X	
2	Did the organization require substantiation prior to re	eimbursing or allowing expenses incurred by all		1	
	officers, directors, trustees, and the CEO/Executive	Director, regarding the items checked in line 1a?	2	Χ	
3	Indicate which, if any, of the following the organization	on uses to establish the compensation of the			
	organization's CEO/Executive Director. Check all tha	t apply.			
	X Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, I	Part VII. Section A. line 1a			
a	Receive a severance payment or change of control pa	ayment?	4a		Х
b	Participate in, or receive payment from, a suppleme	ntal nonqualified retirement plan?	4b	17	X
C	Participate in, or receive payment from, an equity-ba	sed compensation arrangement?	4c	17-1	X
	If "Yes" to any of lines 4a-c, list the persons and pro-	vide the applicable amounts for each item in Part III.			
	Only 501(c)(3) and 501(c)(4) organizations must co	omplete lines 5-8.			
5	For persons listed in Form 990, Part VII, Section A,	line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:				8
a	The organization?	*************	5a.		
b	Any related organization?	3	5b		
	in the to line ou of ob, describe in fart in.				
6	For persons listed in Form 990, Part VII, Section A, I	line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:				
a	The organization?		6a		
D	Any related organization?	**********************	6b		
7	in red to mic oa of ob, describe in rait in.		1		
	For persons listed in Form 990, Part VII, Section A, I payments not described in lines 5 and 6? If "Yes," de:	ine 1a, did the organization provide any non-fixed			
8	Were any amounts reported in Form 990, Part VII, p	aid or account pursuant to a section 1.	7		
-	subject to the initial contract exception described in F	Regs section 53 4059 4/a/2/2 if "Yes " denseit =			
	in Part III	tegs. section 53.4956-4(a)(a)/iii Yes, describe	8		
A	Privacy Act and Paperwork Reduction Act Notice, se	a the hadron to be a property of the contract	de L(Fo		_

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Schedule J (Form 990) 2008

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed. Schedule J (Form 990) 2008

For each individual whose compensation must be reported in Schedule J, report compensation from the organization or 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	of W-2 and/or 1099-MISC compensation	compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(a)-(ı)(a)	reported in prior Form 990 or Form 990-EZ
	(1)	163,740.	5,000.	NONE	13,662.	18,156.	200,558.	NONE
KIM ESSEX	(ii)		NONE	NONE	NONE	NONE	NONE	NONE
	(i)	171,459.	5,000.	NONE	13,944.	12,211.	202,614.	NONE
KENDAL FRAZIER	(1)		NONE	NONE		NONE	NONE	NONE
	(E)	174,526.	5,000.	NONE	14,655.	18,042.	212, 223.	NONE
RICHARD HUSTED	(ii)		NONE	NONE	NONE	NONE	NONE	NONE
	(6)	165,944.	5,000.	NONE	13, 780.	16,897.	201,621.	NONE
JAMES REAGAN	(ii)			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
	()	47,709.	NONE	116,201.	9,848.	19,065.	192,823.	NONE
TIMOTHY DOWNEY	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(3)	46,375.	NONE	121,518.	9,540.	12,628.	190,061.	NONE
DONALD RICKETTS	(ii)		NONE	NONE	NONE	NONE	NONE	NONE
	(3)	48,125.	NONE	120,852.	10,271.	12,766.	192,014.	NONE
MARK THOMAS	(E)	NONE	NONE	NONE		NONE	NONE	NONE
	8	142,917.	NONE	NONE	11,520.	17,963.	172,400.	NONE
G ASHBY GREEN	<b>E</b>	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	0	149,487.	NONE	NONE	12, 264.	17,984.	179,735.	NONE
MARVIN KOKES	Œ		NONE	NONE		NONE	NONE	NONE
	(2)	144,318.	NONE	NONE	11,687.	12,123.	168,128.	NONE
RICK MCCARTY	(ii)	NONE	NONE	NONE		NONE	NONE	NONE
	(2)	148,166.	NONE	NONE	12,087.	16,843.	177,096.	NONE
POLLY RUHLAND	(ii)	NONE		NONE				NONE
	3	144,470.	NONE	NONE	11,730.	17,946.	174,146.	NONE
MARY YOUNG	(II)		NONE	NONE	NONE	NONE	NONE	NONE
	()	59,080.	NONE	81,250.	10, 681.	14,531.	165,542.	NONE
JAY TRUITT	(H)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(E)							
	(II)							
	6							
	(11)							The second second

