COMMITTEE ON NATURAL RESOURCES

113th Congress Disclosure Form As required by and provided for in House Rule XI, clause 2(g) and

the Rules of the Committee on Natural Resources

Subcommittee on Public Lands and Environmental Regulation's legislative hearing on H.R. 2192 (Nunes), To amend this Act popularly known as the Antiquities Act of 1906 to require certain procedures for designating national monuments, and for other purposes June 6, 2013

For Individuals:						
1. Name:						
2. Address:						
3. Email Address:						
4. Phone Number:						
* * * *						
For Witnesses Representing Organizations:						
1. Name:						
Travis Brown						
2. Name of Organization(s) You are Representing at the Hearing:						
Montana Stockgrowers Association (MSGA) National Cattlemen's Beef Association (NCBA)						
3. Business Address:						
[Information redacted for privacy]						
4. Business Email Address:						
[Information redacted for privacy]						
5. Business Phone Number:						
[Information redacted for privacy]						

For all Witnesses

Name/Organization: Travis Brown/Montana Stock Grower's Assoc.; National Cattlemen's Beef Assoc. Title/Date of Hearing: Subcommittee on Public Lands and Environmental Regulation's legislative hearing on **H.R. 2192 (Nunes)**, To amend this Act popularly known as the Antiquities Act of 1906 to require certain procedures for designating national monuments, and for other purposes. June 6, 2013

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.

Bachelor's Degree in Agricultural Business from Montana State University

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.

Montana Stockgrowers Association National Cattlemen's Beef Association

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.

Vice President of LO Cattle Company an S Corporation located in Sand Springs, MT

d. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior 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. A list of all federal lawsuits filed against you by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

None

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

None

Witnesses Representing Organizations

Name/Organization: Travis Brown/Montana Stock Grower's Assoc.; National Cattlemen's Beef Assoc. Title/Date of Hearing: Subcommittee on Public Lands and Environmental Regulation's legislative hearing on **H.R. 2192 (Nunes)**, To amend this Act popularly known as the Antiquities Act of 1906 to require certain procedures for designating national monuments, and for other purposes. June 6, 2013

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

None

i. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior 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

j. 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).

MSGA: None NCBA:

- 1. Coalition for Responsible Regulation, Inc. v. U.S. Environmental Protection Agency, Case No. 09-1322, filed Dec. 23, 2009 in the US Court of Appeals for the District of Columbia Circuit. Petition for Review of EPA's final rule published in the Federal Register at 74 Fed. Reg. 66,496 et seq. (Dec. 15, 2009) and titled "Endangerment and Cause or Contribute Findings for Greenhouse Gases under Section 202(a) of the Clean Air Act, Final Rule." Decided June 26, 2012; 684 F.3d 102 (D.C. 2012).
- 2. Florida Cattlemen's Association and the National Cattlemen's Beef Association v. Lisa P. Jackson, and the US Environmental Protection Agency, Case 4:11-cv-00177-RH-WCS, filed April 28, 2011 in the US District Court for the Northern District of Florida Tallahassee Division. Complaint filed seeking declaratory and injunctive relief pursuant to the federal Administrative Procedures Act, 5 U.S.C. section 701-706, challenging the EPA rule entitled Water Quality Standards for the State of Florida's Lakes and Flowing Waters under the Clean Water Act, 40 C.F.R. Part 131. The case was consolidated into the Florida Wildlife Federation, Inc. et al v Lisa P. Jackson, Case No. 4:08cv324-RH/WCS (N.D. Fla., 02/18/2012).
- 3. USFS Planning Rule (2012):

Federal Forest Resource Coalition et al v. Vilsack

(DC District Court)

Federal Statues at Issue: OAA, NFMA, MUSYA, APA

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

None

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

The three most recent tax form 990s for Montana Stockgrower's Association and National Cattlemen's Beef Association have been filed with the committee.



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

Ehrhardt Keefe Steiner + Hottman PC



7979 E. Tufts Avenue, Suite 400

Denver, Colorado 80237-2843

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

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

Dear Doug:

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

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

2008 990 - Return of Organization Exempt from Income Tax

2008 Schedule C - Political Campaign and Lobbying Activities

2008 Schedule D - Supplemental Financial Statements

2008 Schedule J - Compensation Information

2008 Schedule L - Transactions with Interested Persons

2008 Schedule O - Supplemental Information to Form 990

2008 Schedule R - Related Organizations and Unrelated Partnerships

2008 990-T - Exempt Organization Business Income Tax Return

2008 CO 112 - Colorado Corporation Income Tax Return

2008 8879-EO - IRS e-file Signature Authorization

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

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

Sincerely,

Ehrhardt Keefe Steiner & Hottman PC

Ehrhardt Keefe Steiner + Hottman PC

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

Inter	nal Rever	nue Servi	ce	► The organization may have to use a copy of this return to satisfy state re	porting requireme	nts.	Ins	pectio	on.		
A	or the	e 2008	caler	ndar year, or tax year beginning $10/01$, 2008, and ending		09/30					
В	heck if ap		Please	C Name of organization NATIONAL CATTLEMEN'S BEEF ASSOCIATION	$_{ m N}$ D Employer ide	ntificatio	n numb	er			
Г	Addres	ss	use IRS label or	Doing Business As	84-0738	973					
	7		print or	Number and street (or P.O. box if mail is not delivered to street address) Room/suite							
	Initial	return	type. See	9110 E. NICHOLS AVENUE	(303)69	4-030)5				
	Termin	nation	Specific Instruc-	City or town, state or country, and ZiP + 4	1						
	Ameno		tions.	CENTENNI AL, CO 80112-3450	G Gross receipts \$ 57,118,31						
	Applic	ation [F Na	me and address of principal officer: FORREST ROBERTS	H(a) is this a grou	ιρ return for		Yes	X No		
	, pendir	ig	9110	the second secon	affiliates? H(b) Are all affiliates	tes included	17	Yes	No.		
ī	Tax-exe	empt sta		X 501(c) (6) ◀ (insert no.) 4947(a)(1) or 527	If "No," attac			ions)			
J	Websit			BEEF. ORG	H(c) Group exemp	otion numbe	er 🕨	•			
ĸ		f organiz			nation: 1996 M			nicile:	CO		
P	art I		nmary	A collection 1 and 1 and 2 and	13301						
			<u>-</u>	ha kha ayyayi akiyyi waxayina ayyaya katiyyifi ayyt akiyiki ay				-			
	1			be the organization's mission or most significant activities:							
ဥ				TO INCREASE PROFIT OPPORTUNITIES FOR CATTLE AND BE							
'nar				S BY ENHANCING THE BUSINESS CLIMATE AND BUILDING C	ONS OMER						
Governance	,	DEMP Chook		x ▶ if the organization discontinued its operations or disposed of more than 25							
	2					اما			0		
త గ్ర	3	Numbe	31 O1 VC	ting members of the governing body (Part VI, line 1a)		3	···		8		
Activities	4	T-4-L	er or in	dependent voting members of the governing body (Part VI, line 1b)	<i></i>	4			8		
çį	5	Total n	iumber	of employees (Part V, line 2a)		5		;	93		
ď				of volunteers (estimate if necessary)		6			9		
	7 a	Total g	iross u	nrelated business revenue from Part VIII, line 12, column (C)		7a	·	746,	<u>, 109.</u>		
	l p	Net un	related	business taxable income from Form 990-T, line 34		7 b					
					Prior Year		Curr	ent Ye			
Revenue	8	Contril	oution	and grants (Part VIII, line 1h)		ONE			NONE		
Ven	9	Progra	ım serv	rice revenue (Part VIII, line 2g)	64,053,72		55,		,704.		
Re	10	Investr	nent ir	come (Part VIII, column (A), lines 3, 4, and 7d)	159,96				<u>, 362.</u>		
	11	Other	revenu	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,369,78				094.		
				e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	65,583,48	<u>₹3.</u>	56,	694,	<u>, 160.</u>		
	13	Grants	and s	imilar amounts paid (Part IX, column (A), lines 1-3)	NO	ONE			NONE		
	14	Benefi	ts paid	to or for members (Part IX, column (A), line 4)		ONE	NON				
es	15			er compensation, employee benefits (Part IX, column (A), lines 5-10)	13,671,05	56.	13,	<u> 192</u>	, 569.		
SUS	16a	Profes	sional	fundraising fees (Part IX, column (A), line 11e)	NO	ONE			NONE		
Expenses	b			sing expenses, Part IX, column (D), line 25) ▶			.,				
ш	17	Other	expens	ses (Part IX, column (A), lines 11a-11d, 11f-24f)	54,160,38	39.	42,	501	,633.		
	18	Total e	expens	es. Add lines 13-17 (must equal Part IX, column (A), line 25)	67,831,44	15.	55,	694	,202.		
		Reven	ue les	expenses. Subtract line 18 from line 12	-2,247,96	52.		999	,958.		
Net Assets or	3			·	Beginning of Ye	ar	End	of Ye	ar		
sets	20	Total a	assets	Part X, line 16)	19,139,87	75.	19,	125	,284.		
Ag	21	Total I	iabilitie	s (Part X, line 26)	13,257,92	24.	12,	298	,004.		
S E	22	Net as	sets o	fund balances. Subtract line 21 from line 20	5,881,95	51.	6,	827	,280.		
P	art II	Sig	ınatur	e Block							
		Under	penalti	es of perjury, I declare that I have examined this return, including accompanying schedules	and statements, and	d to the	best of	my kr	ıowledge		
		and b	elief, it	is true, correct, and complete. Declaration of preparer (other than officer) is based on all in	nformation of which	n prepare	er has a	any kn	owledge		
,	Sign		CI	JENT COPY							
ŀ	lere		Signatu	re of officer	Date						
		P	Type or	print name and title							
		Prepa	rer's	Date Check i		parer's ide		numb	er		
Pai		signa		Main Alban 8/11/2010 self- employed		instructio ⊇∩∩	ons) 1737	18			
	parer's	Firm's	name	OF YOURS FROM ARDY KEEFE STEINED & HOTTMAN DC	EIN		0869				
Use	Only	if self-	employes, and	, vi ,	Phone no.		-740		00		
Ma	y the I			is return with the preparer shown above? (See instructions)				es	No		
	,						$\Delta = 0$	J-G	1110		

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

Form 990				84-0738973	Page 2
Part II	Statem	ent of Program Service A	ccomplishments (see instructions)		· · · · · · · · · · · · · · · · · · ·
1 Brie	efly describe	the organization's mission			· · · · · · · · · · · · · · · · · · ·
TO	WORK TO	INCREASE PROFIT	OPPORTUNITIES FOR CATTLE	AND BEEF	
			BUSINESS CLIMATE AND BUI		
	MAND.				

the _l	prior Form 9	ration undertake any sign 190 or 990-EZ? E these new services on So	ificant program services during the	year which were not listed on	Yes X No
3 Did	the organiz	ation cease conducting, o	r make significant changes in how	it conducts, any program	Yes X No
If "Y 4 Des	es," describe scribe the ex	e these changes on Sched empt purpose achievemer	lule O. its for each of the organization's thre	e largest program services by expe	nses.
Sec allo	ction 501(c)(cations to ot	3) and 501(c)(4) organizat hers, the total expenses, a	ions and section 4947(a)(1) trusts ar and revenue, if any, for each program	e required to report the amount of service reported.	grants and
			including grants of \$) (Revenue \$)
_N/	A				

					THE CONTRACT OF THE CONTRACT O
					
-			The state of the s	······································	
Acceleration					
4b (Cod	de:) (Expenses \$	including grants of \$) (Revenue \$)
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American					
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-					· · · · · · · · · · · · · · · · · · ·
4 c (Coo	ae:) (Expenses \$	including grants of \$) (Revenue \$)

					711 - 1110 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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					omi.
4d Oth	er program o	services. (Describe in Sche	dule O)		
		including gra	•	۹ <u>.</u> \$	
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JSA			(must oqual Fait 17	, E 20, John (D).)	Form 990 (2008)
8E1020 1,0	000				10mm 330 (2008)

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors?	2		Χ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	3	Χ	
4				
	Schedule C, Part II Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	4		
5				
_	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	Χ	
6	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	·		
-	Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
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		X
3	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
10	complete Schedule D, Part IV Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	9 10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	10	-A	<u> </u>
•	Parts VI, VIII, IX, or X as applicable	11	Х	
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	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	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	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete Schedule J			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	X	
44a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions</i>			
	OAL OAL and a market Oal and K. KINN II	245		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
-	to defense any tay exempt hands?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	270		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
	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			<u> </u>
-	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X
JSA 8E1021	1,000	Form	990	(2008)

Part IV Checklist of Required Schedules (continued)

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

Form **990** (2008)

Par	t 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	p. #3		類於
	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			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	12.0		
	gaming (gambling) winnings to prize winners?	1c	Χ	
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 <u>2a</u> <u>193</u>			\$300°
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	. dia
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)			1
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	13,000	7777	11.77
	this return?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3 b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4-		.,
	account)?	4a	A.16900	X
a	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
E 0	and Financial Accounts.	5a	CERNO E	X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	0.0		 ``
	Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Х
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? .	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7 c	17 17 17 17 17 17 17 17 17 17 17 17 17 1	
	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		ļ
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7h	ļ	
	required?	711	taloni	(84), 100
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	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- ANDERS
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		004	
a	Did the organization make any taxable distributions under section 4966?	9a		1 7 7 4 7
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	15.381		100
а	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:			
а	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	- Speedhorn	
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		aan	11-125

Form 990 (2008) 84-0738973 Page 6 Governance, Management, and Disclosure (Sections A, B, and C request information about policies not Part VI required by the Internal Revenue Code.) Section 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 circumstances, process, or changes in Schedule O. See instructions. 1a Enter the number of voting members of the governing body Я b Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a material diversion of the organization's assets?..... 5 6 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b 8 Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 9a Does the organization have local chapters, branches, or affiliates?
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 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 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies Yes No 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes, describe in Schedule O how this is done Does the organization have a written whistleblower policy? 13 13 Does the organization have a written document retention and destruction policy? 14 14 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? b Other officers or key employees of the organization? 15b Describe the process in Schedule O. (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a **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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request

Form **990** (2008)

AHI2AJ N752

19

20

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest

State the name, physical address, and telephone number of the person who possesses the books and records of the

organization: ▶DOUG EVANS 9110 E. NICHOLS AVENUE, #300 CENTENNIAL, CO 80112

policy, and financial statements available to the public.

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

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

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

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

Check this box if the organization did not com	pensate an	y offic	cer,	dire	cto	r, trus	tee	, or key employee.		
(A) Name and Title	(B) Average hours per				k all	that app	oly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
						<u>e</u>				
SEE SCHEDULE J-2									**************************************	

Form **990** (2008)

Pa	rt VII. Section A. Officers, Directors, Tru		y Em	plo	ye	es,	and F	ligi	hest Compensat	ed Emplo	yees (c	ontinuec	1)	
	(A)	(B)			•	C)			(D)	(E)		((F)	
	Name and title	Average hours per week	Individual trustee	nstitutional trustee	ohec Officer	Key employee	ল্ল Highest compensated ক্ল employee	Former	Reportable compensation from the organization	Reporta compens from rel organiza (W-2/1099	ation ated itions	amo of compe	mated ount of ther ensation m the	
			ustee	trustee		ee e	npensated		(W-2/1099-MISC)			and	nization related izations	

		•												
														Acquire

											÷			
1b	Total								2,440,998.		NONE	4	16,80	6.
2	Total number of individuals (including those organization ► 15	e in 1a) w	/ho r	ecei	ved	l m	ore th	nan	\$100,000 in re	portable co	ompens	ation fro	om the	1
3	Did the organization list any former office	er, directo	or or	tru	ste	e, l	кеу е	mp	loyee, or highes	t compens	sated		Yes N	lo
4	employee on line 1a? If "Yes," complete Schedu For any individual listed on line 1a, is the											3	X	
	the organization and related organizations individual	greater th	an \$	150	,00	0?	If "Y	es,"	complete Sched	ule J for	such	4	X	
5	Did any person listed on line 1a receive services rendered to the organization? If "Yes,"	e or accr complete S	ue co Sched	omp ule .	ens J for	atio r <i>su</i>	n fro ch per	m rson	any unrelated o	rganizatior	for	5		X
Se	ction B. Independent Contractors													*******
1	Complete this table for your five highest compensation from the organization.	compensat	ed in	dep	enc	dent	cont	rac	tors that received	d more th	an \$10	0,000	of	
	(A) Name and business addr	ess.							(B) Description of se	rvices	C	(C) ompens	ation	
SE	E STATEMENT 1							-				10. A. O.		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						1						
2	Total number of independent contractors (i compensation from the organization ▶	ncluding th	nose	in 1) v	vho	rece	ive	d more than \$10	0,000 in				

Par	t VIII	Statement of Revenu	ne		84-0738973						
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514			
इस् इ	1a	Federated campaigns	<u>1a</u>				10000				
fts, grants amounts	b	Membership dues	<u>1b</u>								
gifts, lar am	С	Fundraising events	<u>1c</u>			100					
a g	d	Related organizations	1d								
ons, simil	е	Government grants (contribu	tions) 1e			Constant	3 (8)				
outi	f	All other contributions, gifts, gran	·								
Contributions, and other simi		and similar amounts not included		NONE							
Col	9	Noncash contributions included i			NONE	1000					
	n_	Total. Add lines 1a-1f		Business Code	NONE		7.00				
Program Service Revenue	2-	BPOC CONTRACTS		900099	35, 832, 980.	35,832,980.					
Re	2a	STATE BEEF COUNCIL		900099	10, 254, 288.	10, 254, 288.					
/ice		SPONSORSHIPS/MTGS		900099	4,133,901.	4,133,901.					
er	_	MEMBERSHIP DUES		900099	3,400,614.	3,400,614.					
E	e	ADVERTISING	***************************************	541900	746,109.	3/100/0211	746,109.				
gra	f	All other program service rev	enue		1, 243, 812.	1,243,812.		***************************************			
Pro	g	Total. Add lines 2a-2f			55,611,704.						
	3	Investment income (includin other similar amounts) Income from investment of t			7,362. NONE			7,362.			
	5	Royalties			NONE	Control of the state of the sta	and St. S. No land to Union.	isora i Santa A.S. antii Ari i			
			(i) Real	(ii) Personal							
	6a	Gross Rents	82,274.								
	b	Less: rental expenses	NONE								
	С	Rental income or (loss)	82,274.								
	d	Net rental income or (loss).	(i) Securities	(ii) Other	82,274.			82,274.			
	7 a	Gross amount from sales of	(i) occurries	(11) Otrici							
		assets other than inventory									
	b	Less: cost or other basis									
		and sales expenses	***************************************								
	d	Gain or (loss)			NONE						
	8 a	,	undraising		NONE						
gy.	oa	events (not including \$	unuraising								
Other Revenue		of contributions reported on	line 1c)								
ě		See Part IV, line 18.									
ē	b	Less: direct expenses									
₽	c	Net income or (loss) from ful			NONE						
	9a	Gross income from gaming a	activities,								
		See Part IV, line 19	a	TARREST MANAGEMENT OF SOUTH AS A SECOND STATE OF							
	b	Less: direct expenses	b								
	C	Net income or (loss) from ga	aming activities	.	NONE			Single warms valide Harrison of			
	10a	Gross sales of invent									
		returns and allowances		925, 216.							
	b	Less: cost of goods sold									
	С	Net income or (loss) from sa Miscellaneous Rever	les of inventory	STMT. 2▶ Business Code	501,066.		17	501,066.			
				·	and design that the same of th			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	11a	OTHER REVENUE RELATED TO	EXEMPT FUNCTION	900099	491,754.	491,754.					
	b										
	C	A II _ + L									
	d	All other revenue			491,754.		Control of Control was				
	е 12	Total. Add lines 11a-11d . Total Revenue. Add lines 1h			491, 104,	out a session property danger.	· · · · · · · · · · · · · · · · · · ·	CONTRACTOR OF THE PROPERTY OF THE			
	' _	9c, 10c, and 11e			56,694,160.	55, 357, 349.	746,109.	590,702.			

Part IX Statement of Functional Expenses

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

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

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	NONE			
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	NONE			·····
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	NONE	······································		
! -	Benefits paid to or for members	NONE			
•	Compensation of current officers, directors, trustees, and key employees	2,441,000.			
3	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
,	Other salaries and wages	8,063,475.	· · · · · · · · · · · · · · · · · · ·		······································
	Pension plan contributions (include section 401		**************************************		
	(k) and section 403(b) employer contributions).	NONE			
)	Other employee benefits	2,688,094.			
)	Payroll taxes	NONE			
ı	Fees for services (non-employees):				
	Management	NONE		·	
	Legal	230,120.			
	Accounting	59, 296.			
	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17	NONE			
	Investment management fees	NONE			
g	Other	8,153,264.			
2	Advertising and promotion	27, 235, 646.			
3	Office expenses	544,252.			
1	Information technology	250,257.		1	
5	Royalties	NONE			
6	Occupancy	1,680,667.			
7	Travel	2,056,269.			
3	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
)	Conferences, conventions, and meetings	1,028,525.			
)	Interest	39,619.			
1	Payments to affiliates	NONE			
2	Depreciation, depletion, and amortization	168,105.			***************************************
3	Insurance	307,625.	7350 E. G. C.		
4	Other expenses not	`			
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed	,		-	
	5% of total expenses shown on line 25 below.)				
	BAD_DEBT_EXPENSE	338,336.			
	RELOCATION	150,582.			**************************************
	REGISTRATION	110,995.			ox via i i i i i i i i i i i i i i i i i i
	FINANCE_CHARGES	46,145.			
е	VOLUNTEER	16,507.			
	All other expenses	85,423.			
	Total functional expenses. Add lines 1 through 24f	55,694,202.			
š	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				

	n 990 (· · · · · · · · · · · · · · · · · · ·	4-0738973			Pa	ge 11
Pa	rt X	Balance Sheet	to a second seco				
			(A) Beginning of year			B) of year	٢
-	1	Cash - non-interest-bearing		1			
	2	Savings and temporary cash investments	5, 479, 652.	2	9.	504.	207.
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	9,919,542.	4	7,	138,	486.
	5	Receivables from current and former officers, directors, trustees, key					
		employees, or other related parties. Complete Part II of Schedule L	NONE	5		150,	000.
	6	Receivables from other disqualified persons (as defined under section					
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II					
		of Schedule L		6			
Assets	7	Notes and loans receivable, net	W. W	7			
SSI	8	Inventories for sales or use		8			
∢	9	Prepaid expenses and deferred charges	472,404.	9	······································	194,	<u>676.</u>
		Land, buildings, and equipment: cost basis 10a 3,745,627.		·			
	b	Less: accumulated depreciation. Complete					
		Part VI of Schedule D	498,523.			<u>416,</u>	<u> 192.</u>
	11	Investments - publicly traded securities	993,400.	11			NONE
	12	Investments - other securities. See Part IV, line 11	11.8W-11	12			
	13	Investments - program-related. See Part IV, line 11	1,680,765.	13	1,	626 ,	<u>134.</u>
	14	Intangible assets		14			
	15 16	·	95,589.	15			589.
	17	Total assets. Add lines 1 through 15 (must equal line 34)	19,139,875.	16			284.
	18	Accounts payable and accrued expenses	11,481,964.	17	9,	558,	207.
	19	Deferred revenue	1 775 060	19		C O 1	
	20	Tax-exempt bond liabilities	1,775,960.	20	Ζ,	691,	999.
/Λ	21	Escrow account liability. Complete Part IV of Schedule D		21			
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,				***************************************	
pili		highest compensated employees, and disqualified persons. Complete Part II					
Ë		of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties		23		***************************************	
	24	Unsecured notes and loans payable	A STATE OF THE STA	24	######################################		
	25	Other liabilities. Complete Part X of Schedule D	NONE			17	798.
	26	Total liabilities. Add lines 17 through 25	13,257,924.	26	12.	298,	
- S		Organizations that follow SFAS 117, check here ▶ 💢 and complete lines 27 through 29, and lines 33 and 34.					004.
ü	27	Unrestricted net assets	5,881,951.	27	c	007	280.
sala	28	Temporarily restricted net assets	J, 661, 951.	28	0,	021,	200.
Ā	29	Permanently restricted net assets		29		····	
r Fund Balance		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			programme version and an extension and exten		
s or	20	-		_			
Net Assets	30 31	Capital stock or trust principal, or current funds		30			
As	32	Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds		31			
<u>et</u>	33	Total net assets or fund balances	5 001 051	32		0.05	
Z	34	Total liabilities and net assets/fund balances	5,881,951.	33		827,	
Pa	rt XI		19,139,875.	34	19,	125,	284.
		Timetroid Second in Copolaria				Yes	No
1	Acco	ounting method used to prepare the Form 990: 🔲 Cash 💢 Accrual 🔲 Othe	er .				
2a	Were	e the organization's financial statements compiled or reviewed by an independent accoun	tant?		<u>2a</u>		X
b		e the organization's financial statements audited by an independent accountant?			2b	Х	
С		es" to lines 2a or 2b, does the organization have a committee that assumes responsibility					
_		t, review, or compilation of its financial statements and selection of an independent accou			- · 2c	X	ļ
3a		result of a federal award, was the organization required to undergo an audit or audits as					
,		Single Audit Act and OMB Circular A-133?				ļ	X
_b	IT "Y	es," did the organization undergo the required audit or audits?		× +	•• 3b	1	1

1647-00 DJE

Form **990** (2008)

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ To be completed by organizations described below.

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.

▶ Attach to Form 990 or Form 990-EZ.

			ction 501(c)(3)) organizations: Complete	Parts I-A and C below.	. Do not complete Part I-B.	
•	Section 527 organiza	itions: Coi	mplete Part I-A only.			
If the	e organization answe	ered "Yes	," to Form 990, Part IV, line 4, or Forn	n 990-EZ, Part VI, line	47 (Lobbying Activities), ther	1
•	Section 501(cy)(3) or	rganizatio	ns that have filed Form 5768 (election	under section 501(h)):	Complete Part II-A. Do not co	mplete Part II-B.
•	Section 501(c)(3) org	ganization	s that have NOT filed Form 5768 (elec	tion under section 501((h)): Complete Part II-B. Do no	ot complete Part II-A.
If the	e organization answe	ered "Yes	," to Form 990, Part IV, line 5 (Proxy Ta	ıx), then		
•	Section 501(c)(4), (5	5), or (6) o	rganizations: Complete Part III.			
	me of organization	······			Employer identi	fication number
NAT	IONAL CATTLE	MEN'S	BEEF ASSOCIATION, INC		84-07	738973
	rt I-A To be co	mplete	d by all organizations exempt	under section 50	1(c) and section 527 or	ganizations.
			ons for Schedule C for details.			
1	Provide a descript	tion of th	e organization's direct and indirect	nolitical campaign	activities in Part IV	
2			· · · · · · · · · · · · · · · · · · ·			
3	•					NONE
•	Voluntoon nouro					1101111
Par	t I-B To be co	mplete	d by all organizations exempt	under section 501	I(c)(3).	
	See the ir	nstructio	ons for Schedule C for details.			
1	Enter the amount	of any e	xcise tax incurred by the organizati	on under section 49	955 ▶ \$	
2			xcise tax incurred by organization r		ction 4955 - > \$	
3			d a section 4955 tax, did it file Form			
4a						
b	If "Yes," describe in	n Part IV.				
Par			d by all organizations exempt	under section 50	1(c), except section 50)1(c)(3).
	See the i	nstructio	ons for Schedule C for details.			
1	Enter the amount	directly	expended by the filing organization	n for section 527 ex	xempt function	
		-			•	NONE
2	Enter the amount	of the fill	ing organization's funds contributed	to other organizati	ons for section	
			ities	•		NONE
3			exempt function expenditures. Add)
			7b			NONE
4			file Form 1120-POL for this year? .			Yes X No
5			s and employer identification numb			
			rount paid and indicate if the amo			
			promptly and directly delivered to			
	or a political action	n commi	ttee (PAC). If additional space is ne-	eded, provide infor <mark>n</mark>	nation in Part IV.	
	(a) Name		(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(,		(,	(-)	filing organization's	contributions received and
					funds. If none, enter -0	promptly and directly delivered to a separate
						political organization. If
						none, enter -0
		*				
	***************************************			*****		

	P. M.					
					<u> </u>	

Schedule C (Form 990 or 990-EZ) 2008

(150% line 2a, column(e))

c Total lobbying expenditures

d Grassroots non-taxable amount

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

f Grassroots lobbying expenditures

	edule C (Form 990 or 990-EZ) 2008 84-0738973 Int II-B To be completed by organizations exempt under section 501(c)(3) that have	NOT	filed	Form	Page 3
	5768 (election under section 501(h)). See the instructions for Schedule C for	detail	S.		****
		(;	a)		(b)
		Yes	No		Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local	103	-110		Amount
•	legislation, including any attempt to influence public opinion on a legislative matter or				
	referendum, through the use of:				
а	Volunteers?				•
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C	Media advertisements?				
d	Mailings to members, legislators, or the public?				
e	rubilications, or published or proadcast statements?				
f 	Cranto to other organizations for lobbying purposes;				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?				
j	Other activities? If "Yes," describe in Part IV Total lines 1c through 1i				
ı 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912			i	
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				***************************************
d	The same of the sa				***************************************
Pa	irt III-A To be completed by all organizations exempt under section 501(c)(4), se	ction	501	(c)(5)	. or
	section 501(c)(6). See the instructions for Schedule C for details.			(-/(-/	,
					Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?				1 X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2 X
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			<u></u>	3 X
Ρa	To be completed by all organizations exempt under section 501(c)(4), section 504(c)(4) if POTUP.	ection	า 50′	I(c)(5)), or
	section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "N	lo" O	Rif	Part I	II-A,
1	question 3 is answered "Yes." See Schedule C instructions for details. Dues, assessments and similar amounts from members				
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amo			1	3,400,614
_	political expenses for which the section 527(f) tax was paid).	ints	Οľ		
а	Current year			20	266 274
b				2a 2b	266,374
С	Total	• • •		2 c	266,374
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du	 es		3	680,123
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion		 ne		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible le	bbyir	ng		
	and political expenditure next year?			4	
5	and political expenditure next year? Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)			5	-413,749
Pa	rt IV Supplemental Information				
Cor	mplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C	, line	5 an	d Part	II-B, line 1i.
Also	o, complete thi s part for any additional information.				

	Form 990 or 990-EZ) 2008	84-0738973	Page 4
Part IV	Supplemental Information (continued)		
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		the last first test than the test state from the first and the test test and the first test test the test test the test test	
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	en and and and and and and and and and an	. The state of the	
		The state was the state of the state of the state and	

Schedule C (Form 990 or 990-EZ) 2008

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Open to Rublic

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

Open to Public Inspection

Employer Identification number

	'IONAL CATTLEMEN'S BEEF ASSOCIATION, INC	84-0738973
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or the organization answered "Yes" to Form 990, Part IV, line 6.	Accounts. Complete if
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in do	nor adviced
•	funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fund	res L No
•	used only for charitable purposes and not for the benefit of the donor or donor advisor or other	
	impermissible private henefit?	
Dai	impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Fo	Yes No
1	Purpose(s) of conservation easements held by the organization (check all that apply).	om 990, Part IV, line 7.
•		
		f an historically importantly land area
		f certified historic structure
•	Preservation of open space	
2	Complete lines 2a-2d if the organization held a qualified conservation contribution in the form	of a conservation easement
	on the last day of the tax year.	Held at the End of the Year
		· · · · · · · · · · · · · · · · · · ·
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 8/17/06	
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	ated by the organization during
	the taxable year	
4	Number of states where property subject to conservation easement is located ,	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, vio	
	enforcement of the conservation easements it holds?	
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sec	
	.170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	
9	In Part XIV, describe how the organization reports conservation easements in its revenue and	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financi	al statements that describes
	the organization's accounting for conservation easements.	THE COLOR OF THE C
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Other Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	r Similar Assets.
1 a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statem art, historical treasures, or other similar assets held for public exhibition, education, or resea provide, in Part XIV, the text of the footnote to its financial statements that describes these ite	ent and balance sheet works of
	provide, in Part XIV, the text of the footnote to its financial statements that describes these ite	ms.
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research provide the following amounts relating to these items:	in furtherance of public service,
	·	▶ ♠
	(i) Revenues included in Form 990, Part VIII, line 1	
2	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets f	or financial gain, provide the
	following amounts required to be reported under SFAS 116 relating to these items:	
a	Revenues included in Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	▶ \$
For I	Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2008

1647-00 DJE

Par	t III Organizations Maintaining Colle	ections of Art, Histo		, or Oth		ssets (continued)
•	I lating the compatibation in a contract of the	o o o o o o do o do o do				
3	Using the organization's accession and othe	r records, check any	of the following th	hat are a	significant use	e of its collection
•	items (check all that apply): Public exhibition	a [loop or ow	ohanaa ni	ro arama	
a b	Scholarly research	d _	Loan or exc	change pr	ograms	
C	Preservation for future generations	e				
4	Provide a description of the organization's co		how they further	the orga	nization'e ovo	mnt nurnoso in
7	Part XIV.	oliections and explain	i now they fulfile	ille Olya	IIIZAUOII S EXE	mpt purpose in
5	During the year, did the organization solicit	or receive donations	of art_historical tr	reasures	or other simila	ar
•	assets to be sold to raise funds rather than t			•		
Par	Trust, Escrow and Custodial Arr Part IV, line 9, or reported an am	angements. Comp	lete if organizat			
	7, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		, 1 3.107.1, 11110.2.1.	***************************************		
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	ons or oth	ner assets not	
	included on Form 990, Part X?					
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table:			
					Ar	nount
С	Beginning balance					
d	Additions during the year					
е	Distributions during the year					······································
f	Ending balance					
	Did the organization include an amount on F		21?			Yes No
	If "Yes," explain the arrangement in Part XIV			000	B-487 E-	10
Par						
1a	Beginning of year balance	ent Year (b) Prior y	/ear (c) Two ye	ars pack	(d) Three year	rs back (e) Four years back
h	Contributions					TO THE STATE OF TH
c	Investment earnings or losses	1014			· · · · · · · · · · · · · · · · · · ·	
d	Grants or scholarships				visite victoria de la constanta de la constant	
e	Other expenditures for facilities .					
	and programs					
f	Administrative expenses				***************************************	
g	End of year balance					***************************************
2	Provide the estimated percentage of the year	ar end balance held as	s:			
а	Board designated or quasi-endowment	%				
b	Permanent endowment ▶ %					
С	Term endowment ▶ %					
3 a	Are there endowment funds not in the poss	ession of the organiz	ation that are held	d and adr	ministered for t	the
	organization by:					Yes No
	(i) unrelated organizations					
	(ii) related organizations					
b	If "Yes" to 3a(ii), are the related organization					3b
4	Describe in Part XIV the intended uses of the			-6 V/ P	40	
Par	t VI Investments - Land, Buildings, a				10.	
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c)	Depreciation	(d) Book value
1a	Land					
b	Buildings					
ر م	Leasehold improvements		1,029,41	3.	898,947.	130,466.
d e	Equipment		0.546.63	4 -	400 155	A A =
	I. Add lines 1a-1e. (Column (d) should equal	Form 000 Part V and	2,716,21	4.1 2,	430,488.	285,726.
1010	in riad inted Ta-To, (Column (a) should equal t	onn 990, Fall A, COI	umin (D), line TO(C)	<i>/·/</i>	🗡	416,192.