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8E1291 1.000 JSA

### SCHEDULE J-2 (Form 990)

### Continuation Sheet for Form 990

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the Organization NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC.

Employer Identification number

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

(A) Name and Title	(B) Average hours	Posit	ion /		C) k all	that ap	nlvi	(D) Reportable	(E)	(F)
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
GARY_VOOGTPRESIDENT	1.	х		х				NONE	NONE	NONI
STEVE_FOGELSONG PRESIDENT ELECT	1.	x		Х	Ų			NONE	NONE	NONE
BILL DONALD VICE PRESIDENT	1.	Х		X	١			NONE	NONE	NONE
TRACY BRUNNER CHAIR POLICY	1.	x		X				NONE	NONE	NONE
BRUCE HAFENFELD VICE CHAIRMAN POLICY	1.	x		Х				NONE	NONE	NONE
JD_ALEXANDER CHAIR FEDERATION	1.	Х		Х				NONE	NONE	NONE
SCOTT GEORGE VICE CHAIRMAN FEDERATION	1.	X		Х				NONE	NONE	NONE
LUISA_JACA TREASURER RICHARD_HUSTED	1.	х		Х	L			NONE		NONI
CHIEF OPERATING OFFICER	40.			X	Ų			179,526.	NONE	32,697.
CEO - TERM END 1/09 DOUGLAS EVANS	40.	H		Х				252,943.	NONE	36,703.
CHIEF FINANCIAL OFFICER FORREST ROBERTS	40.			Х				121,918.	NONE	17, 279.
CEO - TERM BEG 1/09 KIM ESSEX	40.			Х	-			NONE	NONE	NONE
SR. VP MKTG & COMMUNICATIONS KENDAL FRAZIER	40.			-	X			168,740.	NONE	31,818.
SR. VP LEADERSHIP & GOVERNANCE JAMES REAGAN	40.				X		-	176,459.	NONE	26,155.
SR. VP REI G ASHBY GREEN	40.			H	Х			170,944.	NONE	30,677.
VP PRODUCER EDUCATION MARVIN KOKES	40.			-		Х	-	142,917.	NONE	29, 483.
VP CORPORATE RELATIONS RICK MCCARTY	40.					X		149,487.	NONE	30,248.
VP ISSUES MANAGEMENT POLLY RUHLAND	40.			Н.		Х		144,318.	NONE	23,810.
VP MEMBER SERVICES MARY YOUNG	40.					X		148,166.	NONE	28,930.
VP NUTRITION TIMOTHY DOWNEY	40.					X		144,470.	NONE	29,676.
VP PLANNING & ADMINISTRATION	40.		-		Н		X	163,910.	NONE	28,913.

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

Schedule J-2 (Form 990) 2008

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

### Continuation Sheet for Form 990

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the Organization

NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC

Employer Identification number 84-0738973

(A) Name and Title	(B) Average hours	Posit	ion (		c) k all	that app	nlv)	(D)	(E)	(F)
Traine and Thie	per week	Individual trustee or director	Institutional trustee	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
DONALD RICKETTS VP GOVERNANCE & FEDERATION	40.						Х	167,893.	NONE	22, 168.
MARK THOMAS VP GLOBAL MARKETING	40.						Х	168,977.	NONE	23,037
JAY TRUITT VP GOVERNMENT AFFAIRS	40.						Х	Train au I	NONE	25, 212
	4					П				
								1		
								1		

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

Schedule J-2 (Form 990) 2008

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

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.

OMB No. 1545-0047
2008
Open To Public Inspection

Name of the organization Employer identification number NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC 84-0738973 Part | 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. 1 (a) Name of disqualified person (b) Description of transaction Yes No Enter the amount of tax imposed on the organization managers or disqualified persons during the year Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . Part II Loans to and/or From Interested Persons. To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (f) Approved by board or (a) Name of interested person and purpose (c) Original (d) Balance due (e) In default? (b) Loan to or from (g) Written principal amount the organization? agreement? committee? To From Yes No Yes No Yes No FORREST ROBERTS EMPLOYMENT AGREEMENT X 150,000. 150,000. 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 (c) Amount of grant or type of assistance organization

### 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	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	naring of ization's nues7
_					Yes	No
-						
_				/		
-						

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

Schedule L (Form 990 or 990-EZ) 2008

### SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

OMB No. 1545-0047 Open to Public Inspection

Employer Identification number

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

NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC 84-0738973 BOARD REVIEW OF FORM 990 FORM 990, PART VI, LINE 10 THE FORM 990 IS PREPARED BY THE ORGANIZATION'S PROFESSIONAL TAX 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.

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 CON	FLICT OF INTEREST
POLICY UPON HIRE AND ANNUALLY THEREAFTER.	
	<u></u>

Schedule O (Form 990) 2008	Page Z
Name of the organization NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC	Employer identification number 84-0738973
COMPENSATION SETTING PROCESS	
FORM 990, PART VI, LINE 15	
CHIEF EXECUTIVE OFFICER COMPENSATION IS REVIEWED AND APPROV	
VOLUNTEER OFFICER GROUP. ALL OTHER SENIOR EXECUTIVE COMPE	
REVIEWED AND APPROVED BY THE CHIEF EXECUTIVE OFFICER.	
EMPLOYEE COMPENSATION IS COMPARED AGAINST COMPARABILITY DAY	TA AS PROVIDED
BY A THIRD PARTY COMPENSATION CONSULTANT. COMPENSATION DEC	CISIONS ARE
DOCUMENTED IN EACH EMPLOYEE'S PERSONNEL FILE.	
***************************************	

Name of the organization	Employer identification number
NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC	84-0738973
DOCUMENTS AVAILABLE TO THE PUBLIC	
FORM 990, PART VI, LINE 19	
THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENT	TS, CONFLICT OF
INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO	THE PUBLIC.
~	

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: REGUL	AR MEMBERS, ALLIED
INDUSTRY MEMBERS, PRODUCT COUNCIL MEMBERS, STATE AND	NATIONAL_INDUSTRY
ORGANIZATION MEMBERS, BEEF BREED ORGANIZATION MEMBERS	
MEMBERS.	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
777-7-7-7-7-7-2-2	

Name of the organization	Employer identification number
NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC	84-0738973
ELECTION OF THE GOVERNING BODY	
_ BUBGIIGN OF THE GOVERNING BODI	
_PART_VI, LINE 7A	*
THE ASSOCIATION MEMBERS AND REGISTRANTS SHALL ELECT THE	PRESIDENT.
PRESIDENT-ELECT AND A VICE PRESIDENT AT THE STAKEHOLDERS	CONGRESS.
	4-4-4
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	***************************************
	3 77-3-70 % 30-40-00-30-00-00-00-00-00-00-00-00-00-00-00
	~
	*************
70555555555555555555555555555555555555	

Name of the organization	Employer identification number
NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC	84-0738973
DECISIONS OF THE GOVERNING BODY	
PART VI, LINE 7B	
DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY	THE BOARD OF
DIRECTORS. HOWEVER, AMENDMENTS TO REPEAL OF THE BYLAWS REQU	JIRE_A
TWO-THIRDS AFFIRMATIVE VOTE OF THE BOARD OF DIRECTORS.	
	*******************************
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	

JSA

### SCHEDULE R (Form 990)

Department of the Treasury

# Related Organizations and Unrelated Partnerships

OMB No. 1545-0047 2008

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

Open to Public Inspection

See separate instructions.