Schedule D (Form 990) 2008

Part VII	Investments - Other Securities. See	Form 990, Part X, lin	e 12.	rage U
	a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	
	vatives and other financial products			
	ومن			,
		-		
Total. (Column	(b) should equal Form 990, Part X, col. (B) line 12.)			distribution — the same and a same
Part VIII	Investments - Program Related. See		ne 13.	· · · · · · · · · · · · · · · · · · ·
	(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year mar	ition: ket value
INVESTME	NT IN SUBSIDIARY	1,626,134.	FMV	
6				
•				
Total, (Column	(b) should equal Form 990, Part X, col. (B) line 13.)	1,626,134.		
Part IX	Other Assets. See Form 990, Part X	, line 15.		
	(6	a) Description		(b) Book value
			The state of the s	
***************************************	THE PROPERTY OF THE PROPERTY O			
Total. (Column	(b) should equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities. See Form 990, Par	t X, line 25.		
	(a) Description of liability	(b) Amount		
AUTO FIN		47,798.		
21010 1111	2 11/0 1 1/0	17,750.		
B. C.				$\mathcal{F}_{\mathcal{A}} = \mathcal{F}_{\mathcal{A}} = \mathcal{F}_{\mathcal{A}}$
			100 mg	
Total. (Column	(b) should equal Form 990, Part X, col. (B) line 25.)	47,798.		Part of the second

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.

21

Schedule D (Form 990) 2008 84-0738973 Page 4 Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements Total revenue (Form 990, Part VIII, column (A), line 12) 56,694,160. Total expenses (Form 990, Part IX, column (A), line 25) 2 55,694,202. Excess or (deficit) for the year. Subtract line 2 from line 1 3 999,958. 4 Net unrealized gains (losses) on investments 5 Investment expenses ______ 6 6 7 Prior period adjustments Other (Describe in Part XIV) 8 Total adjustments (net). Add lines 4-8 q 9 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9...... 10 999,958. Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements 57,036,036. 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: Donated services and use of facilities d Other (Describe in Part XIV) e Add lines 2a through 2d 424,150. 3 3 56,611,886. Amounts included on Form 990. Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) 4b c Add lines 4a and 4b 82,274. Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) . . 56,694,160. Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements 56,036,078. Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments 2b Prior year adjustments
Losses reported on Form 990, Part IX, line 25 2 c d Other (Describe in Part XIV) e Add lines 2a through 2d 424.150. Subtract line 2e from line 1 3 55,611,928. Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) 4b c Add lines 4a and 4b 82.274. Total expenses, Add lines 3 and 4c. (This should equal Form 990, Part I, line 18,) 55,694,202, Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

Schedule D (Form 990) 2008

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

2008

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC

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

Employer identification number

84-0738973

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			Ī
	Travel for companions Payments for business use of personal residence			-
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or			
	provision of all of the expenses described above? If "No," complete Part III to explain	1 b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Х	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply.			
	X Compensation committee Written employment contract			
	Independent compensation consultant Form 990 of other organizations Compensation survey or study X Approval by the board or compensation committee			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:			
а	Receive a severance payment or change of control payment?	4 a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4 c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
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:			
а	The organization?	5a		
b	Any related organization?	5 b		
	If "Yes" to line 5a or 5b, describe in Part III.		7.0.32.MALE.	
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6 a		
b	Any related organization?	6 b		
7	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	,		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was	7	ļ	
٠	subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		

Schedule J (Form 990) 2008

Page 2

Schedule J (Form 990) 2008

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

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

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

		(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MISC compensation	compensation	Deferred (7)	eldevetaoN (O)	(F) Total of columns	(E) Compensation
(A) Name		(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(f)-(D)	reported in prior Form 990 or Form 990-EZ
	8	163,740.	5,000.	NON	13,662.	18, 156.	200, 558.	NONE
KIM ESSEX	E =		NONE	NONE	NONE	NONE		NONE
	Ξ	171,	5,000.	NONE	13,944.	12,211.	202,614.	NONE
KENDAL FRAZIER	€	 		NONE		NONE	NONE	NONE
	€	174,	5,000.	NONE	14,655.	18,042.	212,223.	NONE
RICHARD HUSTED	€	 	NONE	NONE			NONE	NONE
	ε	.165,	5,000.	NONE	13,780.	16,897.	201,621.	NONE
JAMES REAGAN	€] 		NONE] [NONE	NONE
	€	237,943.	15,000.	NONE	19,617.	17,086.	289,646.	NONE
TERRY STOKES	€	 		NONE				NONE
	€	47,709.	NONE	116,201.	9,848.	19,065.	192,823.	NONE
TIMOTHY DOWNEY	€			NONE	NONE	NONE	NONE	NONE
	ε	46,	NONE	121,518.	9,540.	12,628.	190,061.	NONE
DONALD RICKETTS	E	 					NONE	NONE
1	€	48,		120,852.	10, 271.	12,766.	192,014.	NONE
MARK THOMAS	€	 		NONE		NONE	NONE	NONE
	ε	142,		NONE	11,520.	17,963.	172,400.	NONE
G ASHBY GREEN	(E)			NONE			NONE	NONE
	Θ	149,487.	NONE	NONE	12,264.	17,984.	179,735.	NONE
MARVIN KOKES	€	NON	NONE	NONE			NONE	NONE
	Ξ	144,318.	NONE	NONE	11,687.	12,123.	168, 128.	NONE
RICK MCCARTY	(NONE	NONE		NONE	NONE	NONE
	(i)	148,166.	NONE	NONE	12,087.	16,843.	177,096.	NONE
POLLY RUHLAND	⊜		NONE	NONE			NONE	NONE
ı	Θ	144,470.	NONE	NONE	11,730.	17,946.	174,146.	NONE
MARY YOUNG	(ii)		NONE	NONE	- 1	NONE	NONE	NONE
	Θ	29,080	NONE	81,250.	10,681.	14,531.	165,542.	NONE
JAY TRUITT	(ii)		NONE		NONE		NONE	NONE
	(E)		 	1			 	
	(1)							
	e	 		 		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	(II)							
							Sche	Schedule J (Form 990) 2008

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Page 3

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

Open to Public Inspection Employer Identification number

Department of the Treasury Internal Revenue Service

Name of the Organization

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

NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC

84-0738973

	2017 2017		,,, ,	, , , , ,	┙.
Part I	Continuation of Officers, Directors, Trustees, Key Employees, and Highes	st Comp	ensa	ited	_
	Employees	-			

(A)	(B)			(0	-			(D)	(E)	(F)
Name and Title	Average hours per week		т			that ap	'	Reportable compensation	Reportable compensation	Estimated amount of
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
GARY VOOGT										
PRESIDENT	1.	X		X				NONE	NONE	NONE
STEVE FOGELSONG										
PRESIDENT ELECT	1.	X		X				NONE	NONE	NONE
BILL DONALD										
VICE PRESIDENT	1.	X		X				NONE	NONE	NONE
TRACY BRUNNER										
CHAIR POLICY	1.	X		·X			-	NONE	NONE	NONE
BRUCE HAFENFELD										
VICE CHAIRMAN POLICY	1.	X		X			ļ	NONE	NONE	NONE
JD_ALEXANDER										
CHAIR FEDERATION	1,	X		X			ļ	NONE	NONE	NONE
SCOTT GEORGE										
VICE CHAIRMAN FEDERATION	1,	. X		X			-	NONE	NONE	NONE
LUISA JACA										
TREASURER	1.	X		X				NONE		NONE
RICHARD HUSTED								·		
CHIEF OPERATING OFFICER	40.			X			-	179,526.	NONE	32,697.
TERRY STOKES	, , , ,									
CEO - TERM END 1/09	40.			X			-	252,943.	NONE	36,703.
DOUGLAS EVANS	4.0									
CHIEF FINANCIAL OFFICER	40.	ļ		X				121,918.	NONE	17 , 279.
FORREST ROBERTS	4.0			.,						
CEO - TERM BEG 1/09	40.			X				NONE	NONE	NON
KIM ESSEX	4.0							1.00 17.40		
SR. VP MKTG & COMMUNICATIONS	40.		_		X		-	168,740.	NONE	31,818.
KENDAL FRAZIER	40				3.7			176 450	170177	06 155
SR. VP LEADERSHIP & GOVERNANCE JAMES REAGAN	40.	 			X			176,459.	NONE	26 , 155.
	40				37			170 044	NONE	20 677
SR, VP REI	40.	ļ			X		ļ	170,944.	NONE	30,677.
G ASHBY GREEN VP PRODUCER EDUCATION	40.					.,		140 017	NONTE	00 400
MARVIN KOKES	40.			-		X		142,917.	NONE	29,483.
VP CORPORATE RELATIONS	40.					Х		140 407	NIONIT	20 240
RICK MCCARTY	40.	 		-		_^_		149,487.	NONE	30,248.
VP ISSUES MANAGEMENT	40.					X		1// 310	NI O NI FO	22 010
POLLY RUHLAND	40.	 	 			<u> </u>	 	144,318.	NONE	23,810.
VP MEMBER SERVICES	40.					Х		148,166.	NIONIES	20 020
MARY YOUNG	40.			\vdash		^	 	140,100.	NONE	<u>28,930.</u>
VP_NUTRITION	40.					Х		144,470.	NONE	20 676
TIMOTHY DOWNEY	40.	 		-			 	144,470.	NONE	29,676.
VP PLANNING & ADMINISTRATION	40.						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

2008

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 Employer Identification number

NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC 84-0738973 Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated **Employees** (A) (B) (C) (D) (E) (F) Name and Title Position (check all that apply) Average hours Reportable Reportable Estimated per week compensation compensation amount of Officer Individual trustee or director Highest Former Institutional trustee Key employee employee from from related organizations compensation organization (W-2/1099-MISC) from the compensated (W-2/1099-MISC) organization and related organizations DONALD RICKETTS VP GOVERNANCE & FEDERATION 40. 167,893. NONE 22,168. MARK_THOMAS_____ VP GLOBAL MARKETING 40 168,977. NONE 23,037. JAY TRUITT VP GOVERNMENT AFFAIRS 40. 140,330. NONE 25, 212.

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

JSA

8E1294 1.000 AHI 2 AJ N7 5 2 or Form 990. Schedule J-2 (Form 990) 2008

SCHEDULE L

(Form 990 or 990-EZ)

OMB No. 1545-0047

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.

Open To Public Inspection Employer identification number

Name of the organization							Employe	r iden	tificati	on nun	nber			
NATIONAL CATTLEMEN'S BEEF AS:							0738	3973						
Part I Excess Benefit Transacations To be completed by organizations	(sectio that ar	n 501(c rswered)(3) and sect "Yes" on Fo	tion 501(c) orm 990, F)(4) organiza Part IV, lines	ations onl 25a or 2	y). 5b, or Fo	orm 99	90-EZ	, Part	V, line	40b.		
1 (a) Name of disqualified person				//-	A December	- 5 1	.41				(C) Cor	rected?		
(a) Name of disqualified person				(0) Description	or transac	ction				Yes	No		
				***				······································						
					***************************************		711.							
											,			
2 Enter the amount of tax imposed on under section 49583 Enter the amount of tax, if any, on lir)	►\$_ ►\$_					
Part II Loans to and/or From Interest To be completed by organization				Form 990.	Part IV. line	26. or Fo	orm 990	-F7 P	art V	line 3	8a			
(a) Name of interested person and purpose		to or from anization?	(c) Original principal amount					default?	(f) Ap		(g) W agreer			
	To	From							Yes No		Yes	No	Yes	No
FORREST ROBERTS EMPLOYMENT AGREEMENT	<u> </u>	X	1.	50,000.		150,000.		Х	X	110	Х	-110-		

		<u></u>										<u> </u>		
Part III Grants or Assistance Benef						150,000.								
Part III Grants or Assistance Benef To be completed by organizatio	nung n	answere	ed Persons ed "Yes" on l	i. Form 990	Part IV line	27								
(a) Name of interested person	·		ip between information	terested per		7	mount of	grant	or typ	e of as	sistan	ce		
	ļ									***************************************				
				·····				···						
		·	,			***************************************								
				 										
Part IV Business Transactions Invo														
To be completed by organizatio	7		***************************************	T		· · · · · · · · · · · · · · · · · · ·	**************************************							
(a) Name of interested person		ested per	ship between erson and the nization (c) Amount of transaction						(d) Description of tr		organi	aring of zation's nues?		
·			777111114-44-44-4-4		i di						Yes	No		
		······································										 		

					7									
For Privacy Act and Paperwork Reduction Act	t Notice,	see the	Instructions fo	or Form 990			Sche	dule L	(Form	990 or	990-E2	Z) 2008		

SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990

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

OMB No. 1545-0047

2008

Open to Public

Internal Revenue Service Inspection Name of the organization Employer identification number NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC 84-0738973 BOARD REVIEW OF FORM 990 FORM 990, PART VI, LINE 10 THE FORM 990 IS PREPARED BY THE ORGANIZATION'S PROFESSIONAL TAX 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.

Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC	84-0738973
CONFLICT OF INTEREST DISCLOSURE	
FORM 990, PART VI, LINE 12C	
THE ORGANIZATION REQUIRES ALL EMPLOYEES TO SIGN A CONFLIC	r of interest
POLICY UPON HIRE AND ANNUALLY THEREAFTER.	· · · · · · · · · · · · · · · · · · ·
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Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC	84-0738973
DOCUMENTS AVAILABLE TO THE PUBLIC	
_FORM 990, PART_VI, LINE 19	
THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT	<u>OF</u>
INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.	000 pag
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Schedule O (Form 990) 2008	Page <b>2</b>
Name of the organization	Employer identification number
NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC	84-0738973
CLASSES OF MEMBERSHIP	
PART VI, LINE 6	
THE ORGANIZATION HAS SIX CLASSES OF MEMBERSHIP: REGULAR MEMBERS,	ALLIED
INDUSTRY MEMBERS, PRODUCT COUNCIL MEMBERS, STATE AND NATIONAL IND	USTRY
ORGANIZATION MEMBERS, BEEF BREED ORGANIZATION MEMBERS, AND SUPPOR	TI NG
MEMBERS.	•
	وبير وجن وجن وجن وجن ديس ارتق ومير اردن المراجع المن المن المن المن المن المن المن المن
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Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC	84-0738973
_ELECTION OF THE GOVERNING BODY	
PART VI, LINE 7A	
THE ASSOCIATION MEMBERS AND REGISTRANTS SHALL ELECT THE PRESIDENT	
PRESIDENT-ELECT AND A VICE PRESIDENT AT THE STAKEHOLDERS CONGRESS	·
·	
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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	
DIRECTORS. HOWEVER, AMENDMENTS TO REPEAL OF THE BYLAWS REQUIRE	
	A
TWO-THIRDS AFFIRMATIVE VOTE OF THE BOARD OF DIRECTORS.	
***	
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### SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

# Related Organizations and Unrelated Partnerships

2008

OMB No. 1545-0047

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

▼ See separate instructions,

Employer identification number

NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC

84-0738973

### Identification of Disregarded Entities Part

(A)	(B)	(C)	(D) Total income	(E) End-of-vear assets	(F) Direct controlling
ואמוופ, ממופט, מום בווא סו טואפאמוטפט פרוווץ	Fillially activity	or foreign country)		7,000	entity

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

(A)	(8)	<u>(</u> )	<u> </u>	٩	
Name, address, and EIN of related organization	Primary activity	Legal domícile (state or foreign country)	Legal domicile (state   Exempt Code section   Public charity status or foreign country)	Public charity status (if section 501(c)(3))	Direct
NATIONAL CATTLEMEN'S BUILDING CORP. 74-2200677					
TENNI AL,	LAND INVSTMNT CO	00	501(C)(2)		N/A
CATL FUND 84-1256522					
9110 E. NICHOLS AVENUE, #300 CENTENNIAL, CO 80112	FUNDRAISING	CO	501(C)(3)	7	N/A
NATIONAL CATTLEMEN S FOUNDATION 23-7259504			,		
9110 E. NICHOLS AVENUE, #300 CENTENNIAL, CO 80112	FUNDRAISING	CO	501(C)(3)		N/A
NATIONAL CATTLEMEN'S ASSOCIATION PAC					
9110 E. NICHOLS AVENUE, #300 CENTENNIAL, CO 80112	LOBBYING	00	527		N/A
	-				
	-				
					1

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

37

Schedule R (Form 990) 2008

Schedule R	в R (Form 990) 2008
Part III	Identification of Related Organizations Taxable as a Partnership

ing	N _o					
(J) General or managing partner?	S					
Code V-UBI G amount in box 20 of m Schedule K-1 (Form 1065)					,	
(H) Disproportionate allocations?	Yes No					
(G) Share of end-of-year oh- assets as	Ye			5 5 5 5 5 5 5 5		
(F) Share of total income						
(E) Predominant income (related, investment, unrelated)						
(D) Direct controlling entify						
(C) Legal domicile (state or foreign	country)					
(B) Primary activity						
(A) Name, address, and EIN of related organization						

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

1	1 1			μ .	
(H) Percentage ownership					
(G) Share of end-of-year assets					
(F) Share of total income					
(E) Type of entity (C corp, S corp, or trust)					
(D) Direct controlling entity					
(C) Legal domicile (state or foreign country)					
(B) Primary activity					
(A) Name, address, and EIN of related organization					

84-0738973

## Part V Transactions With Related Organizations

			- 1
Š,	Note. Complete line 1 if any entity is listed in Parts II, III, or IV.  During the textured did the organization engage in any of the following transactions with one or more related organizations listed in Barts II IV.	Dorts II 17/2	on Sey
- "		יו מונס ויייני	1a ×
Q	Giff, grant, or capital contribution to other organization(s)		1b X
ပ	Gift, grant, or capital contribution from other organization(s)		1c ×
ס	Loans or loan guarantees to or for other organization(s)		1 <b>d</b> ×
Œ	Loans or loan guarantees by other organization(s)		1e
			48 137 24 25 25 25 25 25 25 25 25 25 25 25 25 25
4-	Sale of assets to other organization(s)		1 <b>t</b>
0	Purchase of assets from other organization(s)		1g ×
ᆮ	Exchange of assets		
-	Lease of facilities, equipment, or other assets to other organization(s)		<b>11</b>
	lease of facilities equipment or other assects from other organization(s)		% : \$
<b>-</b> -	Performance of services or membership or fundraising solicitations for other organization(s)		1k ×
	Performance of services or membership or fundraising solicitations by other organization(s)		<b>11</b>
Ε			1m ×
_	Sharing of paid employees		1n ×
			¥.
0	Reimbursement paid to other organization for expenses		
œ	Reimbursement paid by other organization for expenses	* * * * * * * * * * * * * * * * * * *	× ×
σ	Other transfer of cash or property to other organization(s)		
٦ م	Other transfer of cash or property from other organization(s)	relationships and transaction thre	Sholds.
	(1)	(8)	(0)
-	Name of other organization(s)	Transaction Amour type (a–r)	Amount involved
ξ	A NOTHWE OF THE STATE OF THE ST		700
	CALILEMEN & BOLDDING CONFORMION		
(2)	NATIONAL CATTLEMEN'S FOUNDATION	M, N	388, 337.
ŝ	YOU THE CHATTON OF BUILDING THE THEFT		
2	NATIONAL CALTLEMEN'S FOUNDATION		20,000.
(4)			
(5)			
(9)			
		Schedule	Schedule R (Form 990) 2008

84-0738973

## Part VI Unrelated Organizations Taxable as a Partnership

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

(A) (C) (D)  Name, address, and EIN of entity (state or foreign section (state or foreign (state or fo	(B) Primary activity	(C) Legal domicile (state or foreign country)	Are all partners section 501(c)(3)	(E) Share of end-of-year assets	(F) Disproportionate allocations?	(G) Code V-UBI amount in box 20 of Schedule K-1	(H) General or managing partner?
			Yes No		Yes No	(Form 1065)	Yes No
				i			
						-	
						Schedule R (Form 990) 2008	1 990) 2008

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	S COMPENSATION
LEO BURNETT COMPANY PO BOX 91451 CHICAGO, IL 60693	ADVERTISI NG	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.
TOTA	L COMPENSATION	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.
SUBTOTAL	424,150.
MINUS ENDING INVENTORY	
COST OF GOODS SOLD	424,150.

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

		BEGI NNI NG	ENDI NG
DESCRIPTION		BOOK VALUE	BOOK VALUE
		***************************************	
PREPAID EXPENSES		472,404.	194,676.
	TOTALS	472,404.	194,676.

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

		BEGINNING	ENDI NG	COST
DESCRIPTION		BOOK VALUE	BOOK VALUE	OR FMV
US GOVT OBLIGATION		993,400.	NONE	FMV
	TOTALS	993,400.	NONE	
		=======================================	======== <b>=</b>	

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					Tax Return (an				3(e))	OMB N	ο, 1545-0687
	ment of the Treasury					inning			nd	-	Open to F	Public Inspection
Interna	Revenue Service Check box if		ending Name of organizat	09/30 ,2009		See se						Public Inspection Organizations Only atton number
A L	address changed		I Name of organizat	IOII ( CITECK DO	JX II IIIAI	ne citaliged and see ii	istructions	s. <i>)</i>	(		es' trust, see ir	nstructions for Block D
B Exe	mpt under section		   NATIONAL	CATTLEMEN	'S B	EEF ASSOCI <i>A</i>	TION,	INC	'	on page e	-,	
X	501(C)(6)	Print				box, see page 9 of in			8	4-0	738973	
	408(e) 220(e)	or Type						300				ss activity codes
	408A 530(a)	1,750	9110 E.	NICHOLS AV	ENUE				1	(See ins	tructions for E	Block E on page 9.)
	529(a)		City or town, state,	and ZIP code								
	k value of all assets nd of year		CENTENNI	AL, CO 801	12-3	450			5	4190	00	
at c	nd or year	F Gro	up exemption nur	nber (See instruc	tions fo	r Block F on page 9	).) ▶			***************************************		
				/pe ► X 501		·····	501(c	) trust	40	01(a) t	rust	Other trust
	escribe the organiz							····				
						oup or a parent-sub	osidiary c	controlled group	?		▶ 📖	Yes X No
	"Yes," enter the na		······································		rporation					.,		
	e books are in care	Marie 1981 Marie 1981 April 1981						e number 🕨		694		
Par	***************************************		or Business		<del></del>	(A) Income	•	(B) Exp	enses			(C) Net
1 a	Gross receipts or s	sales										
b	Less returns and allowa			c Balance ▶		w						······································
2	Cost of goods sol				2							
3	Gross profit. Sub				3			-				
4 a	Capital gain net in				4a	· · · · · · · · · · · · · · · · · · ·						
b	Net gain (loss) (For				4 b			·				
c	Capital loss dedu				4 c	*	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	***************************************	······			
5	Income (loss) from	. ,	•	,							~ <del>!!!!\!!!!\!!!!</del>	
6 7	Rent income (Sch Unrelated debt-fir				7							
8	Interest, annuitie					**************************************	······	**************************************				
Ü	organizations (Sch		•		8							•
9	Investment incor					<b>M</b> . (1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1						
·	organization (Sche				9							
10	Exploited exempt				10		<del></del>					······································
11	Advertising incom				11	746,	109.	3	57,8	312.		388,297.
12	Other income (See				12		····	MIN. MAA. I				
13	Total. Combine lin	nes 3 thr	ough 12		13	746,			57,8			388,297.
Par	t 🛮 Deductio	ns Not	Taken Elsew	here (See pa	ge 11	of the instruct	ions fo	r limitations	on d	educ	tions.)	
British Commence	the state of the s					ectly connected			-	ines	s income	e.)
14	Compensation of	officers,	directors, and trus	stees (Schedule K)	·					14		
15	Salaries and wage	es								15		the section of the state of the state of the sections of the terms are sections.
16	Repairs and main	tenance								16		
17	Bad debts		<i></i>							17		
18										18		rene in Milaniana and an and an and an an and an an and an an and an
19	Taxes and license	s								19		
20						on rules.)				20		
21						21			IONE			
22						22				22b		NONE
23 24	Depletion Contributions to	doformad	· · · · · · · · · · ·							23		
24 25	Employee henefit	necerce (	compensation plar	ns						24	ļ <u>.</u>	
26	Employee benefit	program voencec (9	Schadula IV							25 26		
27	Excess readershir	n costs (S	chedule 1)	• • • • • • • •	• • • •					27		388,297.
28	Other deductions	attach s	schedule)				• • • •			28		200,291.
29	Total deductions	Add line	es 14 through 28		:		• • • •			29	<b></b>	388,297.
30	Unrelated busines	ss taxable	e income before	net operating loss	· · · ·	ction, Subtract line	29 from	line 13		30		200,237.
31										31		
32	Unrelated busine	ss taxabl	e income before	specific deduction	n. Subt	ract line 31 from lin	e 30					
33						or exceptions.)				33		1,000.
34						If line 33 is greater						
***************************************	32, enter the sma	aller of ze	ro or line 32					<del></del>		34		

	990-T (2008)		84	-073	8973	Р	age 2
Par	t III T	ax Computation					
35		ions Taxable as Corporations. See instructions for tax computation on page	15.				
		group members (sections 1561 and 1563) check here ▶ See instructions and:					
а	1	r share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order	):				
	(1)	(2) (3)					
b	Enter orga	anization's share of: (1) Additional 5% tax (not more than \$11,750)					
	(2) Additio	nal 3% tax (not more than \$100,000)					
	Income tax	x on the amount on line 34	▶	35c	***************************************		NONE
36		axable at Trust Rates. See instructions for tax computation on page 16. Income ta					
		nt on line 34 from: Tax rate schedule or Schedule D (Form 1041)		36	·		
37 38	Alternative	See page 16 of the instructions	▶	37	<del></del>		·
39	Total Add	e minimum tax lines 37 and 38 to line 35c or 36, whichever applies		38	****		
	t IV T	ax and Payments	• • •	39			NONE
		x credit (corporations attach Form 1118; trusts attach Form 1116) 40a					
		dits (see page 17 of the instructions)					
		usiness credit. Attached Form 3800					
		prior year minimum tax (attach Form 8801 or 8827)					
е	Total cred	its. Add lines 40a through 40d		40e			
41	Subtract li	ne 40e from line 39		41	<del>*************************************</del>		NONE
42	Other taxes	. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach sche	dule)	42			140141
43		Add lines 41 and 42		43			NONE
44 a		: A 2007 overpayment credited to 2008					110111
		nated tax payments 44b					
		ited with Form 8868 44c					
		ganizations: Tax paid or withheld at source (see instructions) 44d					
е		thholding (see instructions)					
f	Other cred	dits and payments: Form 2439					
	Forn	dits and payments:					
45	Total payr	nents. Add lines 44a through 44f	. <u></u> .	45			
46	Estimated	tax penalty (see page 4 of the instructions). Check if Form 2220 is attached	. 🔲	46			
47		f line 45 is less than the total of lines 43 and 46, enter amount owed		47			NON
48	Overpaym	nent. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	▶	48			NONE
49		amount of line 48 you want: Credited to 2009 estimated tax ► Refund		49	-	·····	NON
Par		tatements Regarding Certain Activities and Other Information (see instr					<del> </del>
1		e during the 2008 calendar year, did the organization have an interest in or a signature or other a				Yes	No
		pank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-	22.1, F	Report	of Foreign		
•		Financial Accounts. If YES, enter the name of the foreign country here					X
2		e tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to,	a forei	gn trust	i?		X
•		page 5 of the instructions for other forms the organization may have to file.					
Sch.		amount of tax-exempt interest received or accrued during the tax year ▶ \$ - Cost of Goods Sold. Enter method of inventory valuation ▶				لـــــا	L
1							
2		at beginning of year		6			
3		oor					
		section 263A costs Part I, line 2		7			
		hedule)			enect to	Yes	No
b		ts (attach schedule) . 4b property produced or acquired				168	NO
5		lines 1 through 4b · 5 to the organization?			, ,,,	N/	7
	Under pe	enalties of perjury. I declare that I have examined this return, including accompanying schedules and statements and to the	best o	f my kn	owledge and b	oelief, it	is true,
Sigr	correct, a	nd complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	· ·				
Her	1	CLIENT COPY		-	RS discuss th rer shown bel		
	Signatu	re of officer Date Title		truction			No
Delet		Preparer's Date Charlet		Prepa	rer's SSN or I	PTIN	
Paid	arer's	signature (lais Melhon 8/11/2010 Check if self-employed		P	0017373	1.8	
	Only	Firm's name (or yours if self-employed),	84-	0869			
	~:y	address, and ZIP code 7979 E. TUFTS AVE., #400 Phone no. 3					
		DENVER, CO 80237-2843			Form 9	90-T	(2008)

Schedule C - Rent Income (see instructions on page 1	e (From Real Pr	operty a	and Personal Prope	erty	Leased Wi	th Real Prope	rty)	
1 Description of property	-							
(1)								
(2)								
(3)								
(4)					···			
	2 Rent receive	d or accru	ed					
(a) From personal property (if the for personal property is more the more than 50%)	an 10% but not	percent	rom real and personal prop age of rent for personal prop r if the rent is based on pro	perty	exceeds			nected with the income in attach schedule)
(1)								
(2)								
(3)								
(4)								
Total		Total				(b) Tatal dadoo	·	
(c) Total income. Add totals of co	, column (A)	. ▶	<del></del>			<b>(b)</b> Total deduct Enter here and o Part I, line 6, colu	n page 1,	. >
Schedule E - Unrelated De	ebt-Financed Inc	come (se	ee instructions on pa	ge 1				
4 Barandattan of Jal			2 Gross income from	or_	3 Dedu	ctions directly conr debt-finance	nected with d property	or allocable to
1 Description of deb	ot-financed property		allocable to debt-financ property	ed		line depreciation schedule)		Other deductions attach schedule)
(1)					·····			
(2)			<u> </u>					
(3)		·······			~			wsima
(4)	<u> </u>							
Amount of average     acquisition debt on or     allocable to debt-financed     property (attach schedule)	5 Average adjusted or allocable debt-financed pr (attach sched	to operty	6 Column 4 divided by column 5			ome reportable x column 6)	(colum	locable deductions n 6 x total of columns 3(a) and 3(b))
(1)				%				
(2)		***************************************		%				( <del></del>
(3)	***************************************			%				
(4)				%				
Totals				<b>•</b>	Part I, line 7	ind on page 1, , column (A).	Enter h Part I, I	nere and on page 1, line 7, column (B).
Total dividends-received deduct					0	<del> </del>		00)
Schedule F - Interest, Ann	luities, Royaltie		xempt Controlled Or			ons (see instru	ictions of	n page 20)
1 Name of controlled organization	2 Employer identification num		3 Net unrelated income (loss) (see instructions)	4 T	otal of specified	5 Part of column included in the c organization's gro	controlling	6 Deductions directly connected with income in column 5
(1)								
(2)			TAPITAT (AB Character for submedia for each form care or a surpression map in a second conservation of the	<del> </del>		<del> </del>		· · · · · · · · · · · · · · · · · · ·
(3)			The state of the s	-	<del></del>		<del></del>	
(4)								· · · · · · · · · · · · · · · · · · ·
Nonexempt Controlled Organ	nizations			·		<u> </u>		
7 Taxable Income	8 Net unrelated (loss) (see instru		9 Total of specifie payments made		include	of column 9 that is	cor	Deductions directly     nected with income in     column 10
(1)			, -		organiz	ation's gross income		COMMITTED
(2)						THE PARTY OF THE P		
(3)		<del></del>						
(4)			1					
(-1)	<u> </u>		<u></u>		Enter here	nns 5 and 10. and on page 1, 8, column (A).	Enter	columns 6 and 11. here and on page 1, , line 8, column (B).
Totals	· · · · · · · · · · · · · · · · · · ·			• •	<b>&gt;</b>	v 7		Form <b>990-T</b> (2008)

Schedule G - Investment In	come of a Sec	ction 501(c)	(7),		nizat	on (see insti	uctio	ns on pag	
1 Description of income	2 Amount of	fincome		3 Deductions directly connected (attach schedule)		4 Set- (attach			5 Total deductions and set-asides (col. 3 plus col. 4)
(1)									
(2)									
(3)									
(4)							-		
	Enter here and Part I, line 9, co					•			nter here and on page 1, art I, line 9, column (B).
Totals ▶									
Schedule I - Exploited Exe	mpt Activity In	come. Othe	r Tha	an Advertising In	com	e (see instru	ctions	on page 1	21)
						<del>o (cco metrat</del>	500110	on page i	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly conne with productio unrelated busin income	cted on of	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols, 5 through 7.	fror	Gross income n activity that not unrelated siness income	att	Expenses ributable 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 page 1, Part line 10, col. (	t I,						Enter here and on page 1, Part II, line 26.
Schedule J - Advertising In	anno (ann innte	ustions on a		1					
								·	
Part I Income From Per	lodicais Repor	ted on a Co	nsoli	dated Basis	ı	14			
1 Name of periodical	. 2 Gross advertising income	3 Direct advertising co	osts	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5	Circulation Income	6	Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) STMT 1									
(2)		***************************************		ĺ	<b></b>			***************************************	7
(3)	***************************************		······································			······································			7
(3) (4)				1					
		***************************************							
Totals (carry to Part II, line (5)) >	746,109.	357,8	12.	388,297.		74,248.		636,178	. 388,297.
Part II Income From Per through 7 on a line	iodicals Repor	ted on a Se	para	<b>te Basis</b> (For ea	ch p	eriodical liste	ed in	Part II, fil	l in columns 2
1 Name of periodical	2 Gross advertising income	3 Direct advertising c	osts	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5	Circulation income	6	Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) STMT 2			***************************************						***************************************
(2)		- are the transfer of the following terror or an			<b> </b>				
(3)		·						·	
(4)			~ ~~~~		<u> </u>				THE PARTY OF THE P
(5) Totals from Part I	746,109.	357,8	12		J		L		388,297.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here an page 1, Par line 11, col.	d on t l				-		Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) >		357,8	12.						388,297.
Schedule K - Compensation	n of Officers, D	Directors, ai	nd Tr	<b>ustees</b> (see instr	uctior	is on page 22	)		
1 Name				2 Title		3 Percent of time devoted to business	0		nsation attributable to elated business
				***************************************			%		
	Will the second		<del></del>	······································			%		
							%		···········
Total Enter Inc.	Sout II Divis 4.4						%		
Total. Enter here and on page 1, F	rart II, line 14				• • •		. ▶		- 000 T (0000

1647-00 DJE

### 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	-	59,976
9/30/2001	8,795	-	8,795
9/30/2002	69,776	-	69,776
9/30/2003	-	-	-
9/30/2004	<del>-</del> .	-	-
9/30/2005	-		-
9/30/2006	122,578	. •	122,578
9/30/2007	21,479	-	21,479
9/30/2008	-	-	<b>-</b>
9/30/2009	-	-	
	348,892		347,103

Ö

. 1647-00 DJE

AHI2AJ N752

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

7. EXCESS	READERSHIP COSTS			388,297.
ڼ	READERSHIP COSTS	===== 302, 464.	333, 714.	636,178.
ហំ	CI RCULATION I NCOME	42,437.	31,811.	74,248.
য	ADVERTISING GAIN OR LOSS			388, 297.
3. DI RECT	ADVERTISING COSTS	===== 266,431.	91, 381.	357,812.
2. GROSS	ADVERTISING INCOME	===== 281,109.	465,000.	746,109.
	1. NAME OF PERIODICAL	NATIONAL CATTEMEN'S MAGAZINE	CATTLEMAN TO CATTLEMAN	COLUMN TOTALS

STATEMENT 1

L

1647-00 DJE

SCHEDULE J - PART II, A	SCHEDULE J - PART II, ADVERTISING INCOME REPORTED ON A SEPARATE BASIS	A SEPARATE BASIS				
		2.	er.	٠		
		GROSS	DIRECT	4.	r,	.9
1.		ADVERTISING	ADVERTISING	ADVERTISING	CIRCULATION	READERSHIP
NAME OF PERIODICAL		INCOME	COSTS	GAIN OR LOSS	I NCOME	COSTS
	PART II TOTALS PART I TOTALS	746,109.	357,812.			

388, 297.

357,812.

746,109.