(F) Direct controlling entity (F) Direct controlling entity Employer identification number N/A NA N/A N/A 84-0738973 (E)
Public charity status
(if section 501(c)(3)) (E) End-of-year assets 9 (D) Exempt Code section (D) Total income 501(C)(3) 501(C)(2) 501(C)(3) 527 (C) Legal domicile (state or foreign country) (C) Legal domicile (state or foreign country) 00 00 00 00 LAND INVSTMNT (B) Primary activity FUNDRALSING Primary activity FUNDRAISING LOBBYING (8) 23-7259504 84-1256522 74-2200677 84-0622929 CO 80112 CO 80112 CO 80112 80112 Identification of Related Tax-Exempt Organizations 00 INC CENTENNI AL, CENTENNI AL, CENTENNI AL, CENTENNI AL, (A)Name, address, and EIN of related organization (A)Name, address, and EIN of disregarded entity NATIONAL CATTLEMEN'S BEEF ASSOCIATION, Identification of Disregarded Entities NATIONAL CATTLEMEN'S ASSOCIATION PAC NATIONAL CATTLEMEN'S BUILDING CORP. NATIONAL CATTLEMEN'S FOUNDATION NICHOLS AVENUE, #300 #300 9110 E. NICHOLS AVENUE, #300 NICHOLS AVENUE, NICHOLS AVENUE, Name of the organization Internal Revenue Service CATL FUND 9110 E. 9110 E. 亩 Part II Parti 9110

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

37

Schedule R (Form 990) 2008

Schedule R (Form 990) 2008

Part III

Page 2

84-0738973

Identification of Related Organizations Taxable as a Partnership

(J) General or managing partner?	Yes No				
Code V-UBI G amount in box 20 of m Schedule K-1 (Form 1065)					
(H) Disproportionate altocations 7	Yes No				
(G) Share of end-of-year assets					
(F) Share of total income					
(E) Predominant income (related, investment, unrelated)					
(D) Direct controlling entity					
(C) Legal domicile (state or foreign	15				
(B) Primary activity					
(A) Name, address, and EIN of related organization					

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

Schedule R (Form 990) 2008

### Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, ill, or IV.  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?  2 Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	ed in Parts II–IV?	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
f Sale of assets to other organization(s)		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
j Lease of facilities, equipment, or other assets from other organization(s)  k Performance of services or membership or fundraising solicitations for other organization(s)  Performance of services or membership or fundraising solicitations by other organization(s)  m Sharing of facilities, equipment, mailing lists, or other assets  sharing of paid employees		12 14 14 17 X X X X X X X X X X X X X X X X X X
p Reimbursement paid to other organization for expenses		10 df ff r
is for information on who must complete this line, including voganization(s)	Covered relationships and transaction thresholds.  (B)  Transaction  type (a-r)	nsaction thresholds. (C) Amount involved
(1) NATIONAL CATTLEMEN'S BUILDING CORPORATION	D	157,804.
(2) NATIONAL CATTLEMEN'S FOUNDATION	D, M, N	388, 337.
(3) NATIONAL CATTLEMEN'S FOUNDATION	Δ,	.50, 000.
(5)		

## 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.

Primary activity	Legal domicie , (state or foreign country)	Are all partners section 501(c)(3) organizations?	Share of end-of-year assets	Disproportionate allocations?	amount in box 20 of Schedule K-1	
		Yes No		Yes No		Yes No

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

NAME AND ADDRESS	DESCRIPTION OF SERVICE	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 COMP	ENSATION	23, 359, 058.

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

GROSS SALES LESS RETURNS AND ALLOWANCES ,	925, 216.
INVENTORY AT BEGINNING OF YEAR	424,150.
SALARIES AND WAGES	23.00.20.00

OTHER COSTS ..... SUBTOTAL ..... 424,150.

MINUS ENDING INVENTORY .....

COST OF GOODS SOLD ..... 424, 150. =========

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

	BEGI NNI NG		ENDING	
DESCRIPTION		BOOK VALUE	BOOK VALUE	
PREPAID EXPENSES		472,404.	194,676.	
	TOTALS	472,404.	194,676.	
			===========	

### 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
37. 47. 47. 47. 47. 47. 47. 47. 47. 47. 4		77777777777		2005
	TOTALS	993,400.	NONE	
		=======================================		

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

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

Signature...

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

Filing...

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

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

Payment of tax...

No payment of tax is required.

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

Form 990-T Exempt Organization Bus				033(e))	OMB No. 1545-0687
Department of the Treasury For calendar year 2008 or c					Open to Public Inspection
A Check box if address changed Name of organization (	Check box if name	See separate instruction		Employee:	or 501(c)(3) Organizations Only er identification number of trust, see instructions for Block D
X 501(C)(6) Print Number, street, and room of		EF ASSOCIATION, xx, see page 9 of instructions		on page 9.)	738973
408(e) 220(e) Type 408A 530(a) 9110 E. NICHO			300		ed business activity codes ructions for Block E on page 9.)
C Book value of all assets at end of year C C C C C C C C C C C C C C C C C C C	00 80112-345			54190	0
F Group exemption number (S 19, 125, 284. G Check organization type		1 1	a) tenat	401(a) tr	rust Other trust
H Describe the organization's primary unrelated business			c) trust	401(a) 0	ustOther trust
During the tax year, was the corporation a subsidiary     If "Yes," enter the name and identifying number of the	in an affiliated grou	p or a parent-subsidiary	controlled group?.		, ▶ Yes X No
J The books are in care of ▶ DOUG EVANS		Telephor	ne number > 30	3-694-	-0305
Part I Unrelated Trade or Business Incom	e	(A) Income	(B) Expens		(C) Net
1a Gross receipts or sales					
	Balance > 1c				
2 Cost of goods sold (Schedule A, line 7)	2				
3 Gross profit. Subtract line 2 from line 1c					
4 a Capital gain net income (attach Schedule D)	4a				
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4					
c Capital loss deduction for trusts	4c				
5 Income (loss) from partnerships and S corporations (attach					
6 Rent income (Schedule C)			1		
<ul> <li>7 Unrelated debt-financed income (Schedule E)</li> </ul>	7				
8 Interest, annuities, royalties, and rents from organizations (Schedule F)					
9 Investment income of a section 501(c)(7), (9), organization (Schedule G)	or (17)				
10 Exploited exempt activity income (Schedule I)	10				
11 Advertising income (Schedule J)		746,109.	357	,812.	388, 297.
12 Other income (See page 11 of the instructions; attach sch	nedule.) 12	7107107.	33.	7012.1	500/257.
13 Total. Combine lines 3 through 12		746,109.	357	, 812.	388, 297.
Part II Deductions Not Taken Elsewhere (			r limitations on	deducti	
(Except for contributions, deduction	s must be direc	tly connected with	the unrelated b	usiness	income.)
14 Compensation of officers, directors, and trustees (So	chedule K)	i Let vitte i ta	Lie WY et als in WY	14	
15 Salaries and wages ,					
16 Repairs and maintenance					
17 Bad debts					
18 Interest (attach schedule)				. 18	6
19 Taxes and licenses				. 19	
20 Charitable contributions (See page 13 of the instru				. 20	
21 Depreciation (attach Form 4562)			NON	E.	
22 Less depreciation claimed on Schedule A and elsew				22b	NONE
23 Depletion				. 23	
24 Contributions to deferred compensation plans				. 24	
25 Employee benefit programs				. 25	
26 Excess exempt expenses (Schedule I)				. 26	200 000
27 Excess readership costs (Schedule J)	*****			. 27	388, 297.
28 Other deductions (attach schedule)	******	*******		. 28	555 55=
29 Total deductions. Add lines 14 through 28				. 29	388, 297.
30 Unrelated business taxable income before net oper	rating loss deduction	on. Subtract line 29 from	line 13	30	
31 Net operating loss deduction (limited to the amoun	t on line 30)			. 31	
32 Unrelated business taxable income before specific					1 222
<ul> <li>33 Specific deduction (Generally \$1,000, but see line</li> <li>34 Unrelated business taxable income. Subtract line</li> </ul>				. 33	1,000.
32, enter the smaller of zero or line 32				24	
34, cinci die allialiei di zelo di lille 32				. 34	