SCHEDULE J TOTALS

7. EXCESS READERSHIP COSTS

STATEMENT 2

* * * * *

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

•						
For the tax year	beginning	10/01	, 2008,	ending	09/30	., 200 <u>9</u>

Name	Colorado Account Number
NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC.	•
Address	
9110 E. NICHOLS AVENUE, #300	Federal Employer Identification Number
City, State, ZIP Code	•
CENTENNI AL CO 80112	84-0738973
IF YOU DO NOT NEED A CORPORATE TAX BOOKLET MAILED TO YOU NEXT YEAR, CHECK THIS B	
A. Apportionment of Income. This return is being filed for:	
(42) A corporation not apportioning income;	
(43) A corporation doing an interstate business apportioning income under the Colorado Inc	come Tax Act (Attach Schedule A);
(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	
B. Separate/Consolidated/Combined Filing. This return is being filed by:	
X A single corporation filing a separate return;	
An affiliated group of corporations electing to file a consolidated return. (Warning: such electing to file a consolidated return.)	ction is binding for four years ) If your
	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 a	affiliated, consolidated group, (Attach
Schedule C)	
ROUND ALL A	AMOUNTS TO THE NEAREST DOLLAR
1 Federal taxable income from Form 1120	1 NONE 00
Federal taxable income of companies not included in this return	110111
3 Net federal taxable income, line 1 minus line 2	2   .00 3   NONE.00
	NONE.00
Additions to federal taxable income	
4 Federal net operating loss deduction	4
5 Colorado income tax deduction	5 .00
6 Other additions, attach explanation	6 .00
7 Total of lines 3 through 6	7 NONE.00
Subtractions from federal taxable income	
8 Exempt federal interest	
8 Exempt federal interest	.00
9 Excludable foreign source income 10 Colorado source capital gain (asset acquired on or after 5/9/94, held five years)	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	
	.00 NONE 00
	NONE.00 NONE.00
1 4 E. Colouada matamagating langulariyating	
	100
TO COLORAGO MACASIC MICHIGATING THE MICHIGATING TO THE FIRST COLORAGO MACASIC MICHIGATING THE MICHIGATING THE FIRST COLORAGO MACASIC MICHIGATING THE MICHIGATING THE FIRST COLORAGO MICHIGATING THE MICHIGATING THE FIRST COLORAGO MICHIGATING THE MICHIGATING THE FIRST COLORAGO MICHIGATING THE MICHIGATING	16 NONE.00

Form 112 Page 2

		······································		<del></del>	
17	Tax, 4.63% of the amount on line 16		■ 17		NONE .00
	New investment tax credit from Form 112CR		• 18		.00
19			• 19		.00
20			• 20		.00
21	Enterprise zone contribution credit from Form 112CR		● 21		.00
22	The state of the s		• 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		• 25		.00
26	Other credits from Form 112CR		• 26		.00
27			27		.00
28			28	,	NONE.00
29			29	)	.00
30			30		NONE.00
31			• 31		.00.
32			• 32		.00
	Interest, also include on line 35 if applicable		• 33		.00
34			• 34		.00
	If amount on line 30 exceeds amount on line 31, enter am	entowed	• 35		NONE.00
	Overpayment to be gradited to estimated to:		• 37		0.00
37	the state of the s			***************************************	.00
	Overpayment to be refunded				00.
	e. If converted, your check will not be returned. If your check is rej	ected due to madmolent of	unconected funds	, the Departme	ent or Revenue may conect
the C.	payment amount directly from your bank account electronically.  The corporation's books are in care of: me	Tele	enhone Number		
the C.	payment amount directly from your bank account electronically.  The corporation's books are in care of:  me		ephone Number	15	
C. Na	payment amount directly from your bank account electronically.  The corporation's books are in care of:		ephone Number 03-694-030	) <u>5</u> State	ZIP
C. Na	payment amount directly from your bank account electronically.  The corporation's books are in care of:  me  DOUG EVANS	30	3-694-030		ZIP   80112
C. Na	payment amount directly from your bank account electronically.  The corporation's books are in care of:  me  DOUG EVANS dress 9110 E. NICHOLS AVENUE, #300	City CENTENNI A	3-694-030	State ·	
C. Na Ad	payment amount directly from your bank account electronically.  The corporation's books are in care of:  me  DOUG EVANS dress  9110 E. NICHOLS AVENUE, #300  Business code number per federal return • 5419	City CENTENNI A	3-694-030	State ·	
C. Na Ad D.	payment amount directly from your bank account electronically.  The corporation's books are in care of:  me  DOUG EVANS dress  9110 E. NICHOLS AVENUE, #300  Business code number per federal return • 5419  Year corporation began doing business in Colorado • 1996	City CENTENNI A	3-694-030	State ·	
C. Na Ad D.	payment amount directly from your bank account electronically.  The corporation's books are in care of:  me  DOUG EVANS dress  9110 E. NICHOLS AVENUE, #300  Business code number per federal return • 5419	City CENTENNI A	3-694-030	State ·	
C. Na Ad D.	payment amount directly from your bank account electronically.  The corporation's books are in care of:  me  DOUG EVANS dress  9110 E. NICHOLS AVENUE, #300  Business code number per federal return • 5419  Year corporation began doing business in Colorado • 1996  Kind of business in detail:	City CENTENNI A	3-694-030	State ·	
C. Na Add D. E. F.	payment amount directly from your bank account electronically.  The corporation's books are in care of:  me	City CENTENNI A	)3-694-03( NL	State CO	80112
C. Na Add D. E. F.	payment amount directly from your bank account electronically.  The corporation's books are in care of:  me  DOUG EVANS dress  9110 E. NICHOLS AVENUE, #300  Business code number per federal return • 5419  Year corporation began doing business in Colorado • 1996  Kind of business in detail:	City CENTENNI A	3-694-03( M	State CO	80112
C. Na Add D. E. F.	payment amount directly from your bank account electronically.  The corporation's books are in care of:  me  DOUG EVANS  dress 9110 E. NICHOLS AVENUE, #300  Business code number per federal return • 5419  Year corporation began doing business in Colorado • 1996  Kind of business in detail:  ADVERTISING  Has the Internal Revenue Service made any adjustments in the at any time during the last four years? Yes X No.	City CENTENNI A  900  c corporation's income or to lf Yes, for which year(s)?	13-694-030 ML tax or have you fi	State CO	80112
C. Na Add D. E. F.	payment amount directly from your bank account electronically.  The corporation's books are in care of:  me  DOUG EVANS  dress  9110 E. NICHOLS AVENUE, #300  Business code number per federal return • 5419  Year corporation began doing business in Colorado • 1996  Kind of business in detail:  ADVERTISING  Has the Internal Revenue Service made any adjustments in the at any time during the last four years? Yes X No  Did you file amended Colorado returns to reflect such changes or	City CENTENNI A  900  corporation's income or to lif Yes, for which year(s)?	tax or have you fi	State CO	federal income tax returns
C. Na Add D. E. F. G.	payment amount directly from your bank account electronically.  The corporation's books are in care of:  me  DOUG EVANS  dress 9110 E. NICHOLS AVENUE, #300  Business code number per federal return • 5419  Year corporation began doing business in Colorado • 1996  Kind of business in detail:  ADVERTISING  Has the Internal Revenue Service made any adjustments in the at any time during the last four years? Yes X No.	City CENTENNI A  900  corporation's income or to lif Yes, for which year(s)?  submit copies of the Federal lave examined this return	tax or have you fired all Agent's reports?	State CO  led amended f	federal income tax returns
C. Na Add D. E. F. G.	payment amount directly from your bank account electronically.  The corporation's books are in care of:  me  DOUG EVANS  dress  9110 E. NICHOLS AVENUE, #300  Business code number per federal return • 5419  Year corporation began doing business in Colorado • 1996  Kind of business in detail:  ADVERTISING  Has the Internal Revenue Service made any adjustments in the at any time during the last four years? Yes X No  Did you file amended Colorado returns to reflect such changes or der penalties of perjury in the second degree, I declare that I h.	City CENTENNI A  900  corporation's income or to lf Yes, for which year(s)?  submit copies of the Federa lave examined this return all information of which pre	tax or have you fired to the best ceparer has any knew to the best ceparer has a contact the best ceparer	State CO  led amended f Yes of my knowled owledge.	federal income tax returns  X No lige it is true, correct and
C. Na Add D. E. F. G.	payment amount directly from your bank account electronically.  The corporation's books are in care of:  me	City CENTENNI A  900  corporation's income or to lf Yes, for which year(s)?  submit copies of the Federa lave examined this return all information of which pre	tax or have you fired to the best ceparer has any knew to the best ceparer has a contact the best ceparer	State CO  led amended f Yes of my knowled owledge.	federal income tax returns
C. Na Add D. E. F. G. G. Sig	payment amount directly from your bank account electronically.  The corporation's books are in care of:  me	City CENTENNI A  900  corporation's income or to lf Yes, for which year(s)?  submit copies of the Federa lave examined this return all information of which pre Name and EKS & H	tax or have you fired and to the best comparer has any known telephone number	State CO  led amended f Yes of my knowled owledge.	federal income tax returns  X No lige it is true, correct and
C. Na Add D. E. F. G.	payment amount directly from your bank account electronically.  The corporation's books are in care of:  me	City CENTENNI A  900  corporation's income or to lf Yes, for which year(s)?  submit copies of the Federa lave examined this return all information of which pre	tax or have you fired to the best ceparer has any knew to the best ceparer has a contact the best ceparer	State CO  led amended f Yes of my knowled owledge.	federal income tax returns  X No lige it is true, correct and

### 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	-	40,308
9/30/1999	66,288	-	66,288
9/30/2000	59,976	· <del>-</del>	59,976
9/30/2001	8,795	-	8,795
9/30/2002	69,776	-	69,776
9/30/2003	-	-	-
9/30/2004	-	· •	-
9/30/2005	-	-	
9/30/2006	122,578	-	122,578
9/30/2007	21,479	-	21,479
9/30/2008	-	-	-
9/30/2009			
	488,469		475,293



7979 E. Tufts Avenue, Suite 400

Denver, Colorado 80237-2843

P; 303-740-9400 F; 303-740-9009

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

### Dear Doug:

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

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

2009 990 - Return of Organization Exempt from Income Tax

2009 Schedule C - Political Campaign and Lobbying Activities

2009 Schedule D - Supplemental Financial Statements

2009 Schedule J - Compensation Information

2009 Schedule L - Transactions with Interested Persons

2009 Schedule O - Supplemental Information to Form 990

2009 Schedule R - Related Organizations and Unrelated Partnerships

2009 990-T - Exempt Organization Business Income Tax Return

2009 8879-EO - IRS e-file Signature Authorization

2009 CO 112 - Colorado Corporation Income Tax Return

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

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

Sincerely,

Elerhandt Keefe Steiner + Hothnam PC

Ehrhardt Keefe Steiner & Hottman PC

Form **990** 

### **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)

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

Open to Public Inspection

A F	or the	2009 ca	llen	dar year, or tax year beginning 10/01, 2009, and ending		09/30			
Вс	heck if applica	able: Ple	ase	C Name of organization NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC	D Employer id	entificatio	n num	ber	
	Address chenge	use	IRS el or	Doing Business As	84-073	8973			
	Name cha	_{lange} prin	nt or	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telephone n				
-	Initial retu	typ	pe.	0110 FACE MICHOLO AMERICA	(303) 69		5		
-	┪	Spe	cific	Oity or town, state or country, and ZIP + 4	(3037 03	1 030			
-	Terminate Amended	IIIai	truc- ons.	· · · · · · · · · · · · · · · · · · ·	<b>C</b> O	.t- •	F 0	004	F 0 0
	return Applicatio			CENTENNIAL, CO 80112-3450	G Gross receip		59,		,599.
L	pending			me and address of principal officer: FORREST ROBERTS	H(a) Is this a grou affillates?	p return for		Yes	X No
		91	10	E. NICHOLS AVENUE, #300 CENTENNIAL, CO 80112-3450	H(b) Are all affilia	tes included	? 📙	Yes	No
<u> </u>	Tax-exen	mpt status	:	X 501(c) ( 6 ) ◀ (insert no.) 4947(a)(1) or 527	If "No," attac	:h a list. (see	instruct	ions)	
J	Website:	: ► WW	W.	BEEF.ORG	H(c) Group exemp	ption number	r 🕨		
ĸ	Form of c	organizatio	on:	X Corporation Trust Association Other ▶ L Year of format	ion: 1996 <b>M</b>	State of le	egal do	micile:	CO
	rtil	Summ					<del></del>		
فبالكام				a the executations mission as most significant activities.		************			
		neny des	SCHD Tr	e the organization's mission or most significant activities: TO INCREASE PROFIT OPPORTUNITIES FOR CATTLE AND BEEF	DDODUCED				
9									
ä	_ <u>-</u>	OI ENU	AIN	CING THE BUSINESS CLIMATE AND BUILDING CONSUMER DEMA	ND.				
Activities & Governance	_								
Š	<b>2</b> C	heck this	s bo	if the organization discontinued its operations or disposed of more than 25% of     if the organization discontinued its operations or disposed of more than 25% of     if the organization discontinued its operations or disposed of more than 25% of     if the organization discontinued its operations or disposed of more than 25% of     if the organization discontinued its operations or disposed of more than 25% of     if the organization discontinued its operations or disposed of more than 25% of     if the organization discontinued its operations or disposed of more than 25% of     if the organization discontinued its operations or disposed of more than 25% of     if the organization discontinued its operations or disposed of more than 25% of     if the organization discontinued its operations of the organization discontinued its operation discontinued its operatio	f its net assets.				
৵	3 N	lumber of	f vot	ing members of the governing body (Part VI, line 1a)		3			8
es	4 N	lumber o	f ind	ependent voting members of the governing body (Part VI, line 1b)		4			8
₹	5 T	otal num	ber	of employees (Part V, line 2a)		5		-	168
Ę				of volunteers (estimate if necessary)		6			255
4				related business revenue from Part VIII, column (C), line 12		7a			,767.
									7,0,
	U N	iet unreia	ateu	business taxable income from Form 990-T, line 34	Prior Year	. 7b	C	rent Y	·
	, ,				Prior rear		Curi	ent i	
e	8 C	ontribution	ons	and grants (Part VIII, line 1h)	***************************************	0.			0
ē	<b>9</b> P	rogram s	servi	ce revenue (Part VIII, line 2g)	55,611,70		57 <b>,</b>		,033.
Revenue	10 In	nvestmen	nt ind	come (Part VIII, column (A), lines 3, 4, and 7d)	7,3				735
_	11 0	other reve	enue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,075,09	<b>34.</b>		857	,235
	12 T	otal reve	enue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	56,694,16	50.	58,	678	,003.
				nilar amounts paid (Part IX, column (A), lines 1-3)		0.			0
	l			a or for members (Part IV column (A) line 4)	······································	0.	***********		0
				compensation, employee benefits (Part IX, column (A), lines 5-10)	13,192,569.		12	561	,149.
Expenses					13/132/3	0.	/	001	0
Je L				undraising fees (Part IX, column (A), line 11e)					
Ä	Į.			ng expenses, Part IX, column (D), line 25)	40 504 66		4.0	4.5.0	
	\$			es (Part IX, column (A), lines 11a-11d, 11f-24f)	42,501,63		<del></del>		<u>,074.</u>
				s. Add lines 13-17 (must equal Part IX, column (A), line 25)	55,694,20				<u>,</u> 223.
	<b>19</b> R	Revenue l	less	expenses. Subtract line 18 from line 12	999,9	58.	3,	959	,780
or					Beginning of Y	ear	End	d of Y	ear
Net Assets Fund Baland	20 T	otal asse	ets (	Part X, line 16)	19,125,28	34.	22,	269	,300.
ASS	21 T	otal liabil	lities	(Part X, line 26)	12,298,00	04.	11,	560	,216.
Ę.Ę	22 N	let assets	s or	fund balances. Subtract line 21 from line 20	6,827,28				,084.
	rt II		-	Block					,
Hilbi		<u>_</u>			al atataman				
		and belief	manue f, it	es of perjury, I declare that I have examined this return, including accompanying schedules and is true, correct, and complete. Declaration of preparer (other than officer) is based on all info	d statements, an ormation of whic	d to the t h prepare	r has	my k anv kr	nowledge nowledge
		. 6	ĊŢ	JENT COPY	1			•	ū
	ign	Ciar			Data	<del></del>			
H	ere	Sign	natur	e of officer	Date				
		<b>_</b>							
		Тур	e or	orint name and title					
		Preparer	r's h	Date Check if		parer's ide		numb	er
Paid	'   :	signature		8/11/2011 self- employed	▶ ☐ I (see	e instruction P00	ins) 0645:	252	
		Firm's nar		ryours EHRHAROW KEARA STEINER & HOTTMAN PC	EIN		-086		1
Use	Only   i	if self-emp address, a	ploye	d),	Phone no.		3-74		
Max				The state of the s					11
ivia)	ule IKS	ว นเธยนรร	ร เกาเร	return with the preparer shown above? (see instructions)		<u> [</u> 2	ΧY	es	No

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Part IV Checklist of Required Schodules

Faru	Checklist of Required Schedules		T	
4	le the executation decoribed in cooling 504(a)(0) as 4047(a)(4) (attended to a minute foundation) 0.15 (1)(a - 1)		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			v
2	complete Schedule A	1		$\frac{x}{x}$
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		X
J	candidates for public office? If "Yes," complete Schedule C, Part I	,		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	3		
7	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)	-4		
Ŭ	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	x	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	<u> </u>	- 1	
v	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		Χ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			- 11
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<del></del>		
_	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If" Yes,"complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	1000		
	Schedule D, Part VI.			
•	Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII	12	District Section	X
12 A	Was the organization included in consolidated, independent audited financial statement for the tax year?  Yes No			
40	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			***************************************
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	ļ	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business and program sortion activities outside the United States of Was Teamplete School to F. Dort I.	441		v
15	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
10	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	45		v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	15		X
10	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	4.6		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	16	<del> </del>	X
.,	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<del>  ''-</del>	<del> </del>	<u> </u>
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10	<del> </del>	<del>  '`</del>
	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	<del> </del>	X
	O CONTRACTOR TO CONTRACTOR OF CONTRACTOR CONTRACT	~~		

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Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to question 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			<del></del>
·	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	24u		
20 u	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	20a		
D	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
		256		
26	990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	20	Х	
07	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26	^	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			.,
00	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			,,
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			٠
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			١
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36	ļ	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			l .
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Par	Statements Regarding Other IRS Filings and Tax Compliance			
		: 100% (SU) (SU)	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			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	12		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	.7534000	V	June 1
2-	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
<b>L</b>	•		X	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	<b>2</b> b	. delle	E Marie
	instructions)		e vale	100
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
ou	Alle material O	3a	X	2M228809
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			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	<b>4</b> a		Х
b	If "Yes," enter the name of the foreign country:		11.	A Car
	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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_		
	organization solicit any contributions that were not tax deductible?	6a		X
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or	C h		
7	gifts were not tax deductible?	6b	- 15885 s	Cake:
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	and services provided to the payor?	7a	All in	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	W.	MA	The second
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	- 100		56.6
	benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
8	required?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h	00000000	P\$ 25 (6.5)
0	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8	(海田田田田)	: In particular
9	Sponsoring organizations maintaining donor advised funds.			
_	Did the organization make any taxable distributions under section 4966?	9a	C0980902009	44
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		17.63	
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
4.0	amounts due or received from them.)		March.	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	lan pada	
D)	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1 15 73	<b>特別的發展了</b>	OF ALLERS

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Part	for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or	belor cha	ow, a	and s in
	Schedule O. See instructions.			
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
ь 2	Enter the number of voting members that are independent 111111111111111111111111111111111111			
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		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
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			
	of the governing body?	7a	X	
	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Х	<del> </del>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	8a	Х	
a b	The governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	00		
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		X
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal	Assessment		
Rev	enue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	44	Х	
11 A	form?	11		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	124		
	rise to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	Χ.	
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?	١		
a	The organization's CEO, Executive Director, or top management official	15a	X	X
b	Other officers or key employees of the organization	15b		14
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
104	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only	<b>/</b> )		
	available for public inspection. Indicate how you make these available. Check all that apply.  Own website  Another's website  Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
20	policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the			
20	organization: ▶ DOUG EVANS 9110 E. NICHOLS AVENUE, #300 CENTENNIAL, CO 80112			
	303-694-0305			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average hours per	<u> </u>					Reportable compensation	Reportable compensation	Estimated amount of	
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	ighe mplo	Former	from	from related	other
		dual 1	tiona	٦	mplo	st co	, ₁₄	the organization	organizations (W-2/1099-MISC)	compensation from the
		rust	甘		yee	mpe		(W-2/1099-MISC)	(** 2, 1000 (11100)	organization
		%	stee			Highest compensated employee				and related organizations
STEVE FOGLESONG						<u> </u>				
PRESIDENT	1.00	X		Х				0.	0	0.
BILL DONALD										•
PRESIDENT ELECT	1.00	Х		Х				0.	0	0.
JD ALEXANDER										
VICE PRESIDENT	1.00	Х		Х				0.	0	0.
BRUCE HAFENFELD									White the state of	
CHAIR POLICY	1.00	Х		Х				0.	0	0.
BOB MCCAN										
VICE CHAIRMAN POLICY	1.00	Х		Χ				0.	0	0.
SCOTT GEORGE										
CHAIR FEDERATION	1.00	X		Χ				0.	0	0.
DAVID DICK										
VICE-CHAIRMAN FEDERATION	1.00	Х		Χ				0.	0	0.
LUISA JACA										
TREASURER	1.00	Х		Χ				0.	0	0.
DOUGLAS EVANS										
CHIEF FINANCIAL OFFICER	40.00			Χ				171,718.	0	28,899.
FORREST ROBERTS								•		
CHIEF EXECUTIVE OFFICER	40.00			Χ				336,584.	0	19,942.
KIM ESSEX	_									
SR. VP, CONSUMER MARKETING	40.00	ļ			Х			167,891.	0	29,173.
KENDAL FRAZIER	_							,		
SR. VP, PLAN, GOV & LEAD DEV	40.00				Х			172,853.	0	24,536.
RICHARD HUSTED										
VP, STRATEGIC PLANNING	40.00				Х			173,466.	0	29,337.
JAMES REAGAN										
SR. VP, REI	40.00				Χ			168,112.	0	24,051.
J BURTON ELLER										
SR VP, PUB AFFAIRS & ADVOC DEV	40.00	<u> </u>		<u> </u>	Х			186,538.	0	6,038.
MARVIN KOKES	1,000					,,		146 061		
VP, ASSOCIATION MARKETING	40.00	<u> </u>	L!	L	L	Х	<u> </u>	146,061.	0	27,387.

Form **990** (2009)

(A)	(B)			((	C)			(D)	(E)			(F)	
Name and title	Average hours per week	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated a employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reporta compensa from rela organizal (W-2/1099-	ation ated tions	amo compe froi orgai and	imated bunt of ther ensatio m the nizatior related nization	n I
RICK MCCARTY  VP, ISSUES ANALYSIS & STRATEGY	40.00					7		1.47.400				00 1	
JEFFREY EISENBERG	40.00	-				X	ļ	147,489.		0.		22,1	.02.
EXECUTIVE DIR, PUBLIC LANDS	40.00					Х		145,236.		0.		12,0	)49.
ELIZABETH PARKER CHIEF VET	40.00					X		143,832.		0.		17,1	L39.
THOMAS FIELD													
EXEC DIR, PRODUCER EDUCATION G ASHBY GREEN	40.00		<u> </u>		ļ	X		136,058.		0.		25,8	135.
VP, PRODUCER EDUCATION	40.00						Х	130,925.		0.		19,5	572.
POLLY RUHLAND VP, MEMBER SERVICES	40.00						X	1/15 022		0.		22 5	756
ROXANNE JOHNSON	40.00				_		^	145,832.	`			23,7	36
EXECUTIVE DIRECTOR, NCF	40.00						Х	127,665.		0.		20,2	211
RANDY IRION DIRECTOR, CHANNEL MARKETING	40.00						X	106,469.		0.		14,9	958
	-						<del> </del>						
-					-		ļ						
			_		ļ		_						
	-												
			ļ	<u></u>			ļ			**************************************			
1b Total							<u> </u>			0.	3	44,9	85.
2 Total number of individuals (including but not lin reportable compensation from the organization	nited to thos	se liste 1		bov	e) v	vho re	ceiv	ed more than \$100	),000 in				
										<del>(</del>	-	Yes	
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched	er, directo	or or	tru Iividi	ıste ual	e,	key e	emp	loyee, or highes	t compens	ated	3	X	
4 For any individual listed on line 1a, is the											15.00	1000	i i i
the organization and related organizations	greater th	nan \$	150	,00	0?	If "Y	es,	" complete Sched	lule J for	such	1 1	X	
5 Did any person listed on line 1a receive	e or accr	ue c	omp	ens	atic	n fro	om	any unrelated of	organization	for	- 1 - 7 - 1		
services rendered to the organization? <i>If "Yes,</i> Section B. Independent Contractors	complete -	Sched	iuie	J 10	r su	icn pe	rsor	7	· · · · · · ·		5		X
1 Complete this table for your five highest compensation from the organization.	compensat	ed ir	ndep	enc	dent	con	trac	tors that received	d more th	an \$10	0,000	of	
(A) Name and business add	roce							(B)	- door		(C)	otion	
ATTACHMENT 2	1033						-	Description of ser	vices		Compens		
The state of the s							1		***************************************				
							_	······································			<del></del>	<del></del>	
2 Total number of independent contractors (in more than \$100,000 in compensation from the				nite	d to	thos 5	se I	isted above) who	received				

Page 9

Pari	t VIII	Statement of Revenue	DAGE STATE OF THE	***************************************	84-0738973		,
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512, 513, or 514
ا يو ڍ	1a	Federated campaigns	1a	100			
and other similar amounts	b	Membership dues	1b				
ä i	С	Fundraising events	1c			140	
اقر	d		1d				
Si.	е	- Continuent grante (continuations)	1e				
je	f	All other contributions, gifts, grants,					
등			1f 0.			1	
auc	g h	Noncash contributions included in lines 1a-1f:  Total. Add lines 1a-1f	\$	0			
e n		Total. Add in los la-II	Business Code			CONTRACTOR OF THE SECOND SECON	
Program Service Revenue	2a	BPOC CONTRACTS	900099	37,000,615.	37,000,615.		1
Re	b	STATE BEEF COUNCIL	900099	10,372,884.	10,372,884.	-children hot -children van dan dan dan dan dan dan dan dan dan d	
VICE	С	SPONSORSHIPS/MTGS	900099	5,376,777.	5,376,777.		
Sen	d	MEMBERSHIP DUES	900099	3,338,313.	3,338,313.		
ë	е	ADVERTISING	541900	324,767.		324,767.	
ogu	f	All other program service revenue	900099	1,400,677.	1,400,677.		
7	g	Total. Add lines 2a-2f	<u></u>	57,814,033.			i na jerijiary
	3	Investment income (including dividends, in	terest, and				
		other similar amounts)		6,735.		***************************************	6,73
	4	Income from investment of tax-exempt bo	nd proceeds	0.			
	5	Royalties · · · · · · · · · · · · · · · · · · ·	(ii) Personal	0.			
	6a		,624.				
	b	Rental income or (loss)	0.		1000		
	c d	Rental income or (loss)		83,624.			03.66
		(i) Securi		83,824.			83,62
	7a	Gross amount from sales of assets other than inventory					
	b	Less: cost or other basis					
	. ~	and sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)	<u></u>	0.			
ු	8a	Gross income from fundraising					
Other Revenu		events (not including \$					
Š		of contributions reported on line 1c).					
צו		See Part IV, line 18	. a				
Jue	b	Less: direct expenses					
5	С	Net income or (loss) from fundraising ever	nts	0.			1,420, 3,000, 10,100, 10,100
	9a	Gross income from gaming activities.		±			
		See Part IV, line 19	1	-			
	b	Less: direct expenses					
	C	Net income or (loss) from gaming activitie	s <u></u>	0.			
	10a	Gross sales of inventory, less returns and allowances	. a 847,058				
		Less: cost of goods sold		1			
	b	Net income or (loss) from sales of invento					500,46
		Miscellaneous Revenue	Business Code	300,402.		casa (See Africa See Africa	500,41
	11a	OTHER REVENUE RELATED TO EXEMPT FUN	CTION 900099	273,149.	273,149.	The state of the s	
	b						
	c						
	d	All other revenue					
	е	Total. Add lines 11a-11d		273,149.	SECTION OF THE PARTY OF THE PAR	Astronomic Polyton	
1	12	Total Revenue. See instructions		58,678,003.	57,762,415.	324,767.	590,82

### 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 Ch			(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	r (B) Program service expenses	Management and general expenses	<b>(D)</b> Fundralsing expenses
1	,				
	organizations in the U.S. See Part IV, line 21	0.			<del></del>
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	0.			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	_			
	U.S. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	2,604,727.			
6	Compensation not included above, to disqualified				#1,
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	7,356,977.			<del>7.1.1.2.1.2.1.2.1.2.1.2.1.2.1.2.1.2.1.2.</del>
8	Pension plan contributions (include section 401(k)				
-	and section 403(b) employer contributions)	0.			
9	Other employee benefits	2,599,445.		**************************************	
10	Payroll taxes	0.			
11	Fees for services (non-employees):				
	Management	0.			
	Legal	594,958.			
	Accounting	63,663.	***************************************		
	Lobbying	0.			
	Professional fundraising services, See Part IV, line 17	0.			
	Investment management fees	. 0.			
	Other	8,664,599.			
12	Advertising and promotion	26,647,287.		4	
13	Office expenses	564,720.			
14	Information technology	270,830.		The state of the s	A MILLION CONTRACTOR OF THE CO
15	Royalties	0.		al Electrical Medicine Management and a second a second and a second and a second and a second and a second a	
16	Occupancy	1,422,077.			
17	Travel	1,895,652.			
18	Payments of travel or entertainment expenses		Additional Company of the Company of		
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	1,302,287.			
20	Interest	44,032.			
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	147,370.			
23	Insurance	332,711.			
24	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.)				
а	MISCELLANEOUS	206,888.			
b					
С					
d					
е					***************************************
f	All other expenses	***************************************			
<u>25</u>	Total functional expenses. Add lines 1 through 24f	54,718,223.			
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				
JSA	fundraising solicitation			<u> </u>	
)52 1.0	000				Form <b>990</b> (2009)

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Part X **Balance Sheet** (A) Beginning of year End of year Savings and temporary cash investments ........ 9,504,207. 9,748,309. 2 Pledges and grants receivable, net 3 7,138,486. 9,951,057. Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 150,000. 150,000. Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 6 Notes and loans receivable, net ............ Inventories for sale or use R Prepaid expenses and deferred charges ...... 194,676. 370,814. 9 10 a Land, buildings, and equipment: cost or 10a 3,445,481. other basis. Complete Part VI of Schedule D 416,192. 10c 403,291. 11 12 12 Investments - program-related. See Part IV, line 11 ......... 1,626,134. 1,548,158. 13 14 14 95,589. 15 97,671. Total assets. Add lines 1 through 15 (must equal line 34) . . . . . . . . . . 19,125,284. 22,269,300. 16 16 8,990,172. 9,558,207. 17 17 18 18 19 2,691,999. 2,450,295. 19 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties . . . . . . . . . 24 Other liabilities. Complete Part X of Schedule D 47,798. 119,749. 25 25 12,298,004. 11,560,216. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here 

X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 6,827,280. 10,709,084. 27 28 28 29 Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 Total net assets or fund balances ................. 10,709,084. 33 6,827,280. 33 Total liabilities and net assets/fund balances 19,125,284. 22,269,300.

Form 990 (2009)

AHI2AJ N752

Form 990 (2009)

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form 990 (2009)

#### SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

#### **Political Campaign and Lobbying Activities**

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

Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ.

▶See separate instructions

OMB No. 1545-0047

2009
Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below, Do not complete Part I-B. Section 527 organizations: Complete Part I-A only. If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) 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 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 3 Complete if the organization is exempt under section 501(c)(3). Part I-B Enter the amount of any excise tax incurred by the organization under section 4955 2 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? 29Y No Was a correction made? If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received and promptly and directly funds. If none, enter -0-. delivered to a separate political organization. If none, enter -0-.

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

JSA 9E1264 2,000 Schedule C (Form 990 or 990-EZ) 2009

Part II-A Complete if the under section		n is exem _l	ot under section	501(c)(3) and fi	led Form 5768 (electi	on
			an affiliated group ox A and "limited o		ns apply.	
	Limits on Lobb penditures" me		ditures s paid or incurred.)	,	(a) Filing organization's totals	(b) Affiliated group totals
Total lobbying expenditure     Total lobbying expenditure     Total lobbying expenditure     Other exempt purpose expenditure     Total exempt purpose expenditure     Total exempt purpose expenditure     Lobbying nontaxable among columns.	es to influence a es (add lines 1a penditures penditures (add	a legislative to and 1b)  lines 1c and	oody (direct lobbying	)		
If the amount on line 1e, col	umn (a) or (b) is:	The lobbying	g nontaxable amount	is:		
Not over \$500,000		·	mount on line 1e.			
Over \$500,000 but not over \$			us 15% of the excess o	~,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Over \$1,000,000 but not ove		<del></del>	us 10% of the excess o	·····		
Over \$1,500,000 but not ove	r \$17,000,000		us 5% of the excess ov	er \$1,500,000.		
g Grassroots nontaxable ar	1/ 1 05	\$1,000,000.				
j If these is an amount other section 4911 tax for this y	ear?	4-Year Aver made a sec	aging Period Under	Section 501(h)	complete all of the five	Yes No
	Lob	bying Exper	nditures During 4-Y	ear Averaging Pe	eriod	
Calendar year (or fiscal year beginning in)	. (a)	2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) Total
2 a Lobbying non-taxable amount	:					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))						
c Total lobbying expenditures						
d Grassroots nontaxable amou	nt					
e Grassroots celling amount (150% of line 2d, column (e))					The second secon	
f Grassroots lobbying expendit	ures		·			
					Schedule C (F	orm 990 or 990-EZ) 2009

Sche	dule C (Form 990 or 990-EZ) 2009 84-0738 973	}				F	age 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	5768		• • • • • • • • • • • • • • • • • • • •	
		(a	1)		(b)		
		Yes	No		Amou	nt	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:		-				
a b	Volunteers?  Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
C	Media advertisements?						
d	Mailings to members, legislators, or the public?	ļ I	,,		****		
е	Publications, or published or broadcast statements?	1					
f	Grants to other organizations for lobbying purposes?						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				<del></del>		<del></del>
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i :	Other activities? If "Yes," describe in Part IV						
j 2a	Total. Add lines 1c through 1i  Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				······································		
2 a b	If "Yes," enter the amount of any tax incurred under section 4912						
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				<del></del>		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			·····			
	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(		or se	ction	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		<del></del>
	501(c)(6).						
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		X
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?						X
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501( 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, "Yes."						
1 2	Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		al	1	3,3	338,	313
	expenses for which the section 527(f) tax was paid).						
а	Current year			2a		497	787
b	Carryover from last year			2b			
C	Total			2c			787
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du			3	***************************************	500,	747
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible						
	and natitical asymptotic mast space	•	_	4			
5	Taxable amount of lobbying and political expenditures (see instructions)			5	ata Mikota wana ama ama am	-2	, 960
_	rt IV Supplemental Information						
	nplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-	line	5' and	d Part	II-B lin	e 1i	
	o, complete this part for any additional information.	,	-,				
	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~						
			- <b></b>				
						. <b></b>	

Schedule C (Fo	rm 990 or 990-EZ) 2009	84-0738973 Page <b>4</b>
Part IV	Supplemental Information (continued)	
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		AND THE COLUMN TO THE COLUMN THE
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~ ~ ~ ~ ~ ~ ~ ~ ~ ~	*** *** *** *** *** *** *** *** *** **	
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#### **SCHEDULE D** (Form 990)

#### **Supplemental Financial Statements**

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

Open to Public ► Attach to Form 990. ► See separate instructions. Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number

OMB No. 1545-0047

NAT	IONAL CATTLEMEN'S BEEF ASSOCIATION,	INC	84-0738973
Par	Organizations Maintaining Donor Adv the organization answered "Yes" to For	<b>ised Funds or Other Similar Funds</b> om 990, Part IV, line 6.	or AccountsComplete if
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor adv	isors in writing that the accept hold in done	or advised
·	funds are the organization's property, subject to the	<del>_</del>	
6	Did the organization inform all grantees, donors, and		
Ū	used only for charitable purposes and not for the ber		
			- [
Par	til Conservation Easements. Complete if	the organization answered "Ves" to E	orm 990 Part IV line 7
1	Purpose(s) of conservation easements held by the o		onn 990, rait iv, line r.
•	Preservation of land for public use (e.g., recrea		of an historically important land area
	Protection of natural habitat		of an historically important land area
		L Preservation	of a certified historic structure
2	Preservation of open space		- from af a same and then
2	Complete lines 2a through 2d if the organization held easement on the last day of the tax year.	a qualified conservation contribution in th	e form of a conservation
	casement on the last day of the tax year.		Held at the End of the Year
	Total number of conservation easements		
а			
b	Total acreage restricted by conservation easements Number of conservation easements on a certified his		
C		, ,	
d	Number of conservation easements included in (c) a Number of conservation easements modified, transfer		
3		erred, released, extinguished, or terminated	d by the organization during
4	the tax year  Number of states where property subject to conserva	ation accoment is legated.	
4 5	Does the organization have a written policy regarding		ling of
3	violations, and enforcement of the conservation ease		
6	Staff and volunteer hours devoted to monitoring, insp		
0	Stair and volunteer nours devoted to morntoning, insp	becung, and emorcing conservation easerr	ients during the year
7	Amount of expenses incurred in monitoring, inspection	na and anfaraina assessmentian assessment	alcoring at the correspond
′	S	ng, and emorcing conservation easements	during the year
8	Does each conservation easement reported on line 2	2/d) above actions the requirements of eact	ilan
O			
9	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?		
9	balance sheet, and include, if applicable, the text of		
	the organization's accounting for conservation easer		statements that describes
Pa	t III Organization's accounting for conservation easer		nor Similar Assots
	Complete if the organization answered	"Yes" to Form 990. Part IV. line 8.	ici olimai Assets.
1a			statement and belongs about walks of
Id	If the organization elected, as permitted under Sart, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its fi		
b	If the organization elected, as permitted under S historical treasures, or other similar assets held provide the following amounts relating to these item	for public exhibition, education, or res ms:	earch in furtherance of public service
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of a		
	following amounts required to be reported under S		5, p
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$

Assets included in Form 990, Part X

_4_	Describe in Part XIV the intended uses of the	e organization's endow	ment funds.		
Par	t VI Investments - Land, Buildings, a	and EquipmentSee	Form 990, Part X,	line 10.	
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreclation	(d) Book value
1a	Land				
b	Buildings				,
С	Leasehold improvements		879,688.	776,721.	102,967.
d	Equipment				
е	Other		2,565,793.	2,265,469.	300,324.
Tota	I. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part	K, column (B), line 10	(c).) ▶	403,291.