8E1620 3.000

Use Only

Firm's name (or

yours if self-employed),

address, and ZIP code

XKS&H

7979

DENVER,

TUFTS AVE. ,

80237-2843

EIN

84-0869721

Phone no. 303-740-9400

Form 990-T (2008)

Schedule C - Rent Incom (see instructions on page	e (From Real P 19)	roperty	and Personal Prop	erty l	Leased Wi	th Real Prope	rty)	
1 Description of property								
(1)								
(2)								
(2)								
(4)								
	2 Rent receiv	ed or accr	ued					
(a) From personal property (if the for personal property is more than 50%	han 10% but not	percei	From real and personal pro ntage of rent for personal pro or if the rent is based on pro	perty e	exceeds	nected with the income in (attach schedule)		
(1)								
(2)								
(3)								
(4)								
Total		Total						
(c) Total income. Add totals of chere and on page 1, Part I, line 6	The second secon	). Enter				(b) Total deduct Enter here and or Part I, line 6, colu	page 1,	
Schedule E - Unrelated D	ebt-Financed Ir	ncome (	see instructions on pa	ge 19				
		,	2 Gross income from			ctions directly conn		or allocable to
1 Description of de	ebt-financed property		allocable to debt-finance property		(a) Straight (attach	debt-finance line depreciation schedule)	(b)	Other deductions attach schedule)
(1)								
(2)								
(3)								
(4)								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjust or allocabl debt-financed (attach sche	e to property	6 Column 4 divided by column 5		7 Gross inco (column 2	7 Gross income reportable (column 2 x column 6)		locable deductions n 6 x total of columns 3(a) and 3(b))
(1)				%				
(2)				%				
(3)				%				
(4)				%				
Totals  Total dividends-received deduct  Schedule F - Interest, An		es, and	Rents From Contro		Part I, line 7,		Part I,	nere and on page 1, line 7, column (B).
organization	identification nu		3 Net unrelated income (loss) (see instructions)		ital of specified yments made	included in the coorganization's gro	ontrolling	connected with income in column 5
(1)						11		
(2)						,1		
(3)								
(4)	1			1		1		
Nonexempt Controlled Orga	nizations							
7 Taxable Income	8 Net unrelate (loss) (see inst		9 Total of specific payments made		include	of column 9 that is d in the controlling ation's gross income	cor	1 Deductions directly nected with income in column 10
(1)						-		
(2)					7.1		11 7	
(3)								
(4)								
Totals					Enter here Part I, line	ans 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