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. See Fo	orm 990, Part X, line	12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
	t	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related. See F	orm 990, Part X, line	e 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
INVESTMENT IN SUBSIDIARY	1,548,158.	FMV
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	1,548,158.	
Part IX Other Assets. See Form 990, Part X, lii		
	Description	(b) Book value
107		(II) Door value
	and the state of t	
M-414-24-14-14-14-14-14-14-14-14-14-14-14-14-14		
A 100 Set to the forest transaction and a section of the section o		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		
Part X Other Liabilities. See Form 990, Part X		
1. (a) Description of liability	(b) Amount	
Federal income taxes NOTES PAYABLE	83,552.	
CAPITAL LEASE	36,197.	
CAFILAL HEADE	30,197.	
	, , , , , , , , , , , , , , , , , , ,	
***************************************		
F		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	119,749.	

PAGE 20

Schedule D (Form 990) 2009 84-0738973 Page 4 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Total revenue (Form 990, Part VIII, column (A), line 12) 58,678,003. 2 Total expenses (Form 990, Part IX, column (A), line 25) 54,718,223. 3 Excess or (deficit) for the year. Subtract line 2 from line 1 3,959,780. 3 Net unrealized gains (losses) on investments 4 4 Donated services and use of facilities 5 5 6 7 Prior period adjustments Other (Describe in Part XIV.) 8 9 Total adjustments (net). Add lines 4 through 8 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 3,959,780 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements 58,940,975 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments Other (Describe in Part XIV.) Add lines 2a through 2d ..... 346,596. 2e 3 58,594,379. Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV.) 83,624. c Add lines 4a and 4b 83,624. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 58,678,003. Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements 54,981,195. Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIV.) e Add lines 2a through 2d 346,596. 2e 54,634,599. 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV.) 83,624. 4b c Add lines 4a and 4b 83,624. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 54,718,223. Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information. SEE PAGE 5

Schedule D (Form 990) 2009

#### Part XIV Supplemental Information (continued)

FIN 48 DISCLOSURE

PART X, LINE 2

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

OTHER RECONCILING DECREASES

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

COST OF GOODS SOLD

\$346,596

OTHER RECONCILING INCREASES

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

RENTAL INCOME

\$83,624

#### SCHEDULE J (Form 990)

#### **Compensation Information**

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

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

Part IV, line 23.

OMB No. 1545-0047
2009
Open to Public

Inspection

Name of the organization

NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC

Department of the Treasury

Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

Employer identification number

84-0738973

**Questions Regarding Compensation** Part I Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a, Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Χ Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Χ 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? 4a b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5a b Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6a b Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in 

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

Schedule J (Form 990) 2009

Schedule J (Form 990) 2009

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

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

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

		(B) Breakdown of W-2	of W-2 and/or 1099-MISC compensation	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ
	Ξ	167,891.	0	0	13,967.	15,206.	197,064.	0
KIM ESSEX	<b>E</b>	 	0	0   1   1   1   1   1   1   1	0	0	0	0.
	ε	172,853.	0	.0	14,255.	10,281.	197,389.	0
KENDAL FRAZIER	Ξ	! ! ! !	0	0.	0			0
	€	173,466.	0	0	14,270.	15,067.	202,803.	0
RICHARD HUSTED	Ξ	 	0	0	0	0		0.
	ε	168,112.	0	.0	13,781.	10,270.	192,163.	0
JAMES REAGAN	€		0	0.	0			0
	ε	171,718.	0	0.	13,946.	14,953.	200,617.	0
DOUGLAS EVANS	Ξ	0 .	0	101111111111111111111111111111111111111	0		0	0.
	Ξ	259,486.	11,000.	.860,998.	10,505.	9,437.	356,526.	0
FORREST ROBERTS	Ξ	           	0	0	0	0.	0	0.
	ε	117,079.	0	13,846.	8,640.	10,932.	150,497.	0
G ASHBY GREEN	Ξ	0	0		0.	0.	0	0
	ε	146,061.	0	0	12,220.	15,167.	173,448.	0
MARVIN KOKES	€	         	0	0	0	0	$\circ$	0.
	ε	147,489.	0	0	11,948.	10,154.	169,591.	0
RICK MCCARTY	Ξ		0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	0.	$\sim$	0.
	ε	145,832.	0	.0	12,330.	11,426.	169,588.	0
POLLY RUHLAND	Ξ	 	·0	0	0	0.	0.	0.
1	Ξ	185,276.	0	1,262.	3,700.	2,338.	192,576.	0
J BURTON ELLER	€	 	0		0	0.	0	0
	Ξ	145,236.	0	.0	11,560.	489.	157,285.	0
JEFFREY EISENBERG	Ξ	 	0	0	0	0.	0.	0
1	Įε	143,832.	0	0	11,618.	5,521.	160,971.	0
ELIZABETH PARKER	€	         	0	0	0	0.		0.
	ξ:	136,058.	0	0	10,733.	15,102.	161,893.	0
THOMAS FIELD	Ξ	0	0	0	0	0		0.
1	€	110,472.	0	17,193.	7,384.	12,827.	147,876.	0
ROXANNE JOHNSON	Ξ	               	0	0	.0	0	0	0
	Έ	106,469.	0	0	9,488.	5,470.	121,427.	0
RANDY IRION	€	0	0	0.	0.	0	0	0
							Sche	Schedule J (Form 990) 2009

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84-0738973

	age c
Part III Supplemental Information complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part or any additional information.	art
TRAVEL FOR COMPANIONS	
11A	
THE ORGANIZATION ALLOWS FOR REIMBURSEMENT OF UP TO TWO TRIPS PER YEAR FOR	
EL. THE REIMBURSEMENT AMOUNT IS INCLUDED IN T	
	! !
OTHER REPORTABLE COMPENSATION	
PART I, LINE 4A AND PART II, (B) (III)	
*G. ASHBY GREEN RECEIVED \$13,846 IN SEVERANCE PAYMENTS IN THE FISCAL YEAR	
ENDED SEPTEMBER 30, 2010.	
*ROXANNE JOHNSON RECEIVED \$17,193 IN SEVERANCE PAYMENTS IN THE FISCAL	!
YEAR ENDED SEPTEMBER 30, 2010.	
PART II, (B) (III)	
*FORREST ROBERTS RECEIVED \$66,098 IN TAXABLE COMMUTING, TEMPORARY HOUSING	!
AND LIFE INSURANCE BENEFITS THAT WERE INCLUDED IN HIS W-2 COMPENSATION.	!
*BURTON ELLER RECEIVED \$1,262 IN TAXABLE COMMUTING BENEFITS THAT WERE	ļ
INCLUDED IN HIS W-2 COMPENSATION.	
Schedule J (Form 990) 2009	8

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

#### **Transactions With Interested Persons**

Department of the Treasury Internal Revenue Service

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

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

Open To Public Inspection

OMB No. 1545-0047

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

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

Schedule L (Form 990 or 990-EZ) 2009

AHI2AJ N752

## SCHEDULE O (Form 990)

#### **Supplemental Information to Form 990**

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

► Attach to Form 990.

.OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC

Employer Identification number

84-0738973

ATTACHMENT 1

BOARD REVIEW OF FORM 990

FORM 990, PART VI, LINE 11

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

CONFLICT OF INTEREST DISCLOSURE

FORM 990, PART VI, LINE 12C

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

COMPENSATION SETTING PROCESS

FORM 990, PART VI, LINE 15

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

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

DOCUMENTS AVAILABLE TO THE PUBLIC

Schedule O (Form 990) 2009 Page **2** 

Name of the organization
NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC

Employer identification number 84-0738973

ATTACHMENT 1 (CONT'D)

FORM 990, PART VI, LINE 19

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

CLASSES OF MEMBERSHIP

PART VI, LINE 6

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

ELECTION OF THE GOVERNING BODY

PART VI, LINE 7A

THE ASSOCIATION MEMBERS AND REGISTRANTS SHALL ELECT THE PRESIDENT,

PRESIDENT-ELECT AND A VICE PRESIDENT AT THE STAKEHOLDERS CONGRESS.

DECISIONS OF THE GOVERNING BODY

PART VI, LINE 7B

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

ATTACHMENT 2

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

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

LEO BURNETT COMPANY PO BOX 91451 ADVERTISING

12,655,290.

Schedule O (Form 990) 2009 Page 2 Name of the organization Employer Identification number NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC 84-0738973 ATTACHMENT 2 (CONT'D) 990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION CHICAGO, IL 60693 U.S. MEAT EXPORT FEDERATION 8,412,541. EXPORT PO BOX 5722 DENVER, CO 80217 KETCHUM, INC. ADVERTISING 1,924,004. PO BOX 60000 FILE 72294 SAN FRANCISCO, CA 94160 PUBLIC RELATIONS DANIEL J. EDELMAN, INC. 1,361,516. 21992 NETWORK PLACE CHICAGO, IL 60673 GOLIN HARRIS PUBLIC RELATIONS 818,810. PO BOX 7247-659 PHILADELPHIA, PA 19170 TOTAL COMPENSATION 25,172,161.

ATTACHMENT 3

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

BEGINNING ENDING BOOK VALUE

PREPAID EXPENSES

194,676.

370,814.

TOTALS

194,676.

370,814.

AHI2AJ N752

# SCHEDULE R (Form 990)

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

6	l
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N	į

OMB No. 1545-0047

Employer identification number

NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC Name of the organization Department of the Treasury Internal Revenue Service

84-0738973

(f)
Direct controlling
entity

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

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

<b>Part II</b> Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	if the organization ansv year.)	vered "Yes" on h	orm 990, Part IV	, line 34 because	11 6
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) (e) Exempt Code section Public charity status (if section 501(c)(3))	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
NATIONAL CATTLEMEN'S BUILDING CORP. 74-2200677					
9110 E. NICHOLS AVENUE, #300 CENTENNIAL, CO 80112-3450	0 LAND INVSTMNT CO	CO	501(C)(2)		N/A
CATL FUND 84-1256522					
9110 E. NICHOLS AVENUE, #300 CENTENNIAL, CO 80112-3450	O FUNDRAISING	CO	501(C)(3)	7	N/A
NATIONAL CATTLEMEN'S FOUNDATION 23-7259504					
9110 E. NICHOLS AVENUE, #300 CENTENNIAL, CO 80112-3450	0 FUNDRAISING	CO	501(C)(3)	0	N/A
NATIONAL CATTLEMEN'S ASSOCIATION PAC 84-0622929			-		
9110 E. NICHOLS AVENUE, #300 CENTENNIAL, CO 80112-3450	0 LOBBYING	CO	527	-	N/A

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Schedule R (Form 990) 2009

84-0738973

Page 2

Schedule R (Form 990) 2009

(j) General or managing partner? Yes No (1)
Code V-UBI
amount in box 20 of
Schedule K-1
(Form 1065) (g) Share of end-of-year assets Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) (h) Disproportionate allocations? Yes No (f) Share of total income (g) Share of end-of-year assets (f) Share of total income 4u. (d) Direct controlling Pentity Predominant income (related, unrelated, excluded from tax under sections 512-514) Direct controlling entity Primary activity (c)
Legal
domicile
(state or
foreign
country) (b) Primary activity (a) Name, address, and EIN of related organization (a)
Name, address, and EIN of related organization Part III Part IV

(h) Percentage ownership Schedule R (Form 990) 2009 (e)
Type of entity
(C corp, S corp,
or trust) (c)
Legal domicile
(state or
foreign country)

1647-00 DJE

AHI2AJ N752

9E1308 1.000

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

2	Note Complete line 1 if any entity is listed in Darts II III or IV of this schedule		res
2 -	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?		
		1a	×
2 .		1b	×
2 (		10	X
٠ ر		10	×
ס	d Loans or loan guarantees to or for other organization(s)		>
ø	e Loans or loan guarantees by other organization(s)		۷ -
		.,	>
<b></b>	Sale of assets to other organization(s)		4
<b>D</b>	g Purchase of assets from other organization(s)	19	×
2		<del>1</del>	×
:		1	$\times$
-			
•-	I occo of facilities commons or other acceste from other organization(c)	<u>1</u>	×
-, - <del>'</del>		<b>*</b>	×
∠ _	Renolinance of services of membership of fundamental solicitations by other organization(s)	=	×
- !		1m	×
E			×
_	n Sharing of paid employees		
			:
C	Beimbursement baid to other organization for expenses		×
Ω.		1 _D	×
L			
5	Other transfer of cash or property to other organization(s)	19	×
T L	Other transfer of cash or property from other organization(s)	1r	X
7	If the answer to any of the above is "Yes." see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	ction thresholds.	
		(c)	Ţ
	Name of other organization (spe (a-1) (spe (	Amount involve	9
Ξ	) NATIONAL CATTLEMEN'S BUILDING CORPORATION D	236,	347.
Ś	N. M. N. M. TEMETINE SECTION BUTTON	576,	. 160
7	VITE TOWN OF THE PROPERTY OF T		!
(3)			
4			
(2)			
9			
		Schedule R (Form 990) 2009	990) 2009

84-0738973

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Schedule R (Form 990) 2009

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

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

(a) Name address and EIN of entity	(b)	(c) Legal domicile	(d) Are all partners	(e) Share of	(f) Disproportionate	1	(h) General or
			section 501(c)(3) organizations?		allocations?	amount in box 20 of Schedule K-1 (Forn 1065)	managing partner?
			Yes No		Yes No		Yes
	·						
						Schedule R (Form 990) 2009	90) 2009

		LD.	.96.	96
	COST OF	GOODS SOLD.	346,596.	346, 596
	MINUS: ENDING	INVENTORY	.0	
		OTHER COSTS	·o	0
ATTACHMENT 4	SALARIES	AND WAGES	.0	0
		PURCHASES	346,596.	346, 596
	BEGINNING	INVENTORY	0	0
OID		GROSS SALES	847,058.	847,058
FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOID			S	
FORM 990, PART V		DESCRIPTION	SALE OF MATERIALS	TOTALS

ATTACHMENT 4
PAGE 35

AHI2AJ N752

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

*******

Signature...

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

Filing...

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

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

Payment of tax...

No payment of tax is required.

******

	000 T	Evemi	ot Organization Business In	com	a Tay Return/and	l provi é	av undar aaatla	n 6022	(a)  -	OMB N	o. 1545-0687
Form	990-T		For calendar year 2009 or other tax year						(e))	2	<b>009</b>
	nent of the Treasury Revenue Service		ending 09/30, 20 10	arbegi ).	► See se			u	-	Open to F	Public Inspection
	Check box if				ne changed and see ins			D			Organizations Only cation number
Α	address changed		- ' L		-		,		(Employee on page 9.		ructions for Block D
В Ехе	mpt under section	1	NATIONAL CATTLEMEN'S	BE:	EF ASSOCIATI	ON,	INC			,	
X	501(C)(6)	Print	Number, street, and room or suite no. If					8	4-07	38973	
	408(e) 220(e)	Type									ss activity codes
	408A 530(a)	',,,,,	9110 EAST NICHOLS AV	ENU.	E		300		(See inst	tructions for E	Block E on page 9.)
	529(a)	]	City or town, state, and ZIP code								
	k value of all assets nd of year		CENTENNIAL, CO 80112					5	4190	0	
	,		up exemption number (See instruction			<b>&gt;</b>					
			ck organization type 🕨 🐰 501		<del></del>	501(c	) trust	4(	01(a) tr	ust	Other trust
H De	escribe the organiza	ation's pri	mary unrelated business activity.	► AD	VERTISING						
			orporation a subsidiary in an affiliated			ary con	trolled group?			▶ ∟	Yes X No
	***************************************		lentifying number of the parent corpo	ration							· · · · · · · · · · · · · · · · · · ·
	e books are in care		······································			elephon	e number 🕨				
Par			or Business Income	Ι	(A) Income		(B) Exp	enses			(C) Net
_	Gross receipts or										
b			c Balance ▶								
2			ule A, line 7)	2			······································				
3	· ·		from line 1c	3							
			tach Schedule D)	4a							***************************************
b			rt II, line 17) (attach Form 4797)	4b 4c							
С 5			rusts	5							
6			s and S corporations (attach statement)	6	**************************************		· · · · · · · · · · · · · · · · · · ·				
7			come (Schedule E)	7				~			
8			ties, and rents from controlled								
Ū				8							
9			section 501(c)(7), (9), or (17)								
				9							
10	Exploited exempt	activity in	come (Schedule I)	10			·				
11			ule J)	11	324,7	67.	1	73,	650.		151,117.
12			of the instructions; attach schedule.)	12							
13	Total. Combine lin	nes 3 thro	ugh 12		324,7				650.		151 <b>,</b> 117.
Par			Taken Elsewhere (See pag							,	
	(Except f	or conti	ributions, deductions must be	e dire	ectly connected	with th	<u>ie unrelated</u>	busi	ness	income	.)
14	•		firectors, and trustees (Schedule K)						14		
15											
16									1		
17											·
18											
19	Charitable contrib	es	ee page 13 of the instructions for lim						19	1131WARVE - 11-11-11	Swings Harles Landson, with the Galleria
20 21								0.	20	· ·	
22			4562) on Schedule A and elsewhere on ret					<del>.</del>	22b		0.
23								<del></del>	23		
24		eferred c	ompensation plans								
25	Employee benefit	programs	S						25		· · · · · · · · · · · · · · · · · · ·
26	Excess exempt ex	kpenses (	Schedule I)						26		
27	Excess readership	p costs (S	Schedule J)				· · · · · · · · ·		27	<del> </del>	151,117.
28			chedule)						28		
29	Total deductions.								29		151,117.
30			income before net operating loss de								
31			on (limited to the amount on line 30)								
32	Unrelated busines	ss taxable	income before specific deduction. S	Subtrac	t line 31 from line 30				32		
33	Specific deduction	า (Genera	ally \$1,000, but see line 33 instruction	ns for e	exceptions.)					<u> </u>	1,000.
34	Unrelated busine	ss taxab	le income. Subtract line 33 from line	32. If	line 33 is greater that	an line					
	32, enter the small	ller of zer	o or line 32						34	1	

Sign Here	<u> </u>	CLIENT	CO	PY									th	ay the IRS discu e preparer show		
	Signatur	e of officer	A. A.			J B	Q.	Date		Title			in	structions)?	Yes	N
Paid		Preparer's signature	X.	1 m	$\overline{\lambda}$	L	XH	#	and the same of th	Date 8/11/	2011	Check if self-employed		Preparer's SS	N or PTIN 45252	I
Prepai		Firm's name (or	oraq)	EKS (	H.	No. of Street, or other Persons	<b>//</b>					EIN	84-	0869721		
Use O	шу	yours if self-emp address, and ZIF		7979	E	. TU	FTS	AVE.,	#400			Phone no. 3	03-	740-9400		

DENVER, CO 80237-2843 Form 990-T (2009)

S

Schedule C - Rent Income (see instructions on page 18		erty a	nd Personal Prope	erty		ith Real Prop	erty)	Page 3
1. Description of property								
(1)								
							***************************************	
								· · · · · · · · · · · · · · · · · · ·
(4)	0. D-utu		_1			,		
	2. Rent received o		*					
(a) From personal property (if the property is more than 50%)	ercentage of rent n 10% but not	percentag	om real and personal prope ge of rent for personal prop if the rent is based on profit	erty e	xceeds			ected with the income (attach schedule)
(1)			**************************************					
(2)								
(3)						V	***********************	
(4)			<del></del>			***************************************		*****
	To	otal				·····		·····
Total  (c) Total income. Add totals of cohere and on page 1, Part I, line 6,	lumns 2(a) and 2(b). Er	nter				(b) Total deduct Enter here and or Part I, line 6, colu	n page 1,	
Schedule E - Unrelated D			e instructions on pag	e 19		,		
			2. Gross income from o	r	3. Dedu	ctions directly conne debt-finance		r allocable to
1. Description of deb	t-financed property		allocable to debt-finance property		(a) Straight I (attach	line depreciation schedule)	(b	) Other deductions (attach schedule)
(1)								
(2)		.,						
(3)								
(4)								
Amount of average     acquisition debt on or     allocable to debt-financed     property (attach schedule)	basis erty )	by column 5 (column			ome reportable x column 6)		llocable deductions n 6 x total of columns 3(a) and 3(b))	
(1)				%		-		
(2)				%				
(3)				%				
(4)				%				
Totals					Part I, line 7,			nere and on page 1, line 7, column (B).
Total dividends-received deduct								
Schedule F - Interest, An	nuities, Royaities,					tions see instru	ictions or	n page 20)
Name of controlled organization	2. Employer identification number	***************************************	sempt Controlled Org  3. Net unrelated income (loss) (see instructions)	4. T	otal of specified ayments made	5. Part of column included in the corganization's gro	ontrolling	6. Deductions directly connected with income in column 5
(1)								
(2)								
(3)								
(4)								
Nonexempt Controlled Organi	izations	,,		·		·/···	<del></del>	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
	8. Net unrelated inc	omo	A Total of apositio	۸ 	10. Par	t of column 9 that is		1. Deductions directly
7. Taxable Income	(loss) (see instruction		9. Total of specifie payments made	u		ed in the controlling ation's gross income		nnected with income in column 10
(1)								
(2)	<del> </del>	······				<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		yang kandapakang kipagka mangan punggapagkapka dan algan sa manangap kiba di Albadia apika di da
(3)								
(4)	<u> </u>							
					Enter here	ins 5 and 10. and on page 1, 8, column (A).	Enter	columns 6 and 11. here and on page 1, , line 8, column (B).
<u>Totals</u>	<del> </del>	<del></del>	<del> </del>	<u> </u>	<b>&gt;</b>			50m 000 T (2000)

Р	ige	4

1. Description of income	2. Amount of	income	***********	Deductions     directly connected     (attach schedule)	www.rawa.u.	4. Set (attach s			5. Total deductions and set-asides (col. 3 plus col. 4)
(1)									
(2)									
(3)						~~			
(4)	Futur have and								
	Enter here and Part I, line 9, co								Enter here and on page 1 Part I, line 9, column (B).
Totala									
Totals	mnt Antivity Inc	ome Other	The	n Advertising I		- / ! ! ! ! ! ! ! !-	41		141
Schedule 1 - Exploited Exe	HIPE ACTIVITY III	Joine, Oule	11116	4. Net income	COII	e (see instruc	tions	s on page 2	7
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expense directly connected wi production o unrelated business inco	th of	(loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	fror	Gross Income n activity that not unrelated iness Income	at	. Expenses tributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)									
(2)					<u> </u>				
(3)							,	······································	
(4)									
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and page 1, Part line 10, col. (I	ı,						Enter here and on page 1, Part II, line 26.
Totals	l		01						
Schedule J - Advertising Ir						·····			·
Part I Income From Per	lodicals Repor	ted on a Co	nsoi	idated Basis	I				<u> </u>
1. Name of periodical	2. Gross advertising income	3. Direct advertising co	ests	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5.	. Circulation income	6.	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) ATCH 1									
(2)									
(3)	10-11-10-10-10-10-10-10-10-10-10-10-10-1			)		<del></del>			
(4)						V	·		7
Totals (carry to Part II, line (5))						37,903.		361,661	
Part II Income From Pe through 7 on a line	<b>riodicals Repor</b> e-by-line basis.)	ted on a Se	epar	ate Basis (For e	ach p	oeriodical lis	sted	in Part II	, fill in columns 2
1. Name of periodical	2. Gross advertising income	3, Direct advertising co	ests	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5	. Circulation income	6.	. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)		<del></del>			<u> </u>				
(2)			<del></del>		<b></b>	· · · · · · · · · · · · · · · · · · ·			
(3)									
(4)		whiteville wild in the bell business commences when							****
(5) Totals from Part I	324,767.	173,6	50.						151,117
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and page 1, Pari line 11, col. (I	t I B).						Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) ▶ Schedule K - Compensation	·	173,6		ruetooe/sss inst-	otion	2 on nago 24\		<del></del>	151,117
Scriedule N - Compensauc	in of Officers, L	nrectors, ar	iu II	ustees(see msiit	Clions	3. Percent of	T		
1. Name				2. Title		time devoted to business			nsation attributable to elated business
			***************************************				% %		
- Control of the state of the s				-		· · · · · · · · · · · · · · · · · · ·	% %		
		<del></del>					/° %		Markey year of the continuous of years of the continuous of the co
Total. Enter here and on page 1, Page 1, Page 1	art II, line 14	<del></del>					. ▶	- PA-16	
Total. Effet fiele and off page 1, Fi	aren, mio 14	<del></del>		• • • • • • • • • • • • • • • • • • • •	<del></del>				Form <b>990-T</b> (200

ATTACHMENT 1 PAGE 40

AHIZAJ N752

		7.	EXCESS	READERSHIP	COSTS			151,117.
			9.	READERSHIP	COSTS	.0	361,661.	361,661
			υ,	CIRCULATION	INCOME	202.	37,701.	37,903.
HANGE TO SEE SE	ATTACHMENT		.4	ADVERTISING	GAIN OR LOSS			151,117
			DIRECT	ADVERTISING	COSTS	2,826.	170,824.	173,650.
ONSOLIDATED BASIS		2.	GROSS	ADVERTISING	INCOME	4,767.	320,000.	324,767
SCHED J - PART I, ANVERTISING INCOME REPORTED ON A CONSOLIDATED BASIS.				1.	NAME OF PERIODICAL	NATIONAL CATTLEMEN'S WAGAZINE	CATTLEMAN TO CATTLEMAN	COLUMN TOTALS

#### 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	-	59,976
9/30/2001	8,795		8,795
9/30/2002	69,776	-	69,776
9/30/2003	-	<u>-</u>	-
9/30/2004	- -	-	-
9/30/2005	-	-	-
9/30/2006	122,578	-	122,578
9/30/2007	21,479	-	21,479
9/30/2008	-	-	-
9/30/2009	<del>-</del> .	-	-
9/30/2010	<del></del>	-	·
	348,892		347,103

* * * * *

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

Colorado State C Corporation Income Tax Return for the year ended September 30, 2010

* * * * *

Signature . . .

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

Filing . .

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

Colorado Department of Revenue Denver, CO 80261-0006

No tax due . . .

There is no tax due for the current year.

1062

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

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

For the tax year beginning $\underline{10701}$ , 2009, ending $\underline{09730}$ , 20 $\underline{10}$ .			
Name of Corporation		Colorado	Account Number
NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC.	<del></del>	• · · · ·	
Address 9110 EAST NICHOLS AVENUE, #300		1	Employer I.D. Number 0738973
City	State		ZIP
CENTENNI AL	CO		80112-3450
IF YOU DO NOT NEED A CORPORATE TAX BOOKLET MAILED TO YOU NEXT YEAR, CHECK THI	S BOX		X
If you are attaching a statement disclosing a listed or reportable transaction, check this box			
A. Apportionment of Income. This return is being filed for:			
(42) A corporation not apportioning income;			
(43) A corporation engaged in interstate business apportioning income using single-factor apportionment	(Attach S	Schedule S	E).
(44) A corporation engaged in interstate business apportioning income under special regulation;	(/ 11.000// 0	0011000100	' /,
(45) A corporation electing to pay a tax on its gross Colorado sales;			
X (47) Other, federal form filed 990 T			
B. Separate/Consolidated/Combined Filling. 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 is binding	for four v	icara)	
If your election was made in a prior year, enter the year of election here:  (Attach Schedule		ears).	
	e C),		
An affiliated group of corporations required to file a combined return (Attach Schedule C);			1.0.1.1.0
An affiliated group of corporations required to file a combined return that includes another affiliated, cons			
		HE NEA	REST DOLLAR
1 Federal taxable income from Form 1120 2 Federal taxable income of companies not included in this return	• 1		NONE.00
			.00
3 Net federal taxable income, line 1 minus line 2 Additions to federal taxable income	3	***************************************	NONE.00
4 Federal net operating loss deduction	• 4 -		.00
5 Colorado income tax deduction	• 5		.00
6 Other additions, attach explanation	• 6	<del></del>	.00.
7 Total of lines 3 through 6	7		<u>NONE.00</u>
Subtractions from federal taxable income			
8 Exempt federal interest	• 8		.00
9 Excludable foreign source income	• 9		.00
To Colorado source capital gain (asset acquired on or after 5/9/94, neid five years)	• 10		.00.
11 Other subtractions, attach explanation	• 11		.00
12 Total of lines 8 through 11	. 12	Care proportion of the same of	.00.
13 Modified federal taxable income, line 7 minus line 12	. 13		NONE.00
14 Colorado taxable income before net operating loss deduction	• 14	······································	NONE.00
15 Colorado net operating loss deduction	• 15		.00.
16 Colorado taxable income, line 14 minus line 15	. 16		NONE.00
17 Tax, 4.63% of the amount on line 16	• 17		NONE.00
18 New investment tax credit from From 112CR, line 6b	• 18		.00
19 Enterprise zone investment tax credit from Form 112CR, line 15b	• 19		.00
20 Enterprise zone employee credits from Form 112CR, line 25b	• 20		.00
21 Enterprise zone contribution credit from Form 112CR, line 36b	• 21		.00
22 Other enterprise zone credits from form 112CR, lines 40b, 53b, 54b and 55b	• 22	<del></del>	.00
23 Alternative fuel vehicle gradit from Form 112CD, line 56h	- 00		

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

Form 112					Page 2	2
24 Alternative fuel refueling facility credit from Form 112C	R, line 57b		<b>●</b> 24			.00
25 Gross conservation easement credit from Form 112CR			• 25			.00
26 Other credits from Form 112CR, line 71b			• 26			.00
27 Total credits, lines 18 through 26			27			.00
28 Net tax, line 17 minus line 27					NONE	00.
29 Recapture of prior year credits			• 29			.00
30 Total of lines 28 and 29					NONE	0.00
31 Estimated tax and extension payments and credits			• 31			.00
32 Penalty, also include on line 35 if applicable			• 32			.00
33 Interest, also include on line 35 if applicable			• 33			.00
34 Estimated tax penalty due, also include on line 35 if ap	plicable		• 34			.00
35 If amount on line 30 exceeds amount on line 31, enter			• 35		NONE	.00
36 Overpayment, line 31 minus line 30					***************************************	.00
37 Overpayment to be credited to estimated tax			• 37			.00
38 Overpayment to be refunded			• 38			.00
Divoct			1			
<b>Direct</b> Routing number		Type: Checking	Savin	gs 1		
Deposit Account number						
MAIL TO AND MAKE CHECKS PAYABLE TO: Colorado Departmen The State may convert your check to a one time electronic banking tra your check will not be returned, if your check is rejected due to insur your bank account electronically.	insaction, Your b	oank account may be debited as e				
C. The corporation's books are in care of:						
Name		The state of the s	Telephon	e Number	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
DOUG EVANS			303-6	694-030	5	
Address		City	Terresta de la composición dela composición de la composición de la composición de la composición dela composición dela composición dela composición de la c	State	ZIP	
9110 EAST NICHOLS AVENUE, #300	0	CENTENNI AL		СО	80112-34	150
D. Business code number per federal return ●						
54	41900					
E. Year corporation began doing business in Colorado ●						
	<u>-01-199</u>	6	<del></del>			
F. Kind of business in detail: ADVERTISING						
G. Has the Internal Revenue Service made any adjustments in	the corporat	ion's income or tax or have	you filed	amended fed	eral income tax ret	turns
at any time during the last four years? Yes X	No If Yes,	for which year(s)?		Managina ma	<del></del>	
Did you file amended Colorado returns to reflect such change	es or submit co	opies of the Federal Agent's re	ports?	Yes X	No	
Under penalties of perjury in the second degree, I declare					phone number of	
to the best of my knowledge it is true, correct and comple			1	firm preparin		
taxpayer) is based on all information of which preparer has any			EKS&H		-	
Signature and Title of Officer	Date		1	TUFTS AVE.,	#400	
CLIENT COPY			1	CO CO 80237-		
CDIENT COLL			(303) 74		20.0	

## 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	<del>-</del> ·	66,288
9/30/2000	59,976	-	59,976
9/30/2001	8,795	-	8,795
9/30/2002	69,776	<u>.</u> .	69,776
9/30/2003	-		-
9/30/2004	-	<del>-</del>	-
9/30/2005	-	-	-
9/30/2006	122,578	-	122,578
9/30/2007	21,479	-	21,479
9/30/2008	-	-	-
9/30/2009	-	-	-
9/30/2010	· <u>-</u>	-	
	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, 2011 for:

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

2010 990 - Return of Organization Exempt from Income Tax

2010 Schedule C - Political Campaign and Lobbying Activities

2010 Schedule D - Supplemental Financial Statements

2010 Schedule J - Compensation Information

2010 Schedule L - Transactions with Interested Persons

2010 Schedule O - Supplemental Information to Form 990 or 990EZ

2010 Schedule R - Related Organizations and Unrelated Partnerships

2010 990-T - Exempt Organization Business Income Tax Return

2010 8879-EO - IRS e-file Signature Authorization

2010 CO 112- Colorado Corporation Income Tax Return

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

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

Sincerely,

Ehrhardt Keefe Steiner & Hottman PC

Elishard Keefe Steiner + Hottman PC

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

OMB No. 1545-0047

Open to Public Inspection

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

A F	or the	e 2010	O calendar year, or tax year beginning 10/01, 2010,	and ending			09/	′30 <b>,20</b>	11			
_			C Name of organization			D Employer id	entifica	ation numb	ber			
B cr	eck if app	olicable:	NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC			84-073	3973					
	Addre:		Doing Business As									
	†	change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		E Telephone number						
	Initial	- 1	9110 EAST NICHOLS AVENUE	300		(303) 694-0305						
	†		City or town, state or country, and ZIP + 4			(303) 03	1 00	703				
	Termir					G Gross rossin	to C	50 (	206	125		
	return Applic		CENTENNIAL, CO 80112-3450  F Name and address of principal officer: FORREST ROBERTS		-	H(a) Is this a group return for affiliates?						
	pendir					affiliates?		$\vdash$	ŀ			
			9110 E. NICHOLS AVENUE, #300 CENTENNIAL, CO		150	H(b) Are all affiliat				No		
		empt st	33.(6)(6)	r 527		If "No," attac	h a list. (	see instruction	ons)			
J '	Websi	te: 🕨	WWW.BEEF.ORG			H(c) Group exemp	tion num	nber				
		f organi	ization: X Corporation Trust Association Other	L Year of	formatio	n: 1996 <b>M</b>	State o	f legal don	nicile:	DE		
Pa	rt I	Sur	mmary									
	1	Briefly	describe the organization's mission or most significant activities:									
			WORK TO INCREASE PROFIT OPPORTUNITIES FOR CATT	LE AND B	EEF	PRODUCER	 S					
၁၁		BY ENHANCING THE BUSINESS CLIMATE AND BUILDING CONSUMER DEMAND.										
na.									806,135.  Yes X No Yes No ions)  micile: DE  8. 8. 193. 275. 294,500.  ent Year 0. 401,350. 4,302. 825,894. 231,546. 0. 063,825. 0. 728,977. 792,802. 438,744. dof Year 665,282. 589,343. 075,939.			
Governance	2	Check	this box if the organization discontinued its operations or disposed of	of more than 2	 5% of i	ts net assets						
ő			and the second s				3			8		
න් ග			or of independent victing members of the governing hady (Dort VI, line 1h)									
Activities			<del></del>				4					
÷							5					
ĕ			number of volunteers (estimate if necessary)				6		004			
		`					7a		294,	500.		
	b	Net un	related business taxable income from Form 990-T, line 34	<del></del>			7b					
						Prior Year		Curre	ent Ye	ar		
ø	8	Contril	butions and grants (Part VIII, line 1h)				0.					
aun	9	Progra	am service revenue (Part VIII, line 2g)	[		57,814,03	3.	57 <b>,</b> 4	401,	350.		
Revenue	<ul><li>10 Invest</li><li>11 Other</li></ul>		ment income (Part VIII, column (A), lines 3, 4, and 7d)		6,735.			4,	302.			
"			revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			857,235.			825,	894.		
			evenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			58,678,00	3.	58,2	231,	546.		
			Grants and similar amounts paid (Part IX, column (A), lines 1-3)				0.					
			ito poid to au fau mambaua (Dart IV, aduma (A), line 4)		0.		0					
			es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1	12,561,14	9					
ses			ssional fundraising fees (Part IX, column (A), line 11e)			12,001,11	0.		3007			
Expenses			in a draining average (Part IV column (P) line 25)				-					
Ä			(Det IV selver (A) line 44 d 44 (A)	1		42 <b>,</b> 157 <b>,</b> 07	1	/11 -	720	077		
			her expenses (Part IX, column (A), lines 11a-11d, 11f-24f)									
			expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			54,718,22						
. ø	19	Reven	nue less expenses. Subtract line 18 from line 12	ract line 18 from line 12		3,959,780.						
s ol				-		ing of Current						
set			assets (Part X, line 16)			22,269,30						
et Assets or and Balances			iabilities (Part X, line 26)			11,560,21						
ᇎ		Net as	sets or fund balances. Subtract line 21 from line 20		1	10 <b>,</b> 709 <b>,</b> 08	4.	13,0	)75 <b>,</b>	939.		
	rt II		gnature Block									
Und	ler pen	alties of	f perjury, I declare that I have examined this return, including accompanying schedules ablete. Declaration of preparer (other than officer) is based on all information of which pre-	and statements,	and to	the best of my k	nowled	ge and bel	lief, it is	true,		
0011	cot, ai		order. Deciding of preparer (other trial officer) is based on all illionidation of which pre-	cparci nas any i	anowica	lgc.						
S	ign		CLIENT COPY									
Н	ere		Signature of officer			Date						
			Type or print name and title									
			Type preparer's name Preparer's signature	Date		Check if		PTIN				
Paid							self-					
Preparer		DORI J. EGGETT 7/31/2012					2 employed ► P00645252 Firm's EIN ► 84-0869721					
Use	Only		name   EHRHARDT KEEFE STEINER HOOTMAN PC									
			address ▶ 7979 E. TUFTS AVENUE, SUITE 400 DENVER, CO 80237-2843			Phone no.	<b>3U3</b> −	740-9		_		
Мау	the IF	S disc	cuss this return with the preparer shown above? (see instructions)					X Ye	s	No		

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2010)

Form 990 (2010) 84-0738973 Page **2** 

Pa	rt III	Statement of Program Service A Check if Schedule O contains a re	ccomplishments esponse to any question in this Part III					
		describe the organization's mission	n:					
	TO WORK TO INCREASE PROFIT OPPORTUNITIES FOR CATTLE AND BEEF PRODUCERS BY ENHANCING THE BUSINESS CLIMATE AND BUILDING CONSUMER							
	DEMAN		BUSINESS CLIMATE AND BUILDIN	NG CONSUMER				
	DEMAN	J.						
	the price.	r Form 990 or 990-EZ?  "describe these new services on \$		Yes X N				
3	service							
4	Describ Section	501(c)(3) and 501(c)(4) organiza	nts for each of the organization's three	required to report the amount of grants and				
	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$)				
4b	(Code:	) (Expenses\$	including grants of \$	) (Revenue \$)				
4c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$)				
	0							
	Other p	rogram services. (Describe in Sche ses \$ including gr		<b>¢</b>				
		rogram service expenses ►	) (Nevenue	Ψ /				

Form **990** (2010)

Par	Checklist of Required Schedules		V	NI -
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1		Χ
2	complete Schedule A	2		X
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			21
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
3	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
•	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		Χ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Χ
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete		.,	
_	Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—othersecurities in Part X, line 12 that is 5% or more	446		V
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	11c	Х	
لم	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	110	Λ	
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
_	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	Х	21
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year?   If "Yes,"			
~	complete Schedule D, Parts XI, XII, and XIII.	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV-	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	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, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	4-		3.7
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	10		v
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		Χ
20 ~	If "Yes," complete Schedule G, Part III	20a		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form	_va		21
N	990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		
	The second of th			

#### Part IV Checklist of Required Schedules (continued) Did the organization report more than \$5,000 of grants and other assistance to governments and organizations 21 Χ in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 22 Χ 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated Χ Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a Χ 24b **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . . . . Did the organization maintain an escrow account other than a refunding escrow at any time during the year d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b If "Yes," complete Schedule L, Part I 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or Χ disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II, Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor, or a grant selection committee member, or to a person related to such an individual? Χ 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): Χ a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. . . . . . . A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Χ An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . . . . . Χ 28c 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 Χ conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Χ Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 Χ 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I............... Χ 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, Χ Χ Is any related organization a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 related organization? If "Yes,"complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Χ Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

Form 990 (2010) 84-0738973

Statements Regarding Other IRS Filings and Tax Compliance Part V 

			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 196			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
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	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Χ	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Χ	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_		
	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7.		
	and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
٨	If "Yes," indicate the number of Forms 8282 filed during the year	70		
	Did the organization 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		
u '	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	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			
11	Section 501(c)(12) organizations. Enter:			
	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.)	46		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
<b>L</b>	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
_	the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  13b  13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		21
U		. 76		

Form 990 (2010) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes Nο 1a Enter the number of voting members of the governing body at the end of the tax year 8 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 3 supervision of officers, directors or trustees, or key employees to a management company or other person? 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members X 7a Χ 7b **b** Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Χ a The governing body?..... 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Χ 10a Does the organization have local chapters, branches, or affiliates? b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give Χ 12b rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? Χ 12c describe in Schedule O how this is done 13 Χ 13 Does the organization have a written whistleblower policy? Χ 14 14 Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Χ 16a with a taxable entity during the year? 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? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) 18 available for public inspection. Indicate how you make these available. Check all that apply. X Upon request Own website Another's website Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 19 policy, and financial statements available to the public.

JSA 0E1042 1.000

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organization: ▶ DOUG EVANS 9110 E. NICHOLS AVENUE, #300 CENTENNIAL, CO 80112

303-694-0305

State the name, physical address, and telephone number of the person who possesses the books and records of the

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)		(0				(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Individual trustee P or director	heck Officer	≅ Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1)BILL DONALD									
PRESIDENT	1.00	Х	Χ				0.	. 0.	. С
(2) JD ALEXANDER									
PRESIDENT ELECT	1.00	Х	Χ				0.	0.	
(3) SCOTT GEORGE									
VICE PRESIDENT	1.00	Х	Χ				0.	0.	. 0
(4) BOB MCCAN									
CHAIR POLICY	1.00	Х	Χ				0.	0.	. С
(5) DON PEMBERTON									
VICE-CHAIRMAN POLICY	1.00	Х	Х				0.	0.	C
(6) DAVID DICK									
CHAIR FEDERATION	1.00	Х	Х				0.	0.	C
(7) CRAIG UDEN									
VICE-CHAIRMAN FEDERATION	1.00	Х	Х				0.	0.	C
(8) DAVE TRUE									
TREASURER	1.00	Х	Х				0.	0.	
(9) FORREST L ROBERTS									
CEO	40.00		Х				403,265.	0.	31,212
(10)DOUGLAS EVANS									
CFO	40.00		Х				187,610.	0.	31,945
(11)KENDAL S FRAZIER									
EVP, ORG COMM, PLAN, G & L	40.00			Х			184,594.	0.	27 <b>,</b> 016
(12)JAMES O REAGAN									
SR VP, REI	40.00			Х			173,331.	0.	25 <b>,</b> 837
(13)KIM ESSEX									
SR VP, CONSUMER MARKETING	40.00			Х			171,680.	0.	31,366
(14)MARVIN L KOKES									
VP, ASSOCIATION MARKETING	40.00				Х		149,893.	0.	. 29 <b>,</b> 841
(15)J BURTON ELLER									
SR VP, MEMBER SERVICES	40.00				Х		197,599.	0.	. 17 <b>,</b> 992
(16)RICHARD HUSTED									
VP, STRATEGIC PLANNING	40.00				Х		161,215.	0.	30,014
JSA		•							Form <b>990</b> (2010)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees(continued)													
(A)	(B)			(C	<b>(</b> )			(D)	(E)			(F)	
Name and title	Average hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director		Officer	all Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportal compensa from rela organizati (W-2/1099-N	ation ted ions	am comp fro orga and	timated nount of other oensation the anization direlated anization	n I
(17) RICK H MCCARTY  VP, ISSUES ANALYSIS & STRATEGY	40.00					Х		147,660.		0.		22,	799
(18) ELIZABETH PARKER CHIEF VET	40.00							144,828.		0.		17,	
(19)	40.00					Х		144,020.		0.		<u> </u>	993.
(20)													
(21)													
(22)													
(23)	-												
(24)													
(25)													
(26)													
(27)													
(28)													
1b Sub-total c Total from continuation sheets to Part VII, Sec							<b>&gt;</b>	1,921,675.		0.	2	66,0	15.
d Total (add lines 1b and 1c)							<b>&gt;</b>	1,921,675.	000 :	0	2	66,0	15.
2 Total number of individuals (including but not lin reportable compensation from the organization								red more than \$100	,000 in				
												Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched											3		Х
4 For any individual listed on line 1a, is the	e sum of	repor	table	e C	om	oensa	tion	and other comp	pensation f	rom	3		71
the organization and related organizations individual										sucri	4	Х	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y											5		X
Section B. Independent Contractors	•												
1 Complete this table for your five highest compensation from the organization.	compensat	ed ir	ndepe	end	ent	cont	ract	tors that received	I more tha	ın \$100	0,000	of	
(A) Name and business address  (B) Description of services							С	(C) Compensation					
ATTACHMENT 1							+						
							+						
							1						
							- 1		I				

Total number of independent contractors (including but not limited to those listed above) who received

5

Form **990** (2010)

more than \$100,000 in compensation from the organization ▶

m 990	_				84-0/389/3		Page
art V	111	Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from to under sections 512, 513, or 514
_{γη} 1 a	а	Federated campaigns 1	a				
ו   בַּ	b	Membership dues	b				
Ĕ   ,	С	Fundraising events	c				
and otner similar amounts	d	Related organizations 1					
	е	Government grants (contributions) 1	е				
<u> </u>	f	All other contributions, gifts, grants,	.				
5		and similar amounts not included above . 1					
a a	g h	Noncash contributions included in lines 1a-1f: \$  Total. Add lines 1a-1f		0.			
	<u>''</u>	Total: Add lines ra-II	Business Code	0.			
22	2	BPOC CONTRACTS	900099	34,829,720.	34,829,720.		
֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓		STATE BEEF COUNCIL	900099	10,929,809.	10,929,809.		
		SPONSORSHIPS/MTGS	900099	5,912,670.	5,912,670.		
	-	MEMBERSHIP DUES	900099	4,060,064.	4,060,064.		
	е	ADVERTISING	541900	294,500.		294,500.	
6	f	All other program service revenue	900099	1,374,587.	1,374,587.		
:	g	Total. Add lines 2a-2f		57,401,350.			
3		Investment income (including dividends, into					
		other similar amounts)		4,302.			4,3
4		Income from investment of tax-exempt bond		0.			
5		Royalties · · · · · · · · · · · · · · · · · · ·	(ii) Personal	0.			
6		Gross Rents	573.				
	b	Less: rental expenses	.72				
	c d	Rental income or (loss)		85,573.			05 5
'	u	(i) Securitie		85,573.			85,5
78	а	Gross amount from sales of assets other than inventory					
١,	b	Less: cost or other basis					
'		and sales expenses					
Ι,	С	Gain or (loss)					
- 1		Net gain or (loss)	<u></u>	0.			
2 8	а	Gross income from fundraising					
		events (not including \$					
5		of contributions reported on line 1c).					
88		See Part IV, line 18					
<u> </u>		Less: direct expenses					
5   '		Net income or (loss) from fundraising event	s	0.			
98	а	Gross income from gaming activities. See Part IV, line 19	a				
		Less: direct expenses					
		Net income or (loss) from gaming activities		0.			
10a		Gross sales of inventory, less returns and allowances					
		Less: cost of goods sold					
<u> </u>	С	Net income or (loss) from sales of inventory  Miscellaneous Revenue	Business Code	383,387.			383,3
11a		OTHER REVENUE RELATED TO EXEMPT FUNCT		356,934.	356,934.		
	b						
	C	All athers are a second					
	d	All other revenue		356,934.			
12		Total revenue. See instructions		58,231,546.	57,463,784.	294,500.	473,2

### 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).

	All other organizations must comple		<u> </u>	(C) (C), an	· ·
	o not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	0.			
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	0.			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,	1 067 057			
	trustees, and key employees	1,267,857.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	0			
_	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	10,005,324.			
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)	2 700 644			
9	Other employee benefits	2,790,644.			
10	Payroll taxes	U .			
11	Fees for services (non-employees):	0			
	Management	713,416.			
	Legal	74,695.			
	Accounting	0.			
	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17	0.			
	Investment management fees	7,661,956.			
g 12	<b>[</b>	26,768,025.			
12	Advertising and promotion	498,199.			
13	Office expenses	252,786.			
14 15	Royalties	0.			
16	Occupancy	1,291,993.			
17	Travel	1,981,116.			
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	1,646,425.			
20	Interest	34,081.			
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	154,385.			
23	Insurance	127,385.			
24	Other expenses. Itemize expenses not covered	·			
	above (List miscellaneous expenses in line 24f. If				
	line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O.)				
а	MISCELLANEOUS	524,515.			
b					
С					
d					
е					
f	All other expenses				
	Total functional expenses. Add lines 1 through 24f	55,792,802.			
26	Joint Costs. Check here   if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
ICA				1	

JSA 0E1052 1.000

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#### Part X **Balance Sheet** (A) (B) Beginning of year End of year Cash - non-interest-bearing 3,207,963. 4,032,130. 1 1 <del>6</del>,540,346. Savings and temporary cash investments 8,083,586. 2 Pledges and grants receivable, net 3 3 Accounts receivable, net 9,951,057. 9,057,350. 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 150,000. 5 150,000. Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 7 Notes and loans receivable, net 8 370,814. 324,943. Prepaid expenses and deferred charges ATCH 3 9 10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 3,208,216. b Less: accumulated depreciation 10b 2,764,883. 403,291. 443,333. 10c 11 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 1,548,158. 13 1,476,269. 14 14 97,671. 97,671. 15 15 22,269,300. 23,665,282. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 8,990,172. 8,220,878. 17 17 18 18 19 2,450,295. 19 2,153,614. 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities Payables to current and former officers, directors, trustees, key 22 employees, highest compensated employees, and disqualified persons. 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities. Complete Part X of Schedule D 119,749. 25 214,851

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Total liabilities and net assets/fund balances

Organizations that do not follow SFAS 117, check here

Organizations that follow SFAS 117, check here | X | and complete

lines 27 through 29, and lines 33 and 34.

complete lines 30 through 34.

23,665,282.

13,075,939.

10,589,343.

13,075,939.

25

26

27

28

29

30

31

32

33

34

11,560,216.

10,709,084.

10,709,084.

22,269,300.

JSA

26

28

29

30

31

32

**Balances** 27

**Assets or Fund** 

Net 33

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84-0738973 Page **12** Form 990 (2010)

Pa	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI			X	
1	Total revenue (must equal Part VIII, column (A), line 12)	5	3,2	31,5	546.
2	Total expenses (must equal Part IX, column (A), line 25)	55	5,7	92,8	02.
3	Revenue less expenses. Subtract line 2 from line 1		2,4	38,7	44.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				84.
	Net assets of fulld balances at beginning of year (must equal Fart X, line 33, column (A))		_	71,8	389.
5	Other changes in her assets of fund balances (explain in Schedule O)				
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	13	3,0	75 <b>,</b> 9	39.
Pa	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII				
		_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
b		. • •	2b	Χ	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	• •			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
d					
-	issued on a separate basis, consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		Х
b	*	· • •			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		

Form **990** (2010)

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#### **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

Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) 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) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Nam	e of organization	·		Employer identif	fication number					
NAT	CIONAL CATTLEMEN'S B			84-073						
Pa	rt I-A Complete if the or	ganization is exempt under se	ction 501(c) or is	a section 527 organia	zation.					
1 2 3	candidates for public office in Political expenditures	organization's direct and indirect polit Part IV.		> \$	osition to					
Pa	rt I-B Complete if the or	ganization is exempt under se	ction 501(c)(3).							
1	Enter the amount of any exci	se tax incurred by the organization u	nder section 4955	▶\$						
2		se tax incurred by organization mana		4955 ▶ \$						
3 4a b	Was a correction made? If "Yes," describe in Part IV.	section 4955 tax, did it file Form 472			Yes No					
Pa	rt I-C Complete if the o	rganization is exempt under se	ction 501(c), exce	ept section 501(c)(3).						
1 2 3 4 5	Enter the amount directly expended by the filing organization for section 527 exempt function activities  Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities  Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b  Did the filing organization file Form 1120-POL for this year?  Yes  No									
(1)					delivered to a separate political organization. If none, enter -0					
(')										
(2)										
(3)										
(4)										
(5)										
(6)										

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

Schedule C (Form 990 or 990-EZ) 2010

JSA 0E1264 0.040

SCI	ledule C (Form 990 or 990-EZ) 2010				04 07	30373	Page Z
Pa	Complete if the o section 501(h)).	rganizatio	n is exem _l	ot under section s	501(c)(3) and fil	ed Form 5768 (elec	tion under
A B				an affiliated group ox A and "limited c		is apply.	
		its on Lobb ditures" me		ditures ts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1 a	Total lobbying expenditures to	influence p	ublic opinior	n (grass roots lobbyir	ng)		
b	Total lobbying expenditures to	influence a	legislative b	oody (direct lobbying)	)		
С	Total lobbying expenditures (a	dd lines 1a	and 1b)				
d	Other exempt purpose expend	ditures					
е	Total exempt purpose expend	itures (add I	ines 1c and	1d)			
f	Lobbying nontaxable amount. columns.	Enter the a	mount from	the following table in	both		
	If the amount on line 1e, column	(a) or (b) is:	The lobbyin	g nontaxable amount i	s:		
	Not over \$500,000		20% of the a	mount on line 1e.			
	Over \$500,000 but not over \$1,00	0,000	\$100,000 plu	us 15% of the excess or	ver \$500,000.		
	Over \$1,000,000 but not over \$1,5	500,000	\$175,000 plu	us 10% of the excess or	ver \$1,000,000.		
	Over \$1,500,000 but not over \$17	,000,000	\$225,000 plu	us 5% of the excess over	er \$1,500,000.		
	Over \$17,000,000		\$1,000,000.				
g	Grassroots nontaxable amoun	it (enter 25%	6 of line 1f)				
h	•		•				
i	Subtract line 1f from line 1c. If						
j	If there is an amount other that	n zero on e	ther line 1h	or line 1i, did the org	anization file Forn	n 4720 reporting	
	section 4911 tax for this year?						Yes No
	` -	ations that lumns belo	made a sec w. See the	instructions for line	do not have to co s 2a through 2f o	,	
		Lobi	ying Exper	nditures During 4-Ye	ear Averaging Per □	iod	
	Calendar year (or fiscal year beginning in)	(a) 2	007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	(e) Total
2 a	Lobbying nontaxable amount						
b	Lobbying ceiling amount (150% of line 2a, column (e))						
	Total lobbying expenditures						
d	Grassroots nontaxable amount						
	Grassroots ceiling amount (150% of line 2d, column (e))						
f	Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2010

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

		(a	1)	(b)				
		Yes	No		Amount			
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:							
а	Volunteers?  Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?							
b								
G C	Media advertisements?							
d e	Mailings to members, legislators, or the public? Publications, or published or broadcast statements?							
f	Publications, or published or broadcast statements?  Grants to other organizations for lobbying purposes?							
g	Direct contact with legislators, their staffs, government officials, or a legislative body?							
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?							
i	Other activities? If "Yes," describe in Part IV							
j	Total. Add lines 1c through 1i							
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?							
b	If "Yes," enter the amount of any tax incurred under section 4912							
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912							
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?							
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	c)(5),	or se	ction				
					Yes	No		
1	Were substantially all (90% or more) dues received nondeductible by members?				1	X		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2	X		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?				3	X		
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, I "Yes."	, , , .			i			
1	Dues, assessments and similar amounts from members			1	4,457	590.		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of			-	,			
	expenses for which the section 527(f) tax was paid).	•						
а	Current year			2a	711	,466.		
b	Carryover from last year			2b				
С	Total			2c		466.		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du			3	482	,906.		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	of th	ie					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible	obbyin	g					
	and political expenditure next year?			4	228	<u>,560</u> .		
5	Taxable amount of lobbying and political expenditures (see instructions)			5				
Con	Supplemental Information  pplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-Co, complete this part for any additional information.	, line	5; an	Dart II	-B, line 1i			
	o, complete this part for any additional information.							
				<b></b>				

Schedule C (Form 990 or 990-EZ) 2010

Page 4

Schedule C (Form 990 or 990-EZ) 2010

Part IV Supplemental Information (continued)

Schedule C (Form 990 or 990-EZ) 2010

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# SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

2010

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Nam	e of the organization			Employer identification number
NA	CIONAL CATTLEMEN'S BEEF ASSOCIATION	•		84-0738973
Pa	Organizations Maintaining Donor Advorganization answered "Yes" to Form 9		milar Funds	or AccountsComplete if the
		(a) Donor advised to	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 ad	visors in writing that the asse	ets held in don	or advised
6	funds are the organization's property, subject to the Did the organization inform all grantees, donors, and	organization's exclusive leg	al control?	Yes L No
	used only for charitable purposes and not for the be			
	purpose conferring impermissible private benefit?			· · · · · · · · · · · · · · · · · · Yes · · No
Pa		the organization answer	ed "Yes" to F	orm 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the o	organization (check all that a	ipply).	
	Preservation of land for public use (e.g., recreations)	ation or education)	Preservation	of an historically important land area
	Protection of natural habitat		Preservation	of a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization hel	d a qualified conservation co	ontribution in th	e form of a conservation
	easement on the last day of the tax year.			Held at the End of the Tax Year
	Total averbas of accounting accounts			
а	Total number of conservation easements			
b	Total acreage restricted by conservation easements			
С	Number of conservation easements on a certified hi	,	•	-   <u>2</u> C
d	Number of conservation easements included in (c) a			24
3	historic structure listed in the National Register Number of conservation easements modified, transf			
3	tax year >	erreu, reieaseu, exiiriguisrie	u, or terrimate	d by the organization during the
4	Number of states where property subject to conserv	ation easement is located	•	
5	Does the organization have a written policy regarding			
-	violations, and enforcement of the conservation eas		=	Yes No
6	Staff and volunteer hours devoted to monitoring, ins			
	<b>&gt;</b>			
7	Amount of expenses incurred in monitoring, inspecti	ing, and enforcing conservat	tion easements	during the year
8	> \$ Does each conservation easement reported on line	2(d) above actiofy the requir	romanta of acot	ion 170/h\/4\/D\
0	(i) and 170(h)(4)(B)(ii)?			
9	In Part XIV, describe how the organization reports c	onservation easements in its	s revenue and	expense statement, and
-	balance sheet, and include, if applicable, the text of			· ·
	organization's accounting for conservation easemer			
Pa	t III Organizations Maintaining Collection Complete if the organization answered	s of Art, Historical Trea "Yes" to Form 990, Part	sures, or Oth IV, line 8.	ner Similar Assets.
1a				revenue statement and halance shoot
ıa	If the organization elected, as permitted under S works of art, historical treasures, or other simil public service, provide, in Part XIV, the text of the state	ar assets held for public footnote to its financial stat	exhibition, ed ements that de	ucation, or research in furtherance of escribes these items.
b	If the organization elected, as permitted under works of art, historical treasures, or other simil public service, provide the following amounts relati	ar assets held for public ing to these items:	exhibition, ed	ucation, or research in furtherance of
	(i) Revenues included in Form 990, Part VIII, line 1			▶\$
	(ii) Assets included in Form 990, Part X			▶\$
2	If the organization received or held works of a	art, historical treasures, or	other similar	assets for financial gain, provide the
	following amounts required to be reported under S	SFAS 116 (ASC 958) relatir	ng to these iten	ns:
а	Revenues included in Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			▶ \$

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

Schedule D (Form 990) 2010

Schedule D (Form 990) 2010 84 – 0 7 3 8 9 7 3 Page **2** 

Par	t III Organizations Maintaining Coll	ections of Art,	Historic	cal Treasures	, or Oth	ner Similar A	Assets(c	ontinue	d)
2	Liena the examination openinities and	naion and ather	*******	abook any of	الم الم	audaa that a		ficant	aa af ita
3	Using the organization's acquisition, access collection items (check all that apply):	ssion, and otner	records,	cneck any of	the folio	owing that a	re a signi	ticant u	se of its
а	Public exhibition		d 🔲	Loan or exch		_			
b	Scholarly research		e	Other					
С	Preservation for future generations								
4	Provide a description of the organization's	collections and	d explain	how they furth	er the	organization's	exempt	purpose	in Part
-	XIV.		: <b>-</b>						
5	During the year, did the organization solicit assets to be sold to raise funds rather than						_	Yes	☐ No
Par	Escrow and Custodial Arrange line 9, or reported an amount on				inswere	ed "Yes" to F	orm 990	), Part I\	V, 
1a	Is the organization an agent, trustee, custo of		-					٦.,	<b></b>
_	included on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XI \	/ and complete th	ne followir	ng table:					
						Ar	mount		
С	Beginning balance			<u> </u>	lc				
d	Additions during the year				ld				
е	Distributions during the year			_	le				
f	Ending balance								
2a	Did the organization include an amount on		(, line 21?				· · · L	Yes	No
	If "Yes," explain the arrangement in Part XI								
Par									
		rent year (b)	Prior year	(c) Two year	s back	(d) Three yea	irs back	(e) Four y	ears back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains,								
	and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the y e	ar end balance h	eld as:	·					
а	Board designated or quasi-endowment >	%							
b	Permanent endowment ► %								
С	Term endowment ▶ %								
3a	Are there endowment funds not in the pos	session of the org	ganization	that are held a	nd admii	nistered for the	е	_	
	organization by:							Y	'es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the related organizati or	ns listed as requir	ed on Sc	hedule R?				3b	
4	Describe in Part XIV the intended uses of t h	ne organization's	endowme	ent funds.					
Par	t VI Land, Buildings, and Equipmer	nt.See Form 99	0, Part X	(, line 10.					
	Description of investment	(a) Cost or other (investment)		O) Cost or other basi (other)		Accumulated epreciation	(d)	Book valu	ie
1a	Land								
b	Buildings								
С	Leasehold improvements			879,688	3.	758,127.		12:	1,561.
d	Equipment			•					
е	Other			2,328,528	3. 2	,006,756.		32:	1,772.
Tota	I. Add lines 1a through 1e. (Column (d) musi	equal Form 990	, Part X, o						3,333.

Schedule D (Form 990) 2010

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Schedule D (Form 990) 2010 84 - 0 7 3 8 9 7 3 Page **3** 

Part VII	Investments - Other Securities. See Fo	rm 990, Part X, line	12.	Ü
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mar	
(1) Financi	al derivatives			
(2) Closely	-held equity interests			
(3) Other_				
(B)				
<u>(C)</u>				
<u>(D)</u>				
(E) (F)				
(G)				
<del>\(\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}\fint{\frac{\frac{\frac{\frac{\frac}\fin}}{\fint}}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}\fir}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}\frac{\frac{\frac{\frac{\frac{\frac{\fir}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\</del>				
<u>`</u> (I)				
	nn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. See Fo	orm 990, Part X, line	e 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valuat Cost or end-of-year mar	
(1) INVE	ESTMENT IN SUBSIDIARY	1,476,269.	FMV	
(2)				
(3)				
(4)				
(5)				
(7)				
(8)				
(9)				
(10)				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 13.)	1,476,269.		
Part IX	Other Assets. See Form 990, Part X, lin	e 15.		
	(a) [	Description		(b) Book value
(1)				
(2)				
(3)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
			<u> </u>	
Part X	Other Liabilities. See Form 990, Part X,			
1.	(a) Description of liability	(b) Amount		
	ral income taxes	195,5	883	
	ES PAYABLE TTAL LEASE	19,2		
(4)	TAL LIAGE	13,2		
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)			5.1	
i otal. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 25.)	214,8	551.	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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Schedule D (Form 990) 2010 84 – 0738973 Page **4** 

			1130913			Page 4
Part		ed Fi	nancial Staten	nents	<u> </u>	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	<u> </u>	58,231,546.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	<b>↓</b>	55,792,802.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		2,438,744.
4	Net unrealized gains (losses) on investments			4		
5	Donated services and use of facilities			5		
6	Investment expenses			6		
7	Prior period adjustments			7		
8	Other (Describe in Part XIV.)			8		
9	Total adjustments (net). Add lines 4 through 8			9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 a	and 9		10		2,438,744.
Part				turn		
1	Total revenue, gains, and other support per audited financial statements				1	58,720,562.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			• •		
– a	Net unrealized gains on investments	2a				
b		2b				
C	Recoveries of prior year grants	2c				
d	Other (Describe in Part VIV.)	2d	574,58	2 0		
	Other (Describe in Part XIV.) Add lines 2a through 2d				20	574,589.
e	•			• • ⊢	2e	58,145,973.
3	Subtract line 2e from line 1			• •	3	30,143,973.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	.				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	05.55			
b	Other (Describe in Part XIV.)	4b	85 <b>,</b> 5	_		05 550
С	Add lines 4a and 4b			· · ⊢	4c	85,573.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5	58,231,546.
Part		ith E	xpenses per l	Retui	<u>rn</u>	
1				📙	1	56,281,818.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIV.)	2d	574 <b>,</b> 58	39.		
е	Add lines 2a through 2d			L	2e	574 <b>,</b> 589.
3	Subtract line 2e from line 1				3	55,707,229.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b	85 <b>,</b> 5	73.		
С	Add lines 4a and 4b				4c	85 <b>,</b> 573.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			–	5	55,792,802.
Part						· · · · · · · · · · · · · · · · · · ·
Compl Part V	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Par line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d ditional information.	2d an	nd 4b. Also comp			
SEE	PAGE 5					

Schedule D (Form 990) 2010 84-0738973 Page **5** 

Part XIV Supplemental Information (continued)

FIN 48 FOOTNOTE

PART X, LINE 2

NCBA APPLIES A MORE-LIKELY-THAN-NOT MEASUREMENT METHODOLOGY TO REFLECT
THE FINANCIAL STATEMENT IMPACT OF UNCERTAIN TAX POSITIONS TAKEN OR

EXPECTED TO BE TAKEN IN A TAX RETURN. AFTER EVALUATING THE TAX POSITIONS
TAKEN, NONE ARE CONSIDERED TO BE UNCERTAIN; THEREFORE, NO AMOUNTS HAVE
BEEN RECOGNIZED AS OF SEPTEMBER 30, 2011 AND 2010. IF INCURRED, INTEREST
AND PENALTIES ASSOCIATED WITH TAX POSITIONS ARE RECORDED IN THE PERIOD
ASSESSED AS GENERAL SERVICES AND ADMINISTRATION EXPENSE. NO INTEREST OR
PENALTIES HAVE BEEN ASSESSED AS OF SEPTEMBER 30, 2011 AND 2010. TAX
YEARS THAT REMAIN SUBJECT TO EXAMINATION INCLUDE 2008 THROUGH 2011.

RECONCILIATION OF REVENUE

PART XII, LINE 2D

COST OF GOODS SOLD \$ 574,589

RECONCILIATION OF REVENUE

PART XII, LINE 4B

RENTAL INCOME \$ 85,573

Schedule D (Form 990) 2010

Schedule D (Form 990) 2010 84-0738973 Page **5** 

### Part XIV Supplemental Information (continued)

RECONCILIATION OF EXPENSES

PART XIII, LINE 2D

COST OF GOODS SOLD \$ 574,589

RECONCILIATION OF EXPENSES

PART XIII, LINE 4B

RENTAL INCOME \$ 85,573

AHI2AJ N752

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

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

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

Attach to Form 990. See separate instructions. OMB No. 1545-0047 **Open to Public** 

Inspection

Internal Revenue Service Name of the organization

NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC

**Questions Regarding Compensation** 

Department of the Treasury

Employer identification number 84-0738973

			Yes	No			
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or charter travel  Housing allowance or residence for personal use						
	Travel for companions Payments for business use of personal residence						
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees						
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)						
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment						
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	1b					
2	explain						
2							
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2					
•							
3	Indicate which, if any, of the following the organization uses to establish the compensation of the						
	organization's CEO/Executive Director. Check all that apply.						
	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, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:						
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		Х			
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х			
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х			
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	The feet to any of miles at a, not the persons and provide the applicable amounts for each fem in rate in.						
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.						
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any						
3	compensation contingent on the revenues of:						
_		5a					
a	The organization?						
b	Any related organization?	5b					
6	If "Yes" to line 5a or 5b, describe in Part III.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any						
0							
	compensation contingent on the net earnings of:	٥-					
а	The organization?	6a					
b	Any related organization?	6b					
_	If "Yes" to line 6a or 6b, describe in Part III.						
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed	_					
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7					
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject						
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe						
	in Part III	8					
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in						
	Regulations section 53,4958-6(c)?	9		1			

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

Schedule J (Form 990) 2010

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Use duplicate copies if additional space is needed.