Form 990-T (2008)		A CONTRACT OF		84-0738973		Page 4
Schedule G - Investment I	ncome of a Sec	ction 501(c)(7)	, (9), or (17) Orga	nization (see inst	ructions on	
1 Description of income	2 Amount o	f income	3 Deductions directly connected (attach schedule)	1	-asides schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)						
(2)						
(3)						
(4)						
	Enter here and Part I, line 9, c					Enter here and on page 1, Part I, line 9, column (B).
Totals						
Schedule I - Exploited Ex	empt Activity In	come, Other T	han Advertising In	come (see instru	ctions on pa	ge 21)
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols, 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expense attributable column 5	to column 6 minus
(1)						
(2)						
(3)						
(4)						
Totals	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Schedule J - Advertising I		uctions on page	21)			
Part I Income From Per	riodicais Repor	ted on a Consc	olidated Basis		_	
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readersl costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) STMT 1						
(2)						
(3)			-			_
(4)			-			
(4)						-
Totale (easy) to Dort II line (5)	746 460	255 242	200		200	444 476
Part II Income From Pe through 7 on a lin	riodicals Repor	357, 812. ted on a Separ	388, 297. ate Basis (For ea	74, 248. ch periodical list	636, 1 ed in Part II	78. 388, 297. I, fill in columns 2
			107123073			
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3), If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readersl costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) STMT 2						
(2)						
(3)			+			
(4)	246 400	255 246		14		***
(5) Totals from Part I  Totals, Part II (lines 1-5)	746, 109.  Enter here and on page 1, Part I, line 11, col. (A).  746, 109.	357, 812.  Enter here and on page 1, Part I line 11, col. (B).  357, 812.				388, 297.  Enter here and on page 1, Part II, line 27.
Schedule K - Compensation				uctions on page 21	2)	388, 297.
1 Name	on or oniocia, i	Treotors, and	2 Title	3 Percent of time devoted business	4 Cor	npensation attributable to unrelated business
		41			%	
				-1	%	
					%	
					%	
Total, Enter here and on page 1,	Part II. line 14					
Total Enter here and on page 1,	saving into 14				. ▶	Form 990-T (2008

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

84-0738973

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

NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC

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

	27	m				1-2
	GROSS	DIRECT	4.	ທ່	9	EXCESS
	ADVERTISING	ADVERTISING	ADVERTISING	CIRCULATION	READERSHIP	READERSHIP
NAME OF PERIODICAL	INCOME	COSTS	GAIN OR LOSS	INCOME	COSTS	COSTS
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	41 01 01 01			ir ir ir ir	Art in a
MATIONAL CATTLEMEN'S MAGAZINE	281,109.	266,431,		42,437,	302, 464.	
CATTLEMAN TO CATTLEMAN	465,000.	91, 381.		31,811.	333,714.	
	-				***************************************	
COLUMN TOTALS	746,109.	357,812.	388, 297.	74,248.	636, 178.	388, 297,

STATEMENT 1

84-0738973

NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC

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

10	EXCESS	READERSHIP	COSTS	111111111111111111111111111111111111111		388, 297.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	388, 297,	
	ف	READERSHIP	COSTS	***************************************					
	'n	CIRCULATION	INCOME						
	4.	ADVERTISING	GALN OR LOSS	***********					
ei.	DIRECT	ADVERTISING	COSTS	***************************************		357, 812.	1	357,812,	
7	GROSS	ADVERTISING	INCOME			746,109.		746, 109.	
			NAME OF PERIODICAL		PART II TOTALS	PART I TOTALS		SCHEDULE J TOTALS	

STATEMENT 2

1647-00 DJE

\* \* \* \* \*

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

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

\* \* \* \* \*

Signature . . .

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

Filing . . .

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

Colorado Department of Revenue Denver, CO 80261-0006

No tax due . . .

There is no tax due for the current year.

DEPARTMENTAL USE ONLY

DO NOT SEND FEDERAL RETURN, FORMS OR SCHEDULES WITH THIS RETURN. (23)

2008 Form 112 Colorado State C Corporation Income Tax Return

THE RESIDENCE OF THE PROPERTY	25 2 2 2 200 200	n, in common in the common to		
For the tax year beginning	10/01	, 2008, ending	09/30 ,2009	