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

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

		(B) Breakdown	of W-2 and/or 1099-MISC	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ
	(i)	341,715.	58,401.	3,149.	14,108.	17,104.	434,477.	0.
1 FORREST L ROBERTS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	187 <b>,</b> 610.	0.	0.	15 <b>,</b> 190.	16 <b>,</b> 755.	219,555.	0.
2 DOUGLAS EVANS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	184,594.	0.	0.	15,362.	11 <b>,</b> 654.	211 <b>,</b> 610.	<u>0.</u>
3 KENDAL S FRAZIER	(ii)	0.	0.	0.	0.	0.	0.	
	(i)	149,893.	0.	0.	12,587.	17 <b>,</b> 254.	179,734.	0.
4 MARVIN L KOKES	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	187,231.	9 <b>,</b> 250.	1,118.	15,651.	2 <b>,</b> 341.	215 <b>,</b> 591.	0.
5 J BURTON ELLER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	173 <b>,</b> 331.	0.	0.	14,194.	11,643.	199 <b>,</b> 168.	0.
6 JAMES O REAGAN	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	161,215.	0.	0.	13,319.	16 <b>,</b> 695.	191 <b>,</b> 229.	0.
7 RICHARD HUSTED	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	147,660.	0.	0.	11,525.	11 <b>,</b> 274.	170 <b>,</b> 459.	0.
8 RICK H MCCARTY	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	171 <u>,</u> 680.	0.	0.	14,072.	17 <b>,</b> 294.	203 <b>,</b> 046.	0.
9 KIM ESSEX	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	144,288.	0.	540.	11 <b>,</b> 706.	6 <b>,</b> 287.	162 <b>,</b> 821.	0.
10 ELIZABETH PARKER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)		 					
14	(ii)							
	(i)							
15	(ii)							
	(i)		 					
16	(ii)							

### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Schedule J (Form 990) 2010

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

## **Transactions With Interested Persons**

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

OMB No. 1545-0047

2010

Open To Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

NAT	IONAL CATTLEMEN'S BEEF ASSOCIA	ATION	J, I	NC				84	-073	8973	3		
Part	Excess Benefit Transactions (sec Complete if the organization answered	tion 50	1(c)( on Fo	3) and orm 99	section 501(c)(4) or 0, Part IV, line 25a	rganizatior or 25b, or	ns only). Form 990	)-EZ,	Part V	, line	40b.		
1	(a) Name of disqualified person				(1	b) Descripti	on of trans	action				(c)	Corrected
	(a) Name of disqualities person					b) Descripti		dollori				Y	es No
(1)													
(2)													
(3)													_
(4)												$\perp$	+
(5)												+	_
<u>(6)</u>	Estable assessed of the investment of the con-						(1						
3 Part	Enter the amount of tax imposed on the orgunder section 4958  Enter the amount of tax, if any, on line 2, ab  Loans to and/or From Interested	oove, re	eimbu	ursed b						\$_ \$_			
- ar	Complete if the organization answered							art V,	line 38	Ba.			
	(a) Name of interested person and purpose			n to or from anization?	(c) Original principal amount	(d) Bala	nce due	ue (e) In default?		? <b>(f)</b> Approved by board or committee?		(g) Writter agreement	
			То	From				Yes	No	Yes	No	Yes	No
(1)	FORREST ROBERTS EMPLOYMENT AGREEMENT			X	150,000.	15	0,000.	1.00	X	X		X	
(2)	TOTAL												
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													<u> </u>
<u>(10)</u>													<u> </u>
Total Part		j Inter	este	d Pers	sons.	15	0,000.						
	(a) Name of interested person	_			etween interested person organization	and the	(c)	Amou	nt and	type of	f assist	ance	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													

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

Schedule L (Form 990 or 990-EZ) 2010

Schedule L (Form 990 or 990-EZ) 2010 Page **2** 

### Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	haring of ization's enues?	
				Yes	No	
_ (1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

### Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

AHI2AJ N752

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

## Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC

84-0738973

BOARD REVIEW OF FORM 990

PART VI, SECTION B, LINE 11B

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

CONFLICT OF INTEREST DISCLOSURE

THE GOVERNING BODY BEFORE IT IS FILED.

PART VI, SECTION B, LINE 12C

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

COMPENSATION SETTING PROCESS

PART VI, SECTION B, LINE 15

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

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

DOCUMENTS AVAILABLE TO THE PUBLIC

Name of the organization

NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC

84-0738973

PART VI, SECTION C, LINE 19

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

CLASSES OF MEMBERSHIP

PART VI, SECTION A, LINE 6

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

ELECTION OF THE GOVERNING BODY

PART VI, SECTION A, LINE 7A

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

DECISIONS OF THE GOVERNING BODY

PART VI, SECTION A, LINE 7B

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

RECONCILIATION OF NET ASSETS

PART XI, LINE 5

NATIONAL CATTLEMEN'S BUILDING CORPORATION

CHANGE IN NET ASSETS \$ (71,889)

Name of the organization	Employer identification number
NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC	84-0738973
	ΔΥΥΔCHMENT 1

990, PART VII- COMPENSATION	OF THE FIVE HIGHEST P.	AID IND. CONTRACTORS	
NAME AND ADDRESS		DESCRIPTION OF SERVICES	COMPENSATION
LEO BURNETT COMPANY PO BOX 91451 CHICAGO, IL 60693		ADVERTISING	10,955,510.
U.S. MEAT EXPORT FEDERATION PO BOX 5722 DENVER, CO 80217		EXPORT	8,062,339.
KETCHUM, INC. PO BOX 60000 FILE 72294 SAN FRANCISCO, CA 94160		ADVERTISING	2,729,156.
DANIEL J. EDELMAN, INC. 21992 NETWORK PLACE CHICAGO, IL 60673		PUBLIC RELATIONS	728,671.
TEXAS AGRILIFE RESEARCH 2147 TAMU COLLEGE STATION, TX 77843		RESEARCH	721,835.
	TOTAL COMPENSATION		23,197,511.

FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD	ATTACHMENT 2	
GROSS SALES LESS RETURNS AND ALLOWANCES	957 <b>,</b> 976.	
INVENTORY AT BEGINNING OF YEAR	0.	
PURCHASES	574,589.	
SALARIES AND WAGES	0.	
OTHER COSTS	0.	
SUBTOTAL	574,589.	
MINUS ENDING INVENTORY	0.	
COST OF GOODS SOLD	574,589.	

Name of the organization

NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC

84-0738973

ATTACHMENT 3

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

BEGINNING
BOOK VALUE

PREPAID EXPENSES

370,814.

324,943.

370,814.

TOTALS

324,943.

### SCHEDULE R (Form 990)

## **Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047
2010

Department of the Treasury Internal Revenue Service ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Attach to Form 990.

See separate instructions.

)pen	to	Pu	bli
Ins	pe	ctic	n

Name of the organization

NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC

84-0738973

(a)		(b)	(c)	(d)	(e)	(f)	
Name, address, and EIN of disregarded entity	F	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct cor enti	ntrolling
_(1)							
(2)							
(3)							
(5)							
(6)							
Identification of Bolated Tay Evennt Organization	s (Complete if the or the tax year.)  (b)  Primary activity	ganization answ  (c)  Legal domicile (state or foreign country)	ered "Yes" on F  (d)  Exempt Code section	(e) Public charity status (if section 501(c)(3))	/, line 34 because  (f)  Direct controlling entity	Section 5	<b>g)</b> 12(b)(13 rolled tity?
Part II Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during  (a)  Name, address, and EIN of related organization	the tax year.)	(c) Legal domicile (state	(d)	(e) Public charity status	(f) Direct controlling	Section 5	12(b)(13) rolled
Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during  (a) Name, address, and EIN of related organization  (1) NATIONAL CATTLEMEN'S BUILDING CORP. 74-2200677   9110 E. NICHOLS AVENUE, #300 CENTENNIAL, CO 80112	the tax year.)	(c) Legal domicile (state	(d)	(e) Public charity status	(f) Direct controlling	Section 5 conti	12(b)(13) rolled tity?
Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during  (a)  Name, address, and EIN of related organization  (1)  NATIONAL CATTLEMEN'S BUILDING CORP.  9110 E. NICHOLS AVENUE, #300  CENTENNIAL, CO 80112  (2) CATL FUND  84-1256522	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status	(f) Direct controlling entity	Section 5 contribution ent	12(b)(13) rolled tity?
Part II I Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during  (a) Name, address, and EIN of related organization  (1) NATIONAL CATTLEMEN'S BUILDING CORP. 74-2200677 9110 E. NICHOLS AVENUE, #300 CENTENNIAL, CO 80112  (2) CATL FUND 84-1256522 9110 E. NICHOLS AVENUE, #300 CENTENNIAL, CO 80112	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status	(f) Direct controlling entity	Section 5 contribution ent	12(b)(13) rolled tity?
ldentification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during  (a) Name, address, and EIN of related organization  (1) NATIONAL CATTLEMEN'S BUILDING CORP. 74-2200677 9110 E. NICHOLS AVENUE, #300 CENTENNIAL, CO 80112  (2) CATL FUND 84-1256522 9110 E. NICHOLS AVENUE, #300 CENTENNIAL, CO 80112  (3) NATIONAL CATTLEMEN'S FOUNDATION 23-7259504	the tax year.)  (b) Primary activity  LAND INVSTMNT  FUNDRAISING	(c) Legal domicile (state or foreign country)  CO  CO	(d) Exempt Code section 501 (C) (2) 501 (C) (3)	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity  NCBA	Section 5 contribution ent	12(b)(13) rolled tity?  No
Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during  (a) Name, address, and EIN of related organization  (1) NATIONAL CATTLEMEN'S BUILDING CORP. 74-2200677 9110 E. NICHOLS AVENUE, #300 CENTENNIAL, CO 80112  (2) CATL FUND 84-1256522 9110 E. NICHOLS AVENUE, #300 CENTENNIAL, CO 80112	the tax year.)  (b) Primary activity  LAND INVSTMNT	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status	(f) Direct controlling entity  NCBA	Section 5 contribution ent	12(b)(13) rolled tity?

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

Schedule R (Form 990) 2010

Schedule R (Form 990) 2010 84 – 0.738 9.73 Page 2

Schedule	R (Form 990) 2010					04-	.0130913							Pag
Part III	Identification of Relate because it had one or r	ed Organizations	s Taxable anizations	e as a Partnersi s treated as a pa	nip(Complete if the artnership during t	e organization the tax year.)	answered "Yes	" on F	orm	990, P	art IV, I	ine 3	4	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-y assets	ear Dispro	(h) portionate ecations?	Code amount	(i) e V-UBI in box 20 of dule K-1 n 1065)	Gene	j) eral or aging ner?	(k) Percentag ownership
			,,,		,			Yes	No	`		Yes	No	
_(1)														
<u>(2)</u>														
<u>(3)</u>														
<u>(5)</u>														
<u>(6)</u>														
<u>(7)</u>														
Part IV	Identification of Relate	 ed Organization: one or more relat	_ s Taxable ted organ	as a Corporat izations treated	ion or Trust(Com as a corporation	plete if the orga or trust during t	 anization answe he tax year.)	ered "	Yes"	on Fo	rm 990,	Part	IV,	
	(a)  Name, address, and EIN of related organization		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Share o	(f) of total	income		(g) are of ear ass	sets	(h) Percentag ownership	
<u>(1)</u>				_										
(2)				_										
(3)				_										
(4)														
<u>(C)</u>														

84-0738973 Page 3 Schedule R (Form 990) 2010

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

Not	te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	,	Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
а		1a		Х
b	Gift, grant, or capital contribution to other organization(s)	1b		X
	Gift, grant, or capital contribution from other organization(s)	1c		X
		1d	X	
		1e		X
е	Loans or loan guarantees by other organization(s)			
		1f		Х
Ť	Caro or associate states or garage and or garage and or garage and or associate states or garage and		$\rightarrow$	X
g		1g	$\rightarrow$	
h	2.001.001.90 07.0000.00 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1h	$\rightarrow$	
i	Lease of facilities, equipment, or other assets to other organization(s)	1i	$\rightarrow$	X
j	Lease of facilities, equipment, or other assets from other organization(s)	1j	$\rightarrow$	Х
k	To the final local services of the final cities of the first of the fi	1k		X
1	Performance of services or membership or fundraising solicitations by other organization(s)	11		Х
m		1m	X	
		1n	Х	
_	Reimbursement paid to other organization for expenses	1o	Х	
, ,	Reimbursement paid by other organization for expenses	1p	X	
Р	Reinbursement paid by other organization for expenses			
	Other transfer of each an appropriate of each an appropriation (a)	10		Х
q	Other transfer of cash or property to other organization(s)	14	$\rightarrow$	X
<u>'</u>	Other transfer of cash or property from other organization(s)	11		

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)	NATIONAL CATTLEMEN'S BUILDING CORPORATION	D, M	311,436.	FMV
(2)	NATIONAL CATTLEMEN'S FOUNDATION	D	500,445.	FMV
(3)	NATIONAL CATTLEMEN'S FOUNDATION	Р	250,000.	FMV
(4)				
<u>(5)</u>				
(6)				

Schedule R (Form 990) 2010

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

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

(a)  Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
<u>(1)</u>			Yes	No		Yes	No	(* )	Yes	s No
_(2)	_									
<u>(3)</u>										
<u>(4)</u>										
<u>(5)</u>										
<u>(6)</u>										
<u>(7)</u>										
<u>(8)</u>										
<u>(9)</u>										
<u>(10)</u>										
<u>(11)</u>										
(12)										T
(13)										
(14)										
(15)										+
(16)										+

Schedule R (Form 990) 2010

Page 5

Schedule R (Form 990) 2010

## Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Schedule R (Form 990) 2010

0E1510 1.000 AHI2AJ N752 1647-00 DJE PAGE 37

Instructions for filing
National Cattlemen's Beef Association, Inc
Form 990T - Exempt Organization Business Return
for the period ended September 30, 2011

******

### 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, 2012 with...

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

### Payment of tax...

No payment of tax is required.

******

000 T	Evom	ot Organization Business Ir	m	o Tay Boturn			- 0000(-)\	OMB N	o. 1545-0687		
Form <b>990-T</b>	Exempt Organization Business Income Tax Return(and proxy tax under section 6033(e))  For calendar year 2010 or other tax year beginning10/01, and							2M1N			
Department of the Treasury		For calendar year 2010 or other tax ye	ar begi	nning			d	Open to F	Public Inspection		
Internal Revenue Service		ending 09/30, <b>20</b> 13					D Emp		Public Inspection Organizations Only cation number		
A Check box if address changed		Name of organization ( Check bo	ox it nan	ne changed and see ins	tructions	5.)		-	ructions for Block D on		
	-	NATIONAL CATTLEMENT	c pr	EE ACCOCTAMT	ONT .	TNC	page 9	.)			
X 501( C )( 6 )	of under section  NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC  Print Number, street, and room or suite no. If a P.O. box, see page 8 of instructions.							1730073			
	or	Number, street, and room of suite no. ii	a i .O.	box, see page o or msu	uctions.		84-0738973  E Unrelated business activity codes				
408(e) 220(e)	Туре	9110 EAST NICHOLS A	(/ENIII	다		300			lock E on page 9.)		
408A530(a)		City or town, state, and ZIP code	V LIVO	ы		300					
529(a)  C Book value of all assets	1	CENTENNIAL, CO 8011	2-34	5.0			5419	200			
at end of year	F Gro	up exemption number (See instruction			<b>•</b>		7413	700			
23 - 665 - 282		eck organization type   X 501			501(c	\ truct	401(a)	truet	Other trust		
	•	mary unrelated business activity.			301(0	) trust	401(a)	tiust [	Other trust		
					051.000	trolled group?			Yes X No		
• • • • • • • • • • • • • • • • • • • •		orporation a subsidiary in an affiliate lentifying number of the parent corpo	•	•	ary con	trolled group?		– –	_ Yes _A NO		
J The books are in care			Jiation		lonhon	e number <b>&gt;</b>	303-69	4-0305			
		e or Business Income		(A) Income	ерпоп	(B) Expe			(C) Net		
		1		(A) modific		(5) Exp	J113C3		(0) 1101		
1a Gross receipts or		<b>c</b> Balance ▶	10								
b Less returns and allowa			1c 2								
ŭ	•	. ,	3								
3 Gross profit. Subt			4a								
		tach Schedule D)	4a 4b								
= ' ' '		rt II, line 17) (attach Form 4797)	4c								
c Capital loss deduc		rusts s and S corporations (attach statement)	5								
	-		6								
		come (Schedule E)	7								
		come (Schedule E) ties, and rents from controlled									
	-		8								
		section 501(c)(7), (9), or (17)									
			9								
		come (Schedule I)	10								
		ule J)	11	294,5	00.	1	70,408		124,092.		
		of the instructions; attach schedule.)	12	·			· ·		•		
,		ugh 12	13	294,5	00.	1	70,408		124,092.		
		Taken Elsewhere (See page				limitations of	n deduc	tions.) (E			
		eductions must be directly co	•					, ,			
		lirectors, and trustees (Schedule K)									
18 Interest (attach so	hedule)						18				
		ee page 13 of the instructions for lim									
		4562)					0.				
		on Schedule A and elsewhere on ret					22b	)	0.		
23 Depletion							23				
		ompensation plans									
25 Employee benefit	programs	· · · · · · · · · · · · · · · · · · ·					25				
26 Excess exempt ex	kpenses (	Schedule I)					26				
		chedule J)							124,092.		
		chedule)									
29 Total deductions									124,092.		
30 Unrelated busines	s taxable	income before net operating loss de					30				
31 Net operating loss	deductio	on (limited to the amount on line 30)					31				
		income before specific deduction. S									
33 Specific deduction	n (Genera	lly \$1,000, but see line 33 instruction	ns for e	exceptions.)					1,000.		
		e income. Subtract line 33 from line									
enter the smaller	of zero or	line 32					34				

JSA For Paperwork Reduction Act Notice, see instructions. 0E1610 0.020

Form 990-T (2010) 84 - 0738 973 Page **2** 

Par		Tax Computation					<u> </u>
35		tations Taxable as Corporations. See instructions for tax computation on page	15.				
•	•	ed group members (sections 1561 and 1563) check here See instructions and:	10.				
а		your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order	r):				
	(1) \$	(2) \$ (3) \$	- /-				
		ganization's share of: (1) Additional 5% tax (not more than \$11,750) \$					
		itional 3% tax (not more than \$100,000)					
С	. ,	tax on the amount on line 34	<b></b>	35c			0.
36	Trusts	Taxable at Trust Rates. See instructions for tax computation on page 16. Income to	ax on				
	the amo	ount on line 34 from: Tax rate schedule or Schedule D (Form 1041)	. ▶	36			
37	Proxy t	ax. See page 16 of the instructions	<b>&gt;</b>	37			
38		ive minimum tax		38			
39	Total. A	dd lines 37 and 38 to line 35c or 36, whichever applies		39			0.
Par	: IV	Tax and Payments					
40 a	Foreign	tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a					
b	Other c	redits (see page 16 of the instructions)					
С	Genera	business credit. Attach Form 3800					
d	Credit for	or prior year minimum tax (attach Form 8801 or 8827)					
е		edits. Add lines 40a through 40d		40e			
41	Subtrac	t line 40e from line 39		41			0.
42	Other tax	tes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach sche	edule)	42			
43	Total ta	x. Add lines 41 and 42		43			0.
44 a	Paymer	nts: A 2009 overpayment credited to 2010		-			
b		timated tax payments		- 1			
С		posited with Form 8868		-			
d	_	organizations: Tax paid or withheld at source (see instructions)		- 1			
e		withholding (see instructions)		- 1			
f		or small employer health insurance premiums (Attach Form 8941)		-			
g		redits and payments: Form 2439 Total ▶ Other Total ▶					
45		ayments. Add lines 44a through 44g		45			
46	•	ed tax penalty (see page 4 of the instructions). Check if Form 2220 is attached	•	46			
47		e. If line 45 is less than the total of lines 43 and 46, enter amount owed		47			0.
48		yment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	▶	48			0.
49	•	e amount of line 48 you want: Credited to 2011 estimated tax Refund	ed 🕨	49			0.
Par	t V	Statements Regarding Certain Activities and Other Information (see instr	uction	s on pa	age 17)		
1	At any	time during the 2010 calendar year, did the organization have an interest in or a signature or other a	uthority	y over a	a financial	Yes	No
	account	(bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90	-22.1,	Report	of Foreign		
		d Financial Accounts. If YES, enter the name of the foreign country here					Χ
2	During	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to,	a fore	ign trus	t?		Х
	If YES,	see page 5 of the instructions for other forms the organization may have to file.					
3		e amount of tax-exempt interest received or accrued during the tax year					
Sch		A - Cost of Goods Sold. Enter method of inventory valuation					
1		ry at beginning of year 1 6 Inventory at end of year		6			
2		ses					
3		labor					
4 a		pal section 263A costs Part I, line 2		7		V-	
		schedule) 4a 8 Do the rules of section 263	,		spect to	Yes	No
ь 5		osts (attach schedule) 4b property produced or acquired dollines 1 through 4b 5 to the organization?			,	N/Z	Λ
		penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the					
Sigr	correc	t, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	_				
Here		CLIENT COPY			IRS discuss preparer sh		
01		ature of officer Date Title		ee instruct		es	No
_		Print/Type preparer's name Preparer's signature Date	Chec	k	if PTIN		
Paid		DORI J. EGGETT Willy 7/31/2012		mployed	"   /	45252	2
-	arer	Firm's name EKS&H		s EIN ►	04 000		
use	Only	Firm's address ▶ 7979 E. TUFTS AVE., #400	Phon		303-74	0-94	00
		DENVER, CO 80237-2843			Form !	990-T (	(2010)

JSA 0E1620 0.040

AHI2AJ N752 1647-00 DJE PAGE 39

Form 990-T (2010) 84-0738973 Page **3** 

Schedule C - Rent Income (see instructions on page 18	e (From Real Pro	perty a	and Personal Prop	erty	Leased W	ith Real Prope	erty)			
Description of property										
(1)										
(2)										
(3)										
(4)										
	2. Rent received	or accrue	ed							
(a) From personal property (if the personal property is more than more than 50%)	ercentage of rent n 10% but not	percenta	rom real and personal prop age of rent for personal prop if the rent is based on profi	erty e	ceeds			ected with the income (attach schedule)		
(1)										
(2)										
(3)										
(4)										
Total	-	Total					_			
(c) Total income. Add totals of cohere and on page 1, Part I, line 6,						<b>(b) Total deduct</b> Enter here and on Part I, line 6, colui	page 1,			
Schedule E - Unrelated De	ebt-Financed Inc	come(se	ee instructions on pag	e 19)						
1. Description of deb	t-financed property		2. Gross income from allocable to debt-finance			Deductions directly connected with or allocable to debt-financed property				
			property			ine depreciation schedule)		(b) Other deductions (attach schedule)		
<u>(1)</u> (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. Gross income reportable (column 2 x column 6)		locable deductions n 6 x total of columns 3(a) and 3(b))			
<u>(1)</u>				%						
(2)				%						
(3)				%						
(4)				%						
Totals		 		<b>▶</b> L	Part I, line 7,	, ,		ere and on page 1, ine 7, column (B).		
Total dividends-received deducti Schedule F - Interest, Ann		e and F	Pents From Contro	المطا	Organizat	iong soo instru	ctions on	page 20)		
Schedule 1 - Interest, Am	idities, Noyaities		xempt Controlled Org			ilona see msuu	CHOITS OIT	page 20)		
Name of controlled organization	2. Employer identification numbe		Net unrelated income (loss) (see instructions)	<b>4.</b> To	tal of specified ments made	5. Part of column included in the co organization's gros	ntrolling	6. Deductions directly connected with income in column 5		
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organiz	zations									
7. Taxable Income	8. Net unrelated in (loss) (see instruc		9. Total of specified payments made	d	include	of column 9 that is d in the controlling tion's gross income		I. Deductions directly inected with income in column 10		
(1)										
(2)										
(3)										
(4)										
Totals				•	Enter here	ns 5 and 10. and on page 1, 8, column (A).	Enter	olumns 6 and 11. here and on page 1, line 8, column (B).		

Form **990-T** (2010)

Form 990-T (2010) 84-0738973 Page **4** 

Schedule G - Investment In	come of a Sec	tion 501(c)(	7), (9	), or (17) Organi	zatio	n (see inst	ructi	ons on pag	e 20)					
1. Description of income 2. Amount of in		income		3. Deductions directly connected (attach schedule)		<b>4.</b> Se (attach s			5. Total dedu and set-aside plus col.	s (col. 3				
(1)														
(2)														
(3)														
(4)														
	Enter here and Part I, line 9, co								Enter here and Part I, line 9, co					
Totals ▶														
Schedule I - Exploited Exe	mpt Activity Inc	come, Othe	r Tha		ncom	e (see instruc	tior	s on page 2	21)					
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expense directly connected w production of unrelated business incomparisons.	ith of	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	fron	Gross income n activity that not unrelated iness income		<b>6.</b> Expenses attributable to column 5	7. Excess exper (column 6 column 5, more t columr	nses 6 minus but not than				
(1)														
(2)														
(3)														
(4)														
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and page 1, Part line 10, col. (	t I,						Enter he on pag Part II, lii	ge 1,				
Totals			04)											
Schedule J - Advertising Ir														
Part I Income From Per	iodicals Repor	ted on a Co	onsol	idated Basis					1					
1. Name of periodical	2. Gross advertising income	3. Direct advertising co	osts	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5.	Circulation income	6. Readership costs						7. Excess r costs (col minus colur not more column	lumn 6 mn 5, but e than
(1) ATCH 1														
(2)														
(3)														
(4)									-					
(4)														
Part II Income From Pe 2 through 7 on a I	riodicals Repo	rted on a S		124,092. ate Basis (For		56,740. periodical				4,092. columns				
1. Name of periodical	2. Gross advertising income	3. Direct advertising co	osts	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5.	Circulation income	€	5. Readership costs	7. Excess r costs (col minus colur not more column	lumn 6 nn 5, but e than				
(1)														
(2)														
(3)														
(4)														
(5) Totals from Part I	294,500.	170,4	n g						12	4,092.				
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here an page 1, Par line 11, col. (	d on t I (B).						Enter he on pag Part II, li	ere and ge 1, ine 27.				
Totals, Part II (lines 1-5)	294,500.	170,4							124	4 <b>,</b> 092.				
Schedule K - Compensation	n of Officers, D	Directors, a	nd Tr	<b>ustees</b> (see instru	ctions	on page 21)								
1. Name			:	2. Title		3. Percent of time devoted to business	)		nsation attributa elated business					
<u>(1)</u>							%							
(2)							%							
(3)							%							
(4)							%							
Total. Enter here and on page 1, Pa	art II, line 14						<b>&gt;</b>		Farm 000	T (0040)				

Form **990-T** (2010)

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

ATTACHMENT 1

	2.	3.				7.
	GROSS	DIRECT	4.	5.	6.	EXCESS
1.	ADVERTISING	ADVERTISING	ADVERTISING	CIRCULATION	READERSHIP	READERSHIP
NAME OF PERIODICAL	<u>INCOME</u>	COSTS	GAIN OR LOSS	INCOME	COSTS	COSTS
CATTLEMAN TO CATTLEMAN	294,500.	170,408.		56,740.	512,280.	
COLUMN TOTALS	294,500.	170,408.	124,092.	56,740.	512,280.	124,092.

AHI2AJ N752 1647-00 DJE PAGE 42

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

### 84-0738973

YEAR	NOL GENERATED	NOL <u>UTILIZED</u>	NOL C <u>ARRYOVE</u> R
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	-	-	-
9/30/2004	-	-	_
9/30/2005	<del>-</del>	-	_
9/30/2006	122,578	-	122,578
9/30/2007	21,479	_	21,479
9/30/2008	-	_	
9/30/2009	-	-	-
9/30/2010	-	-	-
9/30/2011	<del>-</del>	-	
	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, 2011

* * * * *

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, 2012 with the following:

> Colorado Department of Revenue Denver, CO 80261-0006

No tax due . . .

There is no tax due for the current year.

Form 112 (11/09/10) COLORADO DEPARTMENT OF REVENUE DENVER, CO 80261-0006

1062

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

# **2010** Form 112 Colorado State C Corporation Income Tax Return For the tax year beginning 10/01, 2010, ending 09/30, 20 11

Name of Corporation		Colora	do Account Number	
NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC.		•		
Address		Federa	al Employer I.D. Number	
9110 EAST NICHOLS AVENUE, #300		• 84	1-0738973	
City	State		ZIP	
CENTENNI AL		СО	80112-3450	
IF YOU DO NOT NEED A CORPORATE TAX BOOKLET MAILED TO YOU NEXT YEAR, CHE	CK THIS B	XC		Χ
If you are attaching a statement disclosing a listed or reportable transaction, check this box				
• A. Apportionment of Income. This return is being filed for:				
(42) A corporation not apportioning income;				
(43) A corporation engaged in interstate business apportioning income using single-factor apportion	onment (Atta	ch Sche	dule SF);	
(44) A corporation engaged in interstate business apportioning income under special regulation;	,		•	
(45) A corporation electing to pay a tax on its gross Colorado sales;				
(47) Other, federal form filed 990 T				
B. Separate/Consolidate/Combined Filing. This return is being filed by:				
X A single corporation filing a separate return;				
A single corporation ming a separate return,  An affiliated group of corporations electing to file a consolidated return (Warning: such election is	hinding for f	our vooro	Λ.	
	•	our years	).	
If your election was made in a prior year, enter the year of election here: (Attach Sch	nedule C);			
An affiliated group of corporations required to file a combined return (Attach Schedule C);			· (Attack Oak at La O)	
An affiliated group of corporations required to file a combined return that includes another affiliat				
·	ROUND TO	THE N	EAREST DOLLAR	
1 Federal taxable income from Form 1120	• 1		NONE	.00
2 Federal taxable income of companies not included in this return	• 2			.00
3 Net federal taxable income, line 1 minus line 2	3		NONE	.00
Additions to federal taxable income				
4 Federal net operating loss deduction	• 4			.00
5 Colorado income tax deduction	• 5			.00
6 Other additions, attach explanation	• 6			.00
7 Total of lines 3 through 6	7		NONE	.00
Subtractions from federal taxable income				
8 Exempt federal interest	• 8			.00
9 Excludable foreign source income				.00
10 Colorado source capital gain (assets acquired on or after 5/9/94, held five years)	•10			.00
l	•11			.00
111 Other subtractions, attach explanation	• ' '			.00
12 Total of lines 8 through 11	12			.00
12 Total of lines 8 through 11 13 Modified federal taxable income, line 7 minus line 12			NONE	
1.3 Modified federal taxable income, line / fillings line 12				
14 Colorado taxable income before net operating loss deduction	•14		NONE	.00
45. Oalanda askanarafina lasa di Liif				
15 Colorado net operating loss deduction		1		.00
16 Colorado taxable income, line 14 minus line 15			NONE	
<ul> <li>17 Tax, 4.63% of the amount on line 16</li> <li>18 Total non-refundable credits from line 72, Form 112CR (may not exceed tax on line 17)</li> </ul>	• 17		NONE	
18 Total non-refundable credits from line 72, Form 112CR (may not exceed tax on line 17)	• 18			.00
19 Net tax, line 17 minus line 18	19		NONE	.00
100 D		1	ļ	l

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

1062

Form 112 Page 2

					9	
21 Total of lines 19 and 20			21		NONE	.00
22 Estimated tax and extens	ion payments and credits					.00
		orm 112CR	_			.00
						.00
•	• • • • • • • • • • • • • • • • • • • •		•25			.00
26 Interest, also include on I	ine 28 if applicable		•26			.00
27 Estimated tax penalty due	e, also include on line 28 if appli	icable	•27			.00
28 If amount on line 21 exce	eds amount on line 24, enter a	mount owed	•28		NONE	.00
						.00
-						.00
' _*_	ded		•31			.00
Direct	Routing number	Type:	Checking Sa	vings		
Deposit	Account number					
	ejected due to insufficient or uncollected funds,	on. Your bank account may be debited as early as the the Department of Revenue may collect the payment a				
Name			Telepho	ne Numb	er	
DOUG EVANS			303-	694-03	305	
Address		City		State	ZIP	
9110 EAST NICHOI	LS AVENUE, #300	CENTENNI AL		CO	80112-3450	
D. Business code number pe	r federal return ● 541900		'		lo Department of Re	
E. Year corporation began do	oing business in Colorado ● ₀₁₋₀	1-1996		his return ee instructio	with the paid preparer sons)? X Yes	shown No
F. Kind of business in detail:Al	OVERTISING					
G. Has the Internal Revenue S	envice made any adjustments in the	e corporation's income or tax or have you	ı filed amended f	ederal inc	come tay returns at any	
time during the last four year		If Yes, for which year(s)?	i ineu amenueu i	cu <del>c</del> iai iil	ome lax relums at ally	'
,	100 22 110	s or submit copies of the Federal Agent's re	eports? Yes	X	No	
to the best of my knowledg		hat I have examined this return and . Declaration of preparer (other than			g return (name, addres :	s
Signature and Title of Officer	or miner property had any ki	Date	7979 E. TUFT			
			DENVER, CO C			
<b>CLIENT COPY</b>			(303) 740-94		•	

0D0712 3.000

7437AO N752 84-0738973

## 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	-	-	-
9/30/2004	-	-	-
9/30/2005	-	-	-
9/30/2006	122,578	-	122,578
9/30/2007	21,479	-	21,479
9/30/2008	-	-	-
9/30/2009	-	-	-
9/30/2010	-	-	-
9/30/2011		-	
	488,469		475,293

**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 Inspection

A	For th	e 2010 calendar year, or tax year beginning and e	ending			
В	Check if applicab	C Name of organization		D Employer ide	ntifica	ation number
	Addre					
	Name chang	Doing Business As		81	-02	33155
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone nu	mber	
	Termi ated	420 N. CALIFORNIA		40	6-4	42-3420
	Amen	ded City or town, state or country, and ZIP + 4		G Gross receipts \$		808,604.
	Applic	HELENA, MT 59601		H(a) Is this a gro	up reti	
	pendi	F Name and address of principal officer: ERROL RICE		for affiliates	?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliate	es inclu	ded? Yes No
1	Tax-ex	empt status: 501(c)(3) X 501(c) ( 5 ) (insert no.) 4947(a)(1) o	r 527	If "No," atta	ch a lis	st. (see instructions)
J	Nebsi	te:▶ WWW.MTBEEF.ORG		H(c) Group exem	ption	number >
K	orm of	forganization: Corporation Trust X Association Other	L Year	of formation: 188	4 M	State of legal domicile: MT
Pa		Summary				
Activities & Governance		Briefly describe the organization's mission or most significant activities: <b>IMPROMONTANA</b> •	OVE TH	E CATTLE	IND	USTRY IN
nar		Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its n	et asse	ets.
Ver		Number of voting members of the governing body (Part VI, line 1a)			3	10
ගි		Number of independent voting members of the governing body (Part VI, line 1b)			4	10
•ජ ග		Total number of individuals employed in calendar year 2010 (Part V, line 2a)			5	0
iţie		Total number of volunteers (estimate if necessary)			6	0
¥	72	Total unrelated business revenue from Part VIII, column (C), line 12		and the second second	7a	96,858.
ĕ		Net unrelated business taxable income from Form 990-T, line 34			7b	-14,840.
	-	101 01100000000000000000000000000000000		Prior Year		Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		774,03	1.	479,024.
		Program service revenue (Part VIII, line 2g)	0.70.00			
Vel		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,39		214,944. -16,260.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		13,55		29,766.
	1000	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	SCHOOL STREET	1,160,18		707,474.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
10		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		275,21		243,924.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
рег		Total fundraising expenses (Part IX, column (D), line 25)	0.			
Ä		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		853,50	5.	455,609.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,128,71		699,533.
		Revenue less expenses. Subtract line 18 from line 12		31,46		7,941.
Ses				ginning of Current Y		End of Year
ssets or salances	20	Total assets (Part X, line 16)		730,92		846,960.
ABB		Total liabilities (Part X, line 26)		42,73		40,840.
Net As		Net assets or fund balances. Subtract line 21 from line 20		688,19		806,120.
	rt II	Signature Block				
Unde	r pena	Ities of perjury. I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best	of my k	knowledge and belief, it is
true,	correc	t, and complete. Declaration of prepares (attention officer) is based on all information of whi	ch preparer	has any knowledge.		
	-	ELIBATOLICA CON ALL				
Sigr	.	Signature of United FOR YOUR OWN		Date		
Here		ERBOL RICE EXECUTIVE DIRECTOR				
		Type or punit and all the Galusha  Print/Type prepages name  Preparer's signature  Preparer's signature				
		Print/Type preparer's game, Preparer's signature	E	ate Chec		] PTIN
Paid		Print/Type preparer's signature  RYAN D. LINDSAY, CPA  Preparer's signature	lo	7/29/11 self-e	mployed	
Prep	1	Firm's name GALUSHA HIGGINS AND GALUSHA		Firm's EIN	<b>•</b>	
Use !	1	Firm's address P.O. BOX 1699				
		HELENA, MT 59624-1699		Phone no.	40	6-442-5520
May	the IF	S discuss this return with the preparer shown above? (see instructions)		somethin (poster)		X Yes No

	m 990 (2010) MONTANA STOCKGROWERS ASSOCIATION, INC.	81-0233155	Page 2
Pa	Statement of Program Service Accomplishments		X
1	Check if Schedule O contains a response to any question in this Part III  Briefly describe the organization's mission:  TO IMPROVE THE CATTLE INDUSTRY IN MONTANA.	j.	LAJ
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.	Ye:	s X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Ye	s X No
4	Describe the exempt purpose achievements for each of the organization's three largest program services by exp Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of gallocations to others, the total expenses, and revenue, if any, for each program service reported.		
4a		evenue \$	)
4b	(Code:) (Expenses \$83,176. including grants of \$) (Reas SOCIATION'S ANNUAL CONVENTION AND TRADE SHOW.	evenue \$	
4c	(Code: )(Expenses \$ 62,416. including grants of \$ )(Re UNDAUNTED STEWARDSHIP PROGRAM FOR STEWARDSHIP OF LAND AN INDUSTRY RELATED PROGRAMS.	venue\$_ ID OTHER BEI	) 2F
4d	Other program services. (Describe in Schedule O.) (Expenses \$ 140,632. including grants of \$ ) (Revenue \$	<u></u>	
4.0	Total examples available a		

Form **990** (2010)

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A ______ Х 2 ls the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or 5 similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III X 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to 6 X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X Schedule D, Part III 8 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV ..... X 9 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? X If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X 11 as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in X Part X, line 16? If "Yes," complete Schedule D, Part IX 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI, XII, and XIII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional....... 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 14a Did the organization maintain an office, employees, or agents outside of the United States? X 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, X and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization 15 or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals X located outside the United States? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 1c and 8a? If "Yes, " complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." 19 X complete Schedule G, Part III 19

20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that

operate one or more hospitals must attach audited financial statements (see instructions)

X

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the	-	Yes	No
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			7
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			1
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			-
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c				
·	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	240		
<b>2</b> 0a	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		
26	Schedule L, Part I  Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	200	-	
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		- 21
21	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete	100		
	, , , , , , , , , , , , , , , , , , , ,	27		x
28	Schedule L, Part III  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		22
20	instructions for applicable filing thresholds, conditions, and exceptions):			
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	-	X
0	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		- 72
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	-	X
00	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes, " complete Schedule M	29		X
29	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30		20		X
0.4	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
20	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		X
32		20		х
00	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	_	
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
24	Was the organization related to any tax-exempt or taxable entity?	33		
34			v	
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
20	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		
	If "Yes," complete Schedule R, Part V, line 2	36		-
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		v	
_	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2010) MONTANA STOCKGROWERS ASSOCIATION, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No 0 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 0 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? 10 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return _______2a 0 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O X 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? ..... 4a b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? X 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? ...... 7c d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?... 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: 11 a Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 13 a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

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

X

Form 990 (2010) MONTANA STOCKGROWERS ASSOCIATION, INC. 81–0233155 Page

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

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a			0.0	
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct 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 governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant 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 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 organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			ķ.
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			_
		_	Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b	X	
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	. )		
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	X	-
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		35	
40	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		1	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-	х	
	The organization's CEO, Executive Director, or top management official	15a	Δ	X
D	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	15b		Λ_
16.	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
ioa	taxable entity during the year?	16a		X
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	100		**
	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			
	List the states with which a copy of this Form 990 is required to be filed ▶MT			
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	or		
	public inspection. Indicate how you make these available. Check all that apply			
	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, an	d fina	ncial	
	statements available to the public.			
	State the name, physical address, and telephone number of the person who possesses the books and records of the organizati	on: 🕨		
	ASSOCIATION - 406-442-3420			-
	420 N CALIFORNIA, HELENA, MT, HELENA, MT 59601	_		_

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

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

### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0 in columns (D), (E), and (F) if no compensation was paid.

  • List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per	(C) Position (check all that apply)					ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
ERROL RICE										
EXECUTIVE DIRECTOR	40.00	X		X				78,750.	0.	0.
WALTER TAYLOR										
PRESIDENT	1.00	X		X			- 1	0.	0.	0.
TUCKER HUGHES						1				
FIRST VICE PRESIDENT	1.00	X		X				0.	0.	0.
GENE CURRY								1		
SECOND VICE PRESIDENT	1.00	X		Х				0.	0.	0.
KRAIG MEEKS										
DIRECTOR	1.00	X						0.	0.	0.
JEFF PATTISON									_	1.0
DIRECTOR	1.00	X					es d	0.	0.	0.
DEAN WANG	4 00									-
DIRECTOR	1.00	X	_					0.	0.	0.
LARRY BERG	1 00									
DIRECTOR	1.00	X			-			0.	0.	0.
RAY MARXER	1 00	٠,,						0.	0	0
DIRECTOR	1.00	X	-		-	$\rightarrow$	-	0.	0.	0.
VIC HANSEN	1.00	7.7						0.	0.	0
DIRECTOR	1.00	Λ	-					0.	U.	0.
VICKI OLSON	1.00	v						0.	0.	0.
DIRECTOR	1.00	Δ						0.	0.	
JOE HELLE DIRECTOR	1.00	v						0.	0.	0.
CHARLIE REIN	1100	21							0.	
DIRECTOR	1.00	x						0.	0.	0.

MONTANA STOCKGROWERS ASSOCIATION, INC.

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Form 990 (2010)

96,858.

103,916.

27,676.

Form 990 (2010)

Part VIII Statement of Revenue (D) Revenue excluded from (A) (B) (C) Total revenue Related or Unrelated tax under sections 512, 513, or 514 exempt function business revenue revenue 1 a Federated campaigns 1a  $\sqrt{272,174}$ b Membership dues 1b c Fundraising events 1c d Related organizations ..... 1d /206,850. Contributions, and other simi e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ..... g Noncash contributions included in lines 1a-1f: \$  $\sqrt{479,024}$ h Total, Add lines 1a-1f ... **Business Code** 118,086 900099 118,086 2 a CONVENTION AND MEETING Program Service Revenue 541800 96,858: 96,858 **b** ADVERTISING-PERIODICAL C d f All other program service revenue 214,944 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 10,204 10,2044 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties .... 5 (i) Real (ii) Personal 6 a Gross Rents b Less: rental expenses ...... c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 74,666. assets other than inventory b Less: cost or other basis 101,130 and sales expenses -26,464. -26,464d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from garning activities .............. 10 a Gross sales of inventory, less returns 27,676. and allowances ..... b Less: cost of goods sold ...... 27,676. 27,676. c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 900099 2,090. 2,090. 11 a MISCELLANEOUS b d All other revenue 2,090. e Total. Add lines 11a-11d

707,474.

Total revenue, See instructions.

Part IX Statement of Functional Expenses

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

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
_	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	78,750.		78,750.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	142,110.	40,567.	101,543.	
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)		11		
	and section 403(b) employer contributions)				
9	Other employee benefits		M		
0	Payroll taxes	23,064.	8,864.	14,200.	
1	Fees for services (non-employees):				
а	Management		7		
b	Legal	37,500.	V	37,500.	
С	Accounting	10,168.		10,168.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
2	Advertising and promotion				
3	Office expenses	48,603.	41,066.	7,537.	
4	Information technology				
5	Royalties		1		
6	Occupancy	22,572.		22,572.	
7	Travel	37,415.	26,127.	11,288.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	83,176.	83,176.		
0	Interest				
1	Payments to affiliates		1		
2	Depreciation, depletion, and amortization	32,257.	19,063.	13,194.	
3	Insurance	alth 27,890.	V	27,890.	
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)				
а	UNDAUNTED STEWARDSHIP	62,416.	62,416.		
b	MEMBER PROMOTION	29,415.	V .	29,415.	
С	MARKET MANAGER PROGRAM	26,052.	√ 26,052.		
d	PUBLIC RELATIONS AND CO	23,610.	23,610.		
е	OFFICE AND POSTAGE	22,573.	6,685.	15,888.	
f	All other expenses	-8,038.	8,437.	-16,475.	
5	Total functional expenses. Add lines 1 through 24f	699,533.	346,063.	353,470.	
6	Joint costs. Check here   ☐ if following SOP  98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Form 990 (2010)
Part X Balance Sheet

				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			94,978.	1	162,070.
2	Savings and temporary cash investments		Control of the second s		2	
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net			68,569.	4	75,267.
5	Receivables from current and former officers, di					
•	employees, and highest compensated employe	-				
	of Schedule L		5			
6	Receivables from other disqualified persons (as					
•	4958(f)(1)), persons described in section 4958(c					
	employers and sponsoring organizations of sec		•			
	employees' beneficiary organizations (see instru				6	
7	Notes and loans receivable, net		The state of the s		7	
8	Inventories for sale or use	757.	8	757.		
9	Prepaid expenses and deferred charges				9	7,37,
	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	425,655.			
l b	Less: accumulated depreciation		317,698.	130,214.	10c	107,957.
11	Investments - publicly traded securities			379,455.	11	395,494.
12	Investments - other securities. See Part IV, line			56,955.	12	105,415.
13	Investments - program-related. See Part IV, line				13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equ	730,928.	16	846,960.		
17	Accounts payable and accrued expenses	2,491.	17	597.		
18	Grants payable				18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities		20			
21	Escrow or custodial account liability. Complete		21			
22	Payables to current and former officers, director					
	highest compensated employees, and disqualifi					
	of Schedule L				22	
23	Secured mortgages and notes payable to unrela				23	
24	Unsecured notes and loans payable to unrelated				24	
25	Other liabilities. Complete Part X of Schedule D			40,243.	25	40,243.
26	Total liabilities. Add lines 17 through 25			42,734.	26	40,840.
	Organizations that follow SFAS 117, check he				1	
	lines 27 through 29, and lines 33 and 34.					
27	Unrestricted net assets	**************		688,194.	27	806,120.
28	Temporarily restricted net assets				28	
29			**********************		29	
	Organizations that do not follow SFAS 117, cl					
	complete lines 30 through 34.					
30	Capital stock or trust principal, or current funds		30			
31	Paid-in or capital surplus, or land, building, or eq				31	
32	Retained earnings, endowment, accumulated in				32	
33	Total net assets or fund balances			688,194.	33	806,120. 846,960.
34	Total liabilities and net assets/fund balances			730,928.	34	916 960

For	m 990 (2010) MONTANA STOCKGROWERS ASSOCIATION, INC.	81-0233	1722	Pag	je IZ
Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		******	-	X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	70	7,4	74.
2	Total expenses (must equal Part IX, column (A), line 25)	2	69	9,5	33.
3	Revenue less expenses. Subtract line 2 from line 1	3		7,9	41.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	68	8,1	94.
5	Other changes in net assets or fund balances (explain in Schedule O)	5		9,9	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	80	6,1	20.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		*******		3.5
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C	Ο.		1111	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	-	X
b	Were the organization's financial statements audited by an independent accountant?		2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.		123	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	on a	1 = 9		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	Act and OMB Circular A-133?	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3a	plants,	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b	1 2 1	

Form 990 (2010)

### Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

2010

Internal Revenue Service

Name of the organization

2010

MONTANA STOCKGROWERS ASSOCIATION, INC. 81-0233155 Organization type (check one): Filers of: Section: X 501(c)( 5 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. 📗 For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Employer identification number

### MONTANA STOCKGROWERS ASSOCIATION, INC.

81-0233155

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	MONTANA STATE UNIVERSITY - GRANTS P O BOX 172460 BOZEMAN, MT 59717	\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

Page Employer identification number

### MONTANA STOCKGROWERS ASSOCIATION, INC.

81-0233155

Part II Nor	ncash Property (see instructions)		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-=		<b>\$</b>	
-			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-=			
			,-
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-			
		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		<b>\$</b>	-
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	90 990-FZ or 990-PF) (

Schedule B (Form	990, 990-EZ, or 990-PF) (2010)		Page of of Part III				
Name of organi		Employer identification number					
		ware week	01 0022155				
MONTANA Part III	STOCKGROWERS ASSOCIA	TION, INC.	81-0233155 501(c)(7), (8), or (10) organizations aggregating				
3 23 25 25	more than \$1,000 for the year. Complet Part III, enter the total of exclusively religi \$1,000 or less for the year. (Enter this in	e columns (a) through (e) and the fo ous, charitable, etc., contributions of	llowing line entry. For organizations completing				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-		(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
-							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(a) Transfer of ciff					
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee				
=							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
- =							
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee				
	Transferee 5 Hame, address, a						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
-							

### **SCHEDULE D** (Form 990)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990. ➤ See separate instructions.

Inspection

Nan	ne of the organization  MONTANA STOCKGROWER	S ASSOCIATION, INC.		Employer identification number 81-0233155
Pa	rt I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Ac	
	organization answered "Yes" to Form 990, Part IV, line			- San Pioto II trio
-	Organization and world fee to form 550; fact of into	(a) Donor advised funds	(b)	Funds and other accounts
	Total number at end of year	(4) 20/10/10/10/10/10	(97)	
1	Aggregate contributions to (during year)			
2				
3	Aggregate grants from (during year)  Aggregate value at end of year			
4	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advis	and funds	
5	are the organization's property, subject to the organization's ex	-		
6	Did the organization inform all grantees, donors, and donor ad-	•		
6	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?			
Pa	rt II Conservation Easements. Complete if the orga			
1			Cir (1) iii	10.14
٠,	Preservation of land for public use (e.g., recreation or edi		etorically	important land area
	Protection of natural habitat	Preservation of a cert	-	·
	Preservation of open space	riegorvation of a cont	illed Hot	one directore
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form	of a con	sen/ation easement on the last
	day of the tax year.	a conservation contribution in the form	OI & COII	Servation casement on the last
	day of the tax your			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
C	Number of conservation easements on a certified historic struc			2c
d	Number of conservation easements included in (c) acquired aff			20
u	listed in the National Register			2d
3	Number of conservation easements modified, transferred, release			
J	year >	good, ontingatoriou, or terminated by the	o organie	and saming the last
4	Number of states where property subject to conservation ease	ment is located		
5	Does the organization have a written policy regarding the perio			
•	violations, and enforcement of the conservation easements it h	- · · · · · · · · · · · · · · · · · · ·		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ar			
7	Amount of expenses incurred in monitoring, inspecting, and en			
8	Does each conservation easement reported on line 2(d) above		_	
•	and section 170(h)(4)(B)(ii)?	-		
9	In Part XIV, describe how the organization reports conservation			
	include, if applicable, the text of the footnote to the organizatio			
	conservation easements.			
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Si	milar Assets.
	Complete if the organization answered "Yes" to Form 99	90, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue staten	nent and	balance sheet works of art,
	historical treasures, or other similar assets held for public exhib	oition, education, or research in furthera	nce of p	ublic service, provide, in Part XIV,
	the text of the footnote to its financial statements that describe	es these items.		
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statement	t and bal	ance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance of pul	blic servi	ce, provide the following amounts
	relating to these items:			
	(i) Revenues included in Form 990, Part VIII, line 1	·		<b>\$</b>
	(ii) Assets included in Form 990, Part X			<b>\$</b>
2	If the organization received or held works of art, historical treas			
	the following amounts required to be reported under SFAS 116	(ASC 958) relating to these items:		
а	Revenues included in Form 990, Part VIII, line 1			<b>\$</b>
b	Assets included in Form 990, Part X			

Part III Organizations Maintaining	STOCKGROW								
3 Using the organization's acquisition, access									-
(check all that apply):									
a Public exhibition	ď	Loan or ex	change progr	ams					
b Scholarly research	6								
c Preservation for future generations									
Provide a description of the organization's of	ollections and explain	in how they further	the organizati	on's exemp	t purp	ose in Par	t XIV.		
During the year, did the organization solicit	•	•	-		. ,				
to be sold to raise funds rather than to be m							Yes		No
art IV Escrow and Custodial Arrar reported an amount on Form 990, Pa	<b>igements.</b> Compl						line 9, o		
la Is the organization an agent, trustee, custoo on Form 990, Part X?		•					Yes		□No
b If "Yes," explain the arrangement in Part XIV									
							Amour	t	
c Beginning balance		Les Marines de la company		alimis vide	1c				
d Additions during the year					1d				
e Distributions during the year					1e				
f Ending balance					1f				
a Did the organization include an amount on F	orm 990. Part X. line	21?					Yes		No
b If "Yes," explain the arrangement in Part XIV					**********				
art V Endowment Funds. Complete	if the organization an	swered "Yes" to F	orm 990, Part	IV. line 10.					
	(a) Current year	(b) Prior year	(c) Two year		Three v	ears back	(e) Fou	rvears	back
Beginning of year balance			1				107		
Contributions									
Net investment earnings, gains, and losses		11						_	
Grants or scholarships				4					
Other expenditures for facilities			1					-	
and programs									
f Administrative expenses					-		- 111	_	
End of year balance								-	
Provide the estimated percentage of the year	r and balance hold a	no.							
Board designated or quasi-endowment		.%							
	%	_70							
	<u></u>								
Are there endowment funds not in the posse	1 -	ation that are hold	and administa	rad for the	oraani-	ation			
·	ssion of the organiza	ation that are neigh	and administe	rea for the	organiz	anon		V	NG
by:							0-0	Yes	No
(i) unrelated organizations			***************************************	· · · · · · · · · · · · · · · · · · ·		***************************************			
	National Control of the Control						3a(ii)	_	-
If "Yes" to 3a(ii), are the related organizations Describe in Part XIV the intended uses of the			*****************		*******		3b		
art VI Land, Buildings, and Equipm									_
			t av ath	(-) A -		4	(A) D-	1	_
Description of investment	(a) Cost or of basis (investre		t or other	(c) Accu		a	( <b>d</b> ) Boo	k valu	0
			(other)	depre	ciation	-	_	0 5	0.0
Land		580.		4.0	4	7.77		8,5	
Buildings		080.		13	4,5	17.	4	2,1	03.
Leasehold improvements		125			<b>.</b> .	4.2	- 2		0.0
Equipment				17	7,9		4	5,1	92.
Other	17,	260.			5,1	/8.	10	4,0	82.

1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		707,474.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		699,533.
3	Excess or (deficit) for the year. Subtract line 2 from line 1				7,941.
4	Net unrealized gains (losses) on investments				56,289.
5	Donated services and use of facilities				
6	Investment expenses				
7	Prior period adjustments				
8	Other (Describe in Part XIV.)				53,696.
9	Total adjustments (net). Add lines 4 through 8				109,985.
10	Excess or (deficit) for the year per audited financial statements. Combine line				117,926.
Par	t XII Reconciliation of Revenue per Audited Financial Sta			er Return	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a			
	Donated services and use of facilities				
	Recoveries of prior year grants				
d	Other (Describe in Part XIV.)				
	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1				
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		1-1-1-1111-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		
•	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIV.)				
	Add lines 4a and 4b			4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				
Par	t XIII Reconciliation of Expenses per Audited Financial Sta	tements Wi	th Expenses	per Retu	m
1	Total expenses and losses per audited financial statements				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
_	Donated services and use of facilities	2a			
	Prior year adjustments	COUNTY AND INCOME.			
	The contract of the contract o				
	Other losses				
	Other (Describe in Part XIV.)			I	
	Add lines 2a through 2d				
3	Subtract line 2e from line 1	74.144.114.414.144.144.144		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
_	Investment expenses not included on Form 990, Part VIII, line 7b				
	Other (Describe in Part XIV.)	Assistant American		_	
	Add lines 4a and 4b				
	Total expenses. Add lines 3 and 4c, (This must equal Form 990, Part I, line 18		*************	5	
	XIV Supplemental Information				
	elete this part to provide the descriptions required for Part II, lines 3, 5, and 9;				
	2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also				
AR	T X, LINE 2: AS A MATTER OF LAW, THE A	SSUCTATI	ON IS SUE	SUECT '	ro
			-a -a-a -		
XA	MINATION BY FEDERAL AND STATE TAXING A	JTHORITI.	ES FOR H	E 200	/ THROUGH
	0				
UL	0 TAX YEARS. ALTHOUGH MANAGEMENT BELL	EVES THA	T THE AMO	OMTS 1	REFLECTED
			ADT THE ST		_
N	THE ASSOCIATION'S TAX RETURNS SUBSTANT:	LALLY CO.	MPLIES W.	TH TH	E.
PP	LICABLE FEDERAL AND STATE TAX REGULATION	ONS, BOT.	H THE IRS	AND '	THE VARIOUS
			<b>-</b> -		
ΤA	TE TAXING AUTHORITIES CAN TAKE POSITION	IS CONTR	ARY TO TH	HE ASS	OCIATION'S
OS	ITION BASED ON THEIR INTERPRETATION OF	THE LAW	. A TAX I	POSITIO	ON THAT IS
ΗA	LLENGED BY A TAXING AUTHORITY COULD RES	SULT IN	AN ADJUST	MENT !	TO THE
				Sched	

Schedule D (Form 990) 2010 MONTANA STOCKGROWERS ASSOCIATION, INC. 81-0233155 Page 5 Part XIV Supplemental Information (continued)
ASSOCIATION'S INCOME TAXES. IF PENALTIES AND INTEREST WERE INCURRED BY
THE ASSOCIATION THEY WOULD BE RECORDED IN THE PENALTIES AND INTEREST
EXPENSE ACCOUNT.
PART XI, LINE 8 - OTHER ADJUSTMENTS:
UNDISTRIBUTED EARNINGS FROM SUBSIDIARY
PART XII, LINE 2D - OTHER ADJUSTMENTS:
REDUCTION OF EXPENSES ON FORM 990
SALES OF MERCHANDISE
PART XIII, LINE 2D - OTHER ADJUSTMENTS:  EXPENSE REIMBURSEMENTS SHOWN AS EXPENSE REDUCTION ON 990
SALES OF MERCHANDISE

### **SCHEDULE 0** (Form 990 or 990-EZ)

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

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

Name of the organization 81-0233155 MONTANA STOCKGROWERS ASSOCIATION, INC. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: MONTANA BEEF NETWORK - PROGRAM TO INCREASE PRODUCTIVITY FOR MEMBERS WITH CATTLE IDENTIFICATION THROUGH TAGGING. REVENUE \$ 0. EXPENSES \$ 140,632. INCLUDING GRANTS OF \$ 0. FORM 990, PART VI, SECTION A, LINE 6: THE ASSOCIATION CONSISTS OF MEMBERS WHO PAY ANNUAL DUES. FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS OF THE ASSOCIATION ELECT THE OFFICERS AND DIRECTORS. FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WAS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL BEFORE IT WAS FINALIZED. FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD REVIEWS ANY CONFLICTS OF INTEREST ANNUALLY, OR AS THEY ARISE DURING THE YEAR. FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD REVIEWS, AND APPROVES THE COMPENSATION PACKAGE FOR THE ASSOCIATION'S EXECUTIVE DIRECTOR. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS

GOVERNING DOCUMENTS, POLICIES, FINANCIAL STATEMENTS AND PUBLIC DISCLOSURE COPIES OF FORM 990 AVAILABLE TO THE PUBLIC UPON REQUEST. THE FORM 990 IS ALSO AVAILABLE FOR VIEWING ON GUIDESTAR.COM.

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization  MONTANA STOCKGROWERS ASSOCIATION, INC.	Employer identification number 81-0233155
NET UNREALIZED GAINS ON INVESTMENTS:	56,289.
UNDISTRIBUTED EARNINGS FROM SUBSIDIARY	53,696.
TOTAL TO FORM 990, PART XI, LINE 5	109,985.
<u> </u>	

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Name of the organization

# Related Organizations and Unrelated Partnerships

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

2010 Open to Public Inspection OMB No. 1545-0047

► Attach to Form 990.

MONTANA STOCKGROWERS ASSOCIATION, INC.

Employer identification number 81-0233155

(g) Section 512(b)(13) controlled Schedule R (Form 990) 2010 ž entity? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)  $\boldsymbol{\varepsilon}$ Direct controlling End-of-year assets **e** status (if section Public charity 501(c)(3)) Total income Exempt Code T section Ð Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or Legal domicile (state or foreign country) foreign country) Primary activity Primary activity Name, address, and EIN of disregarded entity Name, address, and EIN of related organization Part II Part

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

032181 12-21-10 LHA

81-0233155

Page 2

Schedule R (Form 990) 2010 MONTANA STOCKGROWERS ASSOCIATION, INC.

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

SS (AJUNO)	(d)  Direct controlling Predominant income entity (related, innetated, excluded from 13x innets.	Share of total Share of income end-of-year	(h) Disproportion- ate allocations?	Code V-UBI amount in box	General or managing partner?	(j) (k) General or Percentage maraging ownership
	sections 512-514)	gasaris	Yes No	K-1 (Form 1065)	Yes No	
			-			
			}_			

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

(a)	(q)	(0)	(P)	(e)	( <del>)</del> )		(F)
Name, address, and EIN of related organization	Primary activity	Legal domícile (state or foreign country)	2 \	Type of entity Coorp, Scorp or trust)	Share of total income	Share of end-of-year assets	Percentage ownership
STOCKGROWERS, INC 81-0523432							
420 N. CALIFORNIA							
HELENA, MT 59601	SUPPORT SERVICES	MT		C CORP	0	0	\$00.

Schedule R (Form 990) 2010

81-0233155 Page 3

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

1			)			
Commercial Control C		l entity			<b>1</b> a	
Loans or loan guarantees by ofter organization(s)  Loans or loan guarantees by other organization(s)  Loans or loan guarantees by other organization(s)  Loans of loan guarantees by other organization(s)  Experience of assets from other organization(s)  Experience of assets of the control of assets from other organization for expenses  Experience of assets of the control of the control of assets from other organization for expenses  Experience of assets of the control of the control of assets from other organization for expenses  Experience of assets of the control of the cont		***************************************			4	-
Control of control of the organization (s)   Control of control					10	
Lease of facilities, equipment, or other organization(s)   16   17   18   19   19   19   19   19   19   19	Loans or loan guarantees to or for other organization(s)				19	
Sale of assets to other organization(s)   16   17   18   19   19   19   19   19   19   19		***************************************			<u>+</u>	-
Experience of assets from other organization(s)  Federance of services or membership or fundialing solicitations by other organization(s)  Federance of services or membership or fundialing solicitations by other organization(s)  Federance of services or membership or fundialing solicitations by other organization for other organization for expenses  Finally of paid employees  Finally of paid employees  Finally of paid employees  Finally of the organization for expenses  Government paid by other organization for expenses  Finally of the funding of cash or property to other organization(s)  Finally of the funding of cash or property to other organization(s)  Finally of the funding of cash or property to other organization(s)  Finally of the funding of cash or property to other organization(s)  Finally of the funding of cash or property to other organization(s)  Finally of the funding of cash or property to other organization(s)  Finally of the funding of cash or property to other organization(s)  Finally of the funding of cash or property to other organization(s)  Finally of the funding of cash or property to other organization(s)  Finally of the funding of cash or property to other organization(s)  Finally of the funding of cash or property to other organization(s)  Finally of the funding of cash or property to other organization(s)  Finally of the funding of cash or property to other organization(s)  Finally of the funding of cash or property to other organization(s)  Finally of the funding of cash or property to other organization(s)  Finally of the funding of cash or property to other organization(s)  Finally of the funding of cash or property to other organization the funding of cash organization the funding of cash organization throughout the funding of cash organization throughout the funding of cash organization throughout the funding of cash organization throu	Sale of assets to other organization(s)					
Exchange of assets   Exchange of assistance   Excha	Purchase of assets from other organization(s)				_	-
Lease of facilities, equipment, or other assets to other organization(s)   1					ę	
Lease of facilities, equipment, or other assets from other organization(s)		***************************************		***************************************	Ŧ	
Performance of services or membership or fundraising solicitations for other organization(s)  1 Performance of services or membership or fundraising solicitations by other organization(s)  1 Sharing of paid express equipment, mailing lists, or other assets  1 Sharing of paid employees  1 Sharing of paid employees  2 Performance of the organization for expenses  3 Performance of the organization for expenses  4 Other transfer of cash or property to other organization(s)  4 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  4 If the answer to any of the above of other organization  5 Indianaction of the organization o					ļ	+
Performance of services or membership or fundraising eolicitations by other organization(s)  The Sharing of healthcase equipment, maling lists, or other assets  Definition of paid employees  Performance of paid employees  Performance of paid employees  Performance of paid employees  The Sharing of healthcase equipment, maling lists, or other coganization for expenses  And other transfer of cash or property from other organization(s)  Other transfer of cash or property from other organization(s)  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (a)  In the answer of the coganization  Anount involved  Amount involved		er organization(s)			<b>*</b>	F
Abaing of facilities, equipment, mailing lists, or other assets		er organization(s)			1	
Reimbursement paid to other organization for expenses  Reimbursement paid to other organization for expenses  P Reimbursement paid by other organization for expenses  P Reimbursement paid by other organization for expenses  A Other transfer of cash or property tron other organization(s)  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (b)  Name of other organization  Transaction  Amount involved  Amount involved  amount involved  amount involved  amount involved	m Sharing of facilities, equipment, mailing lists, or other assets	the state of the s			±	
P Reimbursement paid to other organization for expenses  P Reimbursement paid by other organization for expenses  P Reimbursement paid by other organization for expenses  Other transfer of cash or property to other organization(s)  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (b)  Transaction  Transaction  Amount involved  Amount involved  amount involved  amount involved	Sharing of paid employees	***************************************	***************************************		£	
P Reimbursement paid by other organization for expenses  Other transfer of cash or property to other organization(s)  Other transfer of cash or property from other organization(s)  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (a)  Name of other organization  (b)  Name of other organization  (c)  (d)  Method of determining amount involved amount involved amount involved	Reimbursement paid to other organization for expenses				-	+
degree of cash or property to other organization(s)  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (a)  Name of other organization  Transaction  Amount involved  amount involved  amount involved	Beimbursement paid by other organization for expenses		电通电路 医法格特氏 医电子性 医电子性 医甲状状状腺 医克勒氏试验检尿 医克勒氏试验检尿 医皮肤 医皮肤 医皮肤 医皮肤 医皮肤 医皮肤 医皮肤 化二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基		_	-
Other transfer of cash or property to other organization(s)  1 the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (b)  (c)  Name of other organization  Transaction  The answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (d)  Transaction  Amount involved  amount involved  amount involved  amount involved				***************************************	-	+
If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (a)  Transaction  Transaction  Type (a-r)	Other transfer of cash or property to other organization(s)	***************************************			10	
If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and tran (a)  Name of other organization type (a-r)  Transaction Amount involved type (a-r)	- 1				+	
Name of other organization  Transaction  Type (a-r)  Type (a-r)		ion on who must complete t	his line, including covered relativ	onships and transaction thresholds.		1
		(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved		
						1

Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes No	(e) Share of end-of- year assets	Disproportionate allocations?	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?