Name	NATIONAL CARTERINAL DEED ACCOURAGE AND	Colorado Account Number
Addres	NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC.	
	9110 E. NICHOLS AVENUE, #300	Federal Employer Identification Number
City, S	tate, ZIP Code	• 1 T - 1 A
	CENTENNI AL CO 80112	84-0738973
IF YO	U DO NOT NEED A CORPORATE TAX BOOKLET MAILED TO YOU NEXT YEAR, CHECK THIS B	ox X
• •	Apportionment of Income. This return is being filed for:  (42) A corporation not apportioning income;  (43) A corporation doing an interstate business apportioning income under the Colorado Inc.  (44) A corporation doing an interstate business apportioning income under the Multistate Ta.  (45) A corporation electing to pay a tax on its gross Colorado sales;  X (47) Other, federal form filed 990T	
	Separate/Consolidated/Combined Filing. This return is being filed by:  X A single corporation filing a separate return;  An affiliated group of corporations electing to file a consolidated return. (Warning: such election was made in a prior year - enter the year of election here:  An affiliated group of corporations required to file a combined return. (Attach Schedule C);  An affiliated group of corporations required to file a combined return that includes another a Schedule C)	Schedule C);
		MOUNTS TO THE NEAREST DOLLAR
2 F	ederal taxable income of companies not included in this return	1 NONE.00 2 .00 3 NONE.00
	additions to federal taxable income	1,0110,00
5 0	Colorado income tax deduction	4 .00 5 .00
7 1		6 .00 7 NONE.00
	Subtractions from federal taxable income	, NONE, ou
8 E	xempt federal interest	8 .00
9 E	xcludable foreign source income	9 .00
10 0	xcludable foreign source income Colorado source capital gain (asset acquired on or after 5/9/94, held five years)	
11 0	Other subtractions, attach explanation • 1	1 .00
12 1	otal of lines 8 through 11	2 .00
13 1	Modified federal taxable income, line / minus line 12	NONE.00
14 (	Colorado taxable income before net operating loss deduction	1101112.00
, , ,	The state of the s	6 NONE.00

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

0		

Form 112					Page 2
17 Tax, 4.63% of the amount on line 16			m 1	7	NONE.00
18 New investment tax credit from Form 112CR		110021	e 1	8	.00
19 Enterprise zone investment tax credit from Form				9	.00
20 Enterprise zone employee credits from Form 1120			2		.00
21 Enterprise zone contribution credit from Form 112			2		.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				4	.00
25 Gross conservation easement credit from Form 1				5	.00
26 Other credits from Form 112CR				6	.00
27 Total credits, total of lines 18 through 26				7	.00
28 Net tax, line 17 minus line 27				8	NONE.00
29 Recapture of prior year credits				9	.00
30 Total of lines 28 and 29				0	NONE.00
31 Estimated tax and extension payments and credits			• 3	1	.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 a				***	.00
35 If amount on line 30 exceeds amount on line 31,			* * * * * * * * * * * * * * * * * * *		NONE.00
36 Overpayment, line 31 minus line 30,				36	.00
37 Overpayment to be credited to estimated tax					.00
38 Overpayment to be deduced to estimated tax					.00
C. The corporation's books are in care of:  Name			Telephone Number	205	
DOUG EVANS Address		City	303-694-03	State	ZIP
	00	CENTEN	JNT AT.	10.40	80112
9110 E. NICHOLS AVENUE, #3	00	GENTER	111111111111111111111111111111111111111	CO	180112
D. Business code number per federal return 6	541900	1			
E. Year corporation began doing business in Colorado	1996				
F. Kind of business in detail:					
ADVERTISING					
G. Has the Internal Revenue Service made any adjustme	ante in the core	poration's incom	o or tay or have you	filed amended	federal income tay returns
at any time during the last four years? Yes		Yes, for which ye	A STATE OF THE PARTY OF THE PAR	med amerided	Togotal Wissillo tax (startie
Did you file amended Colorado returns to reflect such	changes or subm	nit copies of the F	ederal Agent's reports'	? Yes	X No
Under penalties of perjury in the second degree, I decla complete. Declaration of preparer (other than taxpayer) is					dge it is true, correct and
Signature	Date	Nam	e and telephone num	ber of person or	firm preparing return
CLIENT COPY		EKS	наз		
Title	1		3) 740-9400	0	
		8/1	11/2010		

## 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		69,776
9/30/2003	6	-	2
9/30/2004	8	4	-
9/30/2005	4	9	7
9/30/2006	122,578	~	122,578
9/30/2007	21,479	-	21,479
9/30/2008	1.0		-
9/30/2009	<u> </u>		1
	488,469		475,293