# ** PUBLIC DISCLOSURE COPY **

Form **990** 

Department of the Treasury Internal Revenue Service

# **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.

2011
Open to Public Inspection

A	FUI LITE Z	and	ending	4.		
В	Check if applicable:	C Name of organization		D Employer ider	itification	number
Г	Address	MONTANA STOCKGROWERS ASSOCIATION, INC				
F	Name change	Doing Business As	•	81.	-02331	155
Ē	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone nun		
	Termin-	420 N. CALIFORNIA			5- <b>44</b> 2-	-3420
	Amended return	City or town, state or country, and ZIP + 4		G Gross receipts \$		952,041.
	Applica- tion pending	HELENA, MT 59601		H(a) Is this a grou	p return	1030000
	pending	F Name and address of principal officer: ERROL RICE		for affiliates?		Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates	included?	Yes No
1	Tax-exem	ot status: 501(c)(3)X 501(c)( 5 ) ◀ (insert no.) 4947(a)(1)	or 527	If "No," attac	h a list. (se	e instructions)
		▶ WWW.MTBEEF.ORG		H(c) Group exemp		
-		anization: Corporation Trust X Association Other ▶	L Year	of formation: 1884	M State of	of legal domicile: MT
P	_	ummary				
Activities & Governance	MC	efly describe the organization's mission or most significant activities: IMPRONTANA.				RY IN
ernä		eck this box 🕨 📖 if the organization discontinued its operations or dispos	sed of more	than 25% of its ne	t assets.	
Š		mber of voting members of the governing body (Part VI, line 1a)			3	13
•	4 Nur	nber of independent voting members of the governing body (Part VI, line 1b)		water test and a second	4	13
ies	5 Tot	al number of individuals employed in calendar year 2011 (Part V, line 2a)	******************		5	9
tivil	6 Tot	al number of volunteers (estimate if necessary)			6	0
Ac					7a	112,792.
-	b Net	unrelated business taxable income from Form 990-T, line 34			ъ	0.
	8 Cor	tributions and grants (Part VIII. line 15)	-	479,024		360,976.
Revenue	9 Pro	tributions and grants (Part VIII, line 1h) gram service revenue (Part VIII, line 2g)	214,944		288,108.	
94	10 Inve	stment income (Part VIII, column (A), lines 3, 4, and 7d)	-16,260	•	19,730.	
æ	11 Oth	er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	oreno.	29,766		26,110.
	12 Tota	al revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		707,474		694,924.
		nts and similar amounts paid (Part IX, column (A), lines 1-3)		0	_	0.
		efits paid to or for members (Part IX, column (A), line 4)	300 Carlotter 10 C	0	7	0.
S		ries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		243,924		401,982.
Expenses	16a Prof	essional fundraising fees (Part IX, column (A), line 11e)		0		0.
xpe		I fundraising expenses (Part IX, column (D), line 25)	0.			
Ü	17 Othe	er expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		455,609		262,143.
	18 Tota	l expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	******	699,533		664,125.
	<b>19</b> Reve	enue less expenses. Subtract line 18 from line 12		7,941		30,799.
t Assets or nd Balances			Beg	inning of Current Yea		nd of Year
Sset		l assets (Part X, line 16)	1141114	846,960		814,304.
at A		liabilities (Part X, line 26)		40,840		215,357.
교	22 Net a	assets or fund balances. Subtract line 21 from line 20	******	806,120	•	598,947.
		gnature Block				
		of perjury, I declare that I have examined this return, including accompanying schedules			my knowled	lge and belief, it is
true,	correct, and	complete. Declaration of preparer (other than officer) is based on all information of which	n preparer n	as any knowledge.		
e:		Signature of officer	_	Date		
Sign		ERROL RICE, EXECUTIVE DIRECTOR		Data		
Here		Type or print name and title				
-	Print	/Type preparer's name Preparer's signature	Da	te Check	P1	TIN
Paid	1.1	IN D. LINDSAY, CPA	0.6	705/12 If self-empl		0815630
Ргера		s name GALUSHA, HIGGINS & GALUSHA, P.C.	100	Firm's EIN		0272932
Use C		s address P.O. BOX 1699		THE SERVE		2.2204
		HELENA, MT 59624-1699		Phone no.	406442	25520
May	he IRS dis	ccuss this return with the preparer shown above? (see instructions)	Luciani.			Yes No
0000	24 00 45	111A For Department Deduction & at Alexina and the	THE PARTY OF THE P	********************	*****	000

Fon	m 990 (2011) MONTANA STOCKGROWERS ASSOCIATION, INC. 81-0233155 Page 2
Pa	art III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission: TO IMPROVE THE CATTLE INDUSTRY IN MONTANA.
_	
2	Did the organization undertake any significant program services during the year which were not listed on the order Form 990 or 990-EZ?  Yes X No.
	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No.
3	Did the digameter of the control of
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to
_	others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 62,420 · including grants of \$ ) (Revenue \$ PUBLICATION OF NEWSLETTER AND ANNUAL CATTLE DIRECTORY.
	PUBLICATION OF NEWSLETTER AND ANNUAL CATTLE DIRECTORI.
4b	(Code: ) (Expenses \$ 73,431. including grants of \$ ) (Revenue \$
	ASSOCIATION'S ANNUAL CONVENTION AND TRADE SHOW.
-	(Gode: ) (Expenses \$ 22,180. Including grants of \$ ) (Revenue \$
4c	(Gode: ) (Expenses \$ 22,180. Including grants of \$ ) (Revenue \$ UNDAUNTED STEWARDSHIP PROGRAM FOR STEWARDSHIP OF LAND AND OTHER BEEF
	INDUSTRY RELATED PROGRAMS.
4d	Other program services (Describe in Schedule O.)
-	(Expenses \$ 9,630 · including grants of \$ ) (Revenue \$ )
10	Total program service expenses ► 167,661.
	Total program del tipo expendent

Form 990 (2011)

1 is the organization described in section 501(x)(3) or 4947(x)(1) (other than a private foundation)?  1 "Yes," complete Schedule O.  2 is the organization required to complete Schedule E, Schedule of Contributors?  3 In the organization required in client or indirect political campaign activities on the half of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II  3 Section 501(x)(3) organization aspects in electron indirect political campaign in lobbying activities, or have a section 501(th) electron in effect during the tax year? If "Yes," complete Schedule C, Part II  4 Section 501(x)(3) organization schedule on 501(x)(4), 501(x)(6),				Yes	No
2 is the organization required to complete Schedule B, Schedule C Confibitors 3 Did the organization required in direct or inflience political campaign activities on behalf of rin opposition to candidates for public office? If "Fee," complete Schedule C, Part I 4 Section S01(48) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yee," complete Schedule C, Part II 5 Is the organization maintain any donor solvies funds or any similar funds or accounts for which donors have the right to provide active on the distribution or investment of amount is nucl-funds or accounts for which donors have the right to provide active on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide active on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide active on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 6 Id the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV 7 Id the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, elect management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 8 If the organization is a serve in any of the following questions is "Yes," then complete Schedule D, Part IV 8 If the organization report an amount for land, buliquings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV 9 Did the organization report an amount for investments - cherr securities in Part X, line 10? If "Yes," complete Schedule D, Part V VIII, VIII	1	C			
3 Dit the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public offices? If "Psis, complete Schedule C, Part I    4 Section \$01(c)(3) organizations. Dit the organization engage in lobbying activities, or have a section \$01(r)(4) election in effect during the tax year If "Psis, complete Schedule C, Part II    5 Is the organization as action \$01(c)(4), \$01(c)(5), or \$01(c)(6) organization that receives membership dues, assessments, or similar amounts as adefined in Revenue Procedure 98-19 If "Psis," complete Schedule C, Part II    6 Did the organization and in Revenue Procedure 98-19 If "Psis," complete Schedule C, Part II    7 Did the organization and the second cludes or any similar Indiso or accounts? If "Yes," complete Schedule D, Part II    8 Did the organization engage or hold a conservation easement, including assements to pressure open appace, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II    8 Did the organization organization revenue or hold a conservation easement, including assements to pressure open appace, the environment, instoric includes or structures? If "Yes," complete Schedule D, Part II    8 Did the organization debt management, credit repair, or debt negotietion services? If "Yes," complete Schedule D, Part II    9 Did the organization debt management, credit repair, or debt negotietion services? If "Yes," complete Schedule D, Part VI    10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI    11 Did the organization report an amount for investments or other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI    12 Did the organization report an amount for investments or program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X    13 Did the organization separate or consolidated financial		If "Yes," complete Schedule A	1		X
4 Section 501((s)) organizations. Did the organization angage in lobbying activities, or have a section 501((s)) election in effect during the tax year? If "Yes," complete Schedule C, Pert II to during the tax year? If "Yes," complete Schedule C, Pert II to during the tax year? If "Yes," complete Schedule C, Pert II to the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts of the way complete Schedule D, Part II privide advice on the distribution or investment of amounts in such funds or accounts of the "Yes," complete Schedule D, Part II privide advice on the distribution or investment of amounts in such funds or accounts of the "Yes," complete Schedule D, Part III privide advice on the distribution or investment of amounts in such funds or accounts of the "Yes," complete Schedule D, Part III privide advice on the distribution or investment of amounts in such funds or accounts of the "Yes," complete Schedule D, Part III privide advice on the distribution or investment or such a such as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt napptietion services? If "Yes," complete Schedule D, Part IV and the organization report an amount for lepair, or debt napptietion services? If "Yes," complete Schedule D, Part IV and owners, or quasi-active organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part IV and the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part IV and the organization report an amount for other assets in Part X, line 10 P			2	X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(r)(e) election in effect during the tax year? If "exi, complete Schedule (), Part III  5 Is the organization ascrition 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 88-19? If "Yes," complete Schedule (), Part III  6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice or the environment, historical and areas, or historic structures? If "Yes," complete Schedule D, Part III  7 Did the environment, historical and areas, or historic structures? If "Yes," to emplete Schedule D, Part IV  8 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasilendowments II "Yes," complete Schedule D, Part VIII  9 Did the organization report an amount for hind, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII  10 Did the organization report an amount for investments - ordanization and the part X, line 10? If "Yes," complete Schedule D, Part VIII  11 Did the organization and any and the right of the part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIIII X  11 D	3		3		x
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credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  2 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII  2 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  2 Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  2 Did the organization report an amount for other lassets in Part X, line 15? If "Yes," complete Schedule D, Part X III  3 Did the organization report an amount for other lassets in Part X, line 15? If "Yes," complete Schedule D, Part X III  4 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X III  5 Did the organization obtain separate, independent audited financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X X, XII, and XIII  6 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII  7 Did the organization maintain an office, employees, or agents outside the United States?  8 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investmen	9		-		
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b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV  16 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, Parts III and IV  17 DId the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  19 X  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X			_	-	
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20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			19		X
	<b>2</b> 0a				_
	ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	_		

Form 990 (2011) MONTANA STOCKGROWE
Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		Yes	No
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		X
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c		24c		
_	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
25a	The state of the s	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
<b>2</b> 8	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions):  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
h	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
_	director, trustee, or direct or Indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes, " complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity?			-
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	-	_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	37		<u>X</u>
	Note. All Form 990 filers are required to complete Schedule O	38	X	_

Form 990 (2011) MONTANA STOCKGROWERS ASSOCIATION, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response to any question in this Part V

_	Greek is defined to contains a response to any question in this part v	mannana.	***************	*********	_	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	7			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	)	8	1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and (gambling) winnings to prize winners?			1c	х	
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		9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax ret			2b	x	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be regulred to e-file (see instruction					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	,		3a	X	
b			***************************************	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or othe					
	financial account in a foreign country (such as a bank account, securities account, or other financial	l account)?		4a		X
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accounts.			1	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	-0.000000000000000000000000000000000000		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	action?		5b	2.4	X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		Caratana da	5c		II.
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	the organiza	ation solicit			
	any contributions that were not tax deductible?	*************	*************	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	itions or gift	S			
	were not tax deductible?		······································	6b		
7	Organizations that may receive deductible contributions under section 170(c).				7 = [	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a		X
Ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v to file Form 8282?			7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization 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 confidence of the con	tract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8899 a	s required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	zation file a F	-orm 1098-C?	7h		
8	$Sponsoring\ organizations\ maintaining\ donor\ advised\ funds\ and\ section\ 509 (a) (3)\ supporting\ organizations.\ Description (a)\ for the continuous problem (b)\ for the continuous problem (b)\ for the continuous problem (c)\ for the continuous pr$	id the suppor	rting	-		
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	t any time dur	ing the year?	8		
	Sponsoring organizations maintaining donor advised funds.					
	Did the organization make any taxable distributions under section 4966?			9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?		CONTRACTOR PORTOR	9b		
	Section 501(c)(7) organizations. Enter:	1 1				
		10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
	Section 501(c)(12) organizations. Enter:	1 1	- /			
	Gross income from members or shareholders	11a			- 1	
	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b		20	- 1	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1		12a	-	_
		12b				
	Section 501(c)(29) qualified nonprofit health insurance issuers,			40	-	
	s the organization licensed to issue qualified health plans in more than one state?			13a	-	
	Note. See the Instructions for additional information the organization must report on Schedule O.					
	Enter the amount of reserves the organization is required to maintain by the states in which the	1401				
	organization is licensed to issue qualified health plans	13b	7			
	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?	13c		14a	-	X
	f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Scheduli	e Ω		14a		A
M .	The state of the s		*************		90 (2	014

Form 990 (2011) MONTANA STOCKGROWERS ASSOCIATION, INC. 81-0233155 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year1a1	3		
	If there are material differences in voting rights among members of the governing body, or if the governing	1	1 5	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b		3		
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	76		
	of officers, directors, or trustees, or key employees to a management company or other person?			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		-	X
6	Did the organization have members or stockholders?	6	X	-
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	-	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		10.8	/
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	-	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
		-	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		7.	
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	1 77	-
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13		X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Α.	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		x	
	in Schedule O how this was done	12c	_	_
13	Did the organization have a written whistleblower policy?		X	-
14	Did the organization have a written document retention and destruction policy?	14	A	
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?	1	x	
	The organization's CEO, Executive Director, or top management official		Δ	X
b	Other officers or key employees of the organization	15b		Λ
46.	if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	460	1 9	x
_	taxable entity during the year?	16a		Δ.
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401		
Soct	exempt status with respect to such arrangements?	16b		-
	List the states with which a copy of this Form 990 is required to be filed ►MT	_		
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	nu milah		-
	section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1 (Section 501(c)(3)s only) for public inspection. Indicate how you made these available. Check all that apply.	avaiidi	иE	
	Own website X Another's website X Upon request			
10	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of Interest policy, a	ad Siere	noial	
		io iinai	ICIAL	
	statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organiz.	stine. Þ		
	ASSOCIATION - 406-442-3420	100N:		
	420 N CALIFORNIA, HELENA, MT, HELENA, MT 59601			

132007 01-23-12

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	(d) bo of	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
			Officer Key employes Highest compensated amployee		Highest compensated amployee Former		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) WALTER TAYLOR	1/1/2									
PRESIDENT	1.00	X		X				0.	0.	0
(2) TUCKER HUGHES										
FIRST VICE PRESIDENT	1.00	X		X				0.	0.	0 .
(3) GENE CURRY	1 00	l								_
SECOND VICE PRESIDENT	1.00	X		X				0.	0.	0.
(4) MARK HARRISON	1 00									
DIRECTOR	1.00	X					-	0.	0.	0.
(5) LEON LASALLE	1 00	3.								
DIRECTOR (6) MICK DENOWH	1.00	X					-	0.	0.	0.
DIRECTOR	1.00	x						0.	0	0
(7) JEFF PATTISON	1.00	₽	-		-	-	$\dashv$	0.1	0.	0.
DIRECTOR	1.00	x						0.	0.	0
(8) LARRY BERG	1.00	A		$\dashv$	-		-	0.	0.	0.
DIRECTOR	1.00	x	1					0.	0.	0.
(9) JED EVJENE		-							0.	0.
DIRECTOR	1.00	х						0.	0.	0.
(10) FRED WACKER							1			
DIRECTOR	1.00	х						0.	0.	0.
(11) DEAN WANG							1	- 1		
DIRECTOR	1.00	X						0.	0.	0.
(12) HEATH MARTINELL										
DIRECTOR	1.00	X						0.	0.	0.
(13) RAY MARXER										
DIRECTOR	1.00	X						0.	0.	0.
(14) ERROL RICE						1				
EXECUTIVE DIRECTOR	40.00		+	X	1	+	+	78,750.	0.	0.
			1		1					
			1	1	7	1	1			

(A) Name and title	(B) Average hours per week	DOX,	nat a , unle	Posi heck i ss per id a di	itior more rson	than is bol	h an	(D) Reportable compensation from	compensation a from related		(F) imated ount of ther
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Kay amployee	ห็ญกิทยร์ compensated อกปรับรูชล	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		
1b Sub-total  c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)	, Section A		*****	*****	***	<b>A A A</b>		78,750. 0. 78,750.	0. 0.		0
Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove	) wh	o re	ceived more than \$100	,000 of reportable	Iv	es No
<ul> <li>Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for st</li> <li>For any individual listed on line 1a, is the sur</li> </ul>	ıch individual	-							***************************************	3	х
and related organizations greater than \$150  5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," comp	,000? <i>if "Yes,"</i> ccrue compen	con satio	nple on fr	te Si	c <i>he</i> any	dule unre	J fo late	r such individuald organization or individ	dual for services	5	X
Section B. Independent Contractors  1 Complete this table for your five highest contribution or the organization. Report compensation for the compensation f	npensated ind	eper	nder	nt co	ntra	acto	s th	at received more than (	\$100,000 of compens	ation fro	m
(A) Name and business a		NO						<b>(B)</b> Description of se		(C) compens	ation
							1				
2 Total number of independent contractors (in \$100,000 of compensation from the organization	_	t lim	ited	to th	0		ed a	above) who received mo		Form <b>9</b> 9	0

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
and Other Similar Amounts	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and				
nd Othe	similar amounts not included above  1f  Noncash contributions included in lines 1a-1f; \$	260.076			
9.0	h Total. Add lines 1a-1f		•		
Revenue	2 a CONVENTION AND MEETING 9000 b ADVERTISING-PERIODICAL 5418	175,316		112,792	
Se.	e f All other program service revenue				
_	g Total. Add lines 2a-2f	▶ 288,108			
	Investment income (including dividends, interest, and other similar amounts)  Income from investment of tax-exempt bond proceeds	8,001			8,001
1.4	5 Royalties				
	(i) Real (ii) Pers	onal			
1	6 a Gross rents				
	b Less: rental expenses				(
W.	c Rental income or (loss)				
	d Net rental income or (loss)	. >			
7	7 a Gross amount from sales of assets other than inventory 268,846.	ner			
	b Less: cost or other basis and sales expenses 256,992. 1	25.			
	c Gain or (loss)	25.			
1	d Net gain or (loss)	<b>▶</b> 11,729.			11,729.
	B a Gross income from fundraising events (not Including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b				
	c Net income or (loss) from fundraising events	<u> </u>			
9	a Gross income from gaming activities. See Part IV, line 19				
	b Less: direct expenses b			14	
	c Net income or (loss) from gaming activities	<b>&gt;</b>			
	a Gross sales of inventory, less returns and allowances a 12,7	89.			
	b Less: cost of goods sold b	12,789.			12 790
	c Net income or (loss) from sales of inventory  Miscellaneous Revenue Business (				12,789.
11	a MISCELLANEOUS 9000	13,321.	13,321.		
	b				
	d All other revenue				
	d All other revenue  e Total, Add lines 11a-11d	13,321.			
12	22-104	▶ 694,924.	188 637	112,792.	32,519.
09 3-12	Telef 1979 iles, 200 mail doctoris.	V 22/3421	100,007.	TTU/174.	Form <b>990</b> (2011)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do	Check if Schedule O contains a response not include amounts reported on lines 6b,	(A)	(B)	(C) Management and	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to Individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	78,750.		78,750.	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	235,576.		235,576.	
8	Pension plan accruals and contributions (Include				
-	section 401(k) and section 403(b) employer contributions)	17,954.		17,954.	
9	Other employee benefits	43,258.		43,258.	
10	Payroll taxes	26,444.	1 - 3	26,444.	
11	Fees for services (non-employees):				
а	Management				
b	Legal	1,483.		1,483.	
C	Accounting	13,550.		13,550.	
d	Lobbying				
0	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	4,727.		4,727.	
2	Advertising and promotion				
3	Office expenses				
4	Information technology				
5	Royalties	15,791.		15,791.	
6	Occupancy	17,121.		17,121.	
7	Travel	17,121.		17,121.	
3	Payments of travel or entertainment expenses for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	73,431.	73,431.		
)	Interest				
ı	Payments to affiliates				
2	Depreciation, depletion, and amortization	22,286.	9,630.	12,656.	
3	Insurance				
1	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
	MEMBER PROMOTION	44,090.		44,090.	
_	OFFICE & POSTAGE	30,039.	8,614.	21,425.	
	COMMISSIONS	26,857.	26,857.		
d	PRINTING	25,152.	25,152.	26 264	
	All other expenses	-12,384.	23,977.	-36,361.	
	Total functional expenses. Add lines 1 through 24e	664,125.	167,661.	496,464.	0
	Joint costs. Complete this line only if the organization eported in column (B) joint costs from a combined educational campaign and fundralsing solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

			(A) Beginning of year		<b>(B)</b> End of year
_	1	Cash - non-interest-bearing	162,070.	1	249,885
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	75,267.	4	12,370
	5	Receivables from current and former officers, directors, trustees, key			/
	"	employees, and highest compensated employees. Complete Part II			
	1			5	
	6	of Schedule L  Receivables from other disqualified persons (as defined under section		3	
	°	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
£3		employees' beneficiary organizations (see instructions)		7	
Assets	7	Notes and loans receivable, net	757.		0
Ä	8	Inventories for sale or use	757.	8	0
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other		34	
		basis. Complete Part VI of Schedule D 10a 426, 858. Less: accumulated depreciation 10b 339, 750.	107 057		07 100
	b		107,957.		87,108
	11	Investments - publicly traded securities	395,494.	11	332,462.
	12	Investments - other securities. See Part IV, line 11	105,415.	12	132,479.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	016 060	15	011 001
	16	Total assets. Add lines 1 through 15 (must equal line 34)	846,960.	16	814,304.
	17	Accounts payable and accrued expenses	597.	17	67,162.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees,			
Liabilities		highest compensated employees, and disqualified persons. Complete Part II			
_		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	40,243.	25	148,195.
	26	Total liabilities. Add lines 17 through 25	40,840.	26	215,357.
		Organizations that follow SFAS 117, check here   X and complete			
3		lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	806,120.	27	598,947.
		Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here			
5		complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
		Paid-in or capital surplus, or land, building, or equipment fund		31	
		Retained earnings, endowment, accumulated income, or other funds		32	
.		Total net assets or fund balances	806,120.	33	598,947.
- 1	34	Total liabilities and net assets/fund balances	846,960.	34	814,304.

Fon	m 990 (2011) MONTANA STOCKGROWERS ASSOCIATION, INC.	81-023	3155	Pe	age 12	
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI	***************************************		*****	X	
	Total several favoration of Post VIII and post (A) (b) (40)	5.1	60	<i>A</i> C	24.	
1	Total revenue (must equal Part VIII, column (A), line 12)	1				
2	Total expenses (must equal Part IX, column (A), line 25)	2			25.	
3	Revenue less expenses. Subtract line 2 from line 1	3			99.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	80	6,1	20.	
5						
6						
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII		********		X	
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.	1 0	h !		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x	
ь	Were the organization's financial statements audited by an independent accountant?			X	7	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
Ŭ	review, or compilation of its financial statements and selection of an independent accountant?		2c	X		
			20		_	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		11 1			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a	11 1			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

X_

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2011

Employer identification number

MONTANA STOCKGROWERS ASSOCIATION, 81-0233155 Organization type (check one): Filers of: Section: X 501(c)( 5 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filling Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

Employer identification number

# MONTANA STOCKGROWERS ASSOCIATION, INC.

81-0233155

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		ss10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payrotl Noncash (Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_		<b>\$</b>	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

### MONTANA STOCKGROWERS ASSOCIATION, INC.

81-0233155

Part II	Noncash Property (see instructions). Use duplicate copies of	Part II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		<b>*</b>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
- :		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-   -		s	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
- =		\$	
n) o. m	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
- =			
3 01-23-12			n 990-F7 or 990-PE) /2

Employer identification number

(b) Purpose of gift					
, , , , , , , , , , , , , , , , , , ,	(c) Use of gift	(d) Description of how gift is held			
Transferee's name, address, a	(e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee			
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
(e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee					
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Transferee's name, address, a	(e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee			
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
(b) Purpose of gift (c) Use of gift (d) Description of how gift is					
Transferee's name, address, ar	(e) Transfer of gift	Relationship of transferor to transferee			
	(b) Purpose of gift  Transferee's name, address, a  (b) Purpose of gift  Transferee's name, address, and (b) Purpose of gift	(b) Purpose of gift  (c) Use of gift  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  (e) Transfer of gift  (b) Purpose of gift  (c) Use of gift			

### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number 81-0233155

Pa	MONTANA STOCKGROWERS ASSOCIATION, INC.	81-0233155
	ort I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fur	nds
	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	rring
	impermissible private benefit?	Yes No
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV,	, line 7,
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	lly important land area
	Protection of natural habitat Preservation of a certified h	istoric structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onservation easement on the last
	day of the tax year.	
		Held at the End of the Tax Yea
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	nization during the tax
	year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during to	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E	
	and section 170(h)(4)(B)(ii)?	
_	In Part XIV, describe how the organization reports conservation easements in its revenue and expense states	
9	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization	ranization's accounting for
9		garnzation a accounting for
	conservation easements.	
	conservation easements. t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	
Par	conservation easements.  t III Organizations Maintaining Collections of Art, Historical Treasures, or Other Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	Similar Assets.
Par	conservation easements.  t III Organizations Maintaining Collections of Art, Historical Treasures, or Other Somplete if the organization answered "Yes" to Form 990, Part IV, line 8.  If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and the organization elected.	Similar Assets.
Par	conservation easements.  t III Organizations Maintaining Collections of Art, Historical Treasures, or Other Somplete if the organization answered "Yes" to Form 990, Part IV, line 8.  If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement are historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	Similar Assets.
Par	conservation easements.  till Organizations Maintaining Collections of Art, Historical Treasures, or Other Complete if the organization answered "Yes" to Form 990, Part IV, line 8.  If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement ar historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of the text of the footnote to its financial statements that describes these items.	Similar Assets.  Indicate sheet works of art, public service, provide, in Part XIV,
Par 1a	conservation easements.  III Organizations Maintaining Collections of Art, Historical Treasures, or Other State Complete if the organization answered "Yes" to Form 990, Part IV, line 8.  If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement are historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and be	Similar Assets.  Indicate the balance sheet works of art, public service, provide, in Part XIV, alance sheet works of art, historical
Par 1a	Conservation easements.  III Organizations Maintaining Collections of Art, Historical Treasures, or Other State Complete if the organization answered "Yes" to Form 990, Part IV, line 8.  If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement are historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and be treasures, or other similar assets held for public exhibition, education, or research in furtherance of public series.	Similar Assets.  Indicate the balance sheet works of art, public service, provide, in Part XIV, alance sheet works of art, historical
Par	Conservation easements.  III Organizations Maintaining Collections of Art, Historical Treasures, or Other State Complete if the organization answered "Yes" to Form 990, Part IV, line 8.  If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement are historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and be treasures, or other similar assets held for public exhibition, education, or research in furtherance of public ser relating to these items:	Similar Assets.  Indicate the balance sheet works of art, public service, provide, in Part XIV, alance sheet works of art, historical rvice, provide the following amounts
Par	Conservation easements.  III Organizations Maintaining Collections of Art, Historical Treasures, or Other State Complete if the organization answered "Yes" to Form 990, Part IV, line 8.  If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement are historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and be treasures, or other similar assets held for public exhibition, education, or research in furtherance of public ser relating to these items:  (i) Revenues included in Form 990, Part VIII, line 1	Similar Assets.  Indicate the balance sheet works of art, public service, provide, in Part XIV, alance sheet works of art, historical rvice, provide the following amounts  \$
Par 1a	till Organizations Maintaining Collections of Art, Historical Treasures, or Other Complete if the organization answered "Yes" to Form 990, Part IV, line 8.  If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement an historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and b treasures, or other similar assets held for public exhibition, education, or research in furtherance of public ser relating to these items:  (i) Revenues included in Form 990, Part VIII, line 1	Similar Assets.  Indicate the sheet works of art, public service, provide, in Part XIV, alance sheet works of art, historical rvice, provide the following amounts  \$ \begin{align*}
Par 1a b	Conservation easements.  t III Organizations Maintaining Collections of Art, Historical Treasures, or Other State Complete if the organization answered "Yes" to Form 990, Part IV, line 8.  If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement are historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and be treasures, or other similar assets held for public exhibition, education, or research in furtherance of public ser relating to these items:  (i) Revenues included in Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	Similar Assets.  Indicate the balance sheet works of art, public service, provide, in Part XIV, alance sheet works of art, historical rvice, provide the following amounts  \$ \$
Par 1a b	Conservation easements.  t III Organizations Maintaining Collections of Art, Historical Treasures, or Other Standard Complete if the organization answered "Yes" to Form 990, Part IV, line 8.  If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement are historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and be treasures, or other similar assets held for public exhibition, education, or research in furtherance of public ser relating to these items:  (i) Revenues included in Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	Similar Assets.  Individual balance sheet works of art, public service, provide, in Part XIV, alance sheet works of art, historical rvice, provide the following amounts  \$
1a b	Conservation easements.  t III Organizations Maintaining Collections of Art, Historical Treasures, or Other State Complete if the organization answered "Yes" to Form 990, Part IV, line 8.  If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement are historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and be treasures, or other similar assets held for public exhibition, education, or research in furtherance of public ser relating to these items:  (i) Revenues included in Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	Similar Assets.  Individual balance sheet works of art, public service, provide, in Part XIV, alance sheet works of art, historical rvice, provide the following amounts  \$

Sch	edule D (Form 990) 2011 MONTANA	STOCKGROW	ERS ASS	OCIATION	, INC.	81-	023315	5 F	age 2
Pa	rt III Organizations Maintaining (	Collections of A	rt, Historic	al Treasures	or Othe	r Similar A	ssets (con	tinuec	1)
3	Using the organization's acquisition, access	ion, and other record	ds, check any	of the following t	hat are a si	gnificant use o	f its collecti	on iter	ns
	(check all that apply):								
а	Public exhibition	C		or exchange prog					
b	Scholarly research	•	e U Other						
C	•								
4	Provide a description of the organization's c	ollections and expla	in how they fur	ther the organiza	ation's exer	mpt purpose iπ	Part XIV.		
5	During the year, did the organization sollcit of	or receive donations	of art, historica	il treasures, or o	ther similar	assets		_	
	to be sold to raise funds rather than to be m	aintained as part of	the organizatio	n's collection?			Yes		No
Pa	rt IV Escrow and Custodial Arran		ete if the organ	ization answere	d "Yes" to	Form 990, Part	IV, line 9, o	r	
_	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod							_	_
	on Form 990, Part X?						Yes	L	_ No
þ	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing table:						
							Amour	nt	
c	Beginning balance	()			*************	1c			
d	Additions during the year	managem acque asia				1d			
е	Distributions during the year	anner over benediction				1e			
f	Ending balance								
2a	Dld the organization include an amount on F	orm 990, Part X, line	21?		***********		Yes		No
	If "Yes," explain the arrangement in Part XIV.								
Pa	rt V Endowment Funds. Complete i	f the organization ar	swered "Yes"	to Form 990, Pa	rt IV, line 10	0.			
		(a) Current year	(b) Prior ye	ar (c) Two ye	ars back (	d) Three years b	ack (e) Fou	r years	back
1a	Beginning of year balance								
b	Contributions	7 60 Sec. 14	1						
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, colu	mn (a)) held as:					
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
С	Temporarily restricted endowment	%							
	The percentages in lines 2a, 2b, and 2c should	ild equal 100%.							
За	Are there endowment funds not in the posse		ation that are h	eld and adminis	tered for th	e organization			
	by:						1.20	Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations							THE A	
b	If "Yes" to 3a(ii), are the related organizations	listed as required o	n Schedule R?				3b		
	Describe in Part XIV the intended uses of the								
Par	t VI Land, Buildings, and Equipm	ent. See Form 990	Part X, line 10	).					
	Description of property	(a) Cost or ot	ther (b)	Cost or other	(c) Ac	cumulated	(d) Boo	k valu	e
		basis (investm	nent) b	asis (other)	depi	reciation			
1a	Land			8,580.				8,5	80.
	Buildings			176,680.	1	38,860.		7,8	
c	Leasehold improvements								
	Equipment			224,338.	1	92,260.	3	2,0	78.
	Other			17,260.	1	8,630.		8,6	
	Add lines 1a through 1e (Column (d) must ed		X column (B)			•		7.1	

Part XI   Reconciliation of Change in Net Assets from Form 1  Total revenue (Form 990, Part VIII, column (A), line 12)		13 11 60/		694,924
2 Total expenses (Form 990, Part IX, column (A), line 25)		The second second second		664,125
3 Excess or (deficit) for the year. Subtract line 2 from line 1		Contract of the Contract of th		30,799
4 Net unrealized gains (losses) on investments				
Donated services and use of facilities				
6 Investment expenses				
7 Prior period adjustments				
8 Other (Describe in Part XIV.)				-237,972
9 Total adjustments (net). Add lines 4 through 8		9		-237,972
Excess or (deficit) for the year per audited financial statements. Combine lin	es 3 and 9	10		-207,173
art XII Reconciliation of Revenue per Audited Financial Sta	atements With	Revenue per	Return	
Total revenue, gains, and other support per audited financial statements	GARDING GEORGIA		1	771,728
Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains on investments	2a	-14,009	<u>.</u>	
b Donated services and use of facilities				
c Recoveries of prior year grants				
d Other (Describe in Part XIV.)		90,814		1
e Add lines 2a through 2d			2e	76,805
Subtract line 2e from line 1				694,923
Amounts included on Form 990, Part VIII, line 12, but not on line 1:	V		1,70	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIV.)	11 1400411			
c Add lines 4a and 4b			4c	0
Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	)		5	694,923
art XIII Reconciliation of Expenses per Audited Financial St	tatements Wit	h Expenses pe	r Return	La Spark W. Z.
Total expenses and losses per audited financial statements				754,939
Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:			(4.7)	
a Donated services and use of facilities	2a			
Prior year adjustments	(S P (CAMA)			
C Other losses			3	
d Other (Describe in Part XIV.)	West application	90,814	7	
e Add lines 2a through 2d			2e	90,814
Subtract line 2e from line 1			7	664,125
Amounts included on Form 990, Part IX, line 25, but not on line 1:				
Investment expenses not included on Form 990, Part VIII, line 7b	4a		1 1	
b Other (Describe in Part XIV.)			7	
			4c	0
Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1				664,125
art XIV Supplemental Information			-	
mplete this part to provide the descriptions required for Part II, lines 3, 5, and 9 ine 2; Part XI, line 8; Part XII, lines 2d and 4b. Als				
ART XI, LINE 8 - OTHER ADJUSTMENTS:				
NDISTRIBUTED EARNINGS ON SUBSIDIARY				27,064
REALIZED LOSS ON INVESTMENTS				-14,009
IOR PERIOD ADJUSTMENT				-251,027
TAL TO SCHEDULE D, PART XI, LINE 8				-237,972
RT XII, LINE 2D - OTHER ADJUSTMENTS:				

MONTANA STOCKGROWERS ASSOCIATION, INC. 81-0233155 Page 5  Part XIV Supplemental Information (continued)  REDUCTION OF EXPENSES ON FORM 990  PART XIII, LINE 2D - OTHER ADJUSTMENTS:  EXPENSE REIMBURSEMENTS SHOWN AS EXPENSE REDUCTION ON 990
EXPENSE REIMBURSEMENTS SHOWN AS EXPENSE REDUCTION ON 990

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

Department of the Tressury

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Internal Revenue Service

Name of the organization

MONTANA STOCKGROWERS ASSOCIATION, INC.

Employer identification number 81-0233155

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

MONTANA BEEF NETWORK - PROGRAM TO INCREASE PRODUCTIVITY FOR MEMBERS

WITH CATTLE IDENTIFICATION THROUGH TAGGING.

EXPENSES \$ 9,630. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6: THE ASSOCIATION CONSISTS OF MEMBERS WHO PAY ANNUAL DUES.

FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS OF THE ASSOCIATION ELECT THE OFFICERS AND DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WAS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL BEFORE IT WAS FINALIZED.

FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD REVIEWS ANY CONFLICTS OF INTEREST ANNUALLY, OR AS THEY ARISE DURING THE YEAR.

FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD REVIEWS, AND APPROVES THE COMPENSATION PACKAGE FOR THE ASSOCIATION'S EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS

GOVERNING DOCUMENTS, POLICIES, FINANCIAL STATEMENTS AND PUBLIC DISCLOSURE

COPIES OF FORM 990 AVAILABLE TO THE PUBLIC UPON REQUEST. THE FORM 990 IS

ALSO AVAILABLE FOR VIEWING ON GUIDESTAR.COM.

Name of the organization MONTANA STOCKGROWERS ASSOCIATION, INC.  Employer identification nur 81-0233155  UNDISTRIBUTED EARNINGS ON SUBSIDIARY 27,00  UNREALIZED LOSS ON INVESTMENTS -14,00  PRIOR PERIOD ADJUSTMENT -251,00  TOTAL TO FORM 990, PART XI, LINE 5 -237,90  THE PROCESS FOR SELECTING AN INDEPENDENT AUDITOR HAS NOT CHANGED FROM THE PRIOR YEAR.
UNREALIZED LOSS ON INVESTMENTS -14,00  PRIOR PERIOD ADJUSTMENT -251,02  TOTAL TO FORM 990, PART XI, LINE 5 -237,92  THE PROCESS FOR SELECTING AN INDEPENDENT AUDITOR HAS NOT CHANGED FROM
PRIOR PERIOD ADJUSTMENT -251,02  TOTAL TO FORM 990, PART XI, LINE 5 -237,92  THE PROCESS FOR SELECTING AN INDEPENDENT AUDITOR HAS NOT CHANGED FROM
TOTAL TO FORM 990, PART XI, LINE 5 -237,9°  THE PROCESS FOR SELECTING AN INDEPENDENT AUDITOR HAS NOT CHANGED FROM
THE PROCESS FOR SELECTING AN INDEPENDENT AUDITOR HAS NOT CHANGED FROM
THE PRIOR YEAR.

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Part

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

2011 Open to Public Inspection

OMB No. 1545-0047

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) MONTANA STOCKGROWERS ASSOCIATION, INC. Name of the organization

Employer identification number 81-0233155

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2011 ž Direct controlling Yes Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Direct controlling entity End-of-year assets Public charity status (if section **e** 501(c)(3)) Total income Exempt Code € section Legal domicile (state or Legal domicile (state or foreign country) foreign country) Primary activity Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. Name, address, and ElN Name, address, and EIN of related organization of disregarded entity ā Part II

132161 01-23-12 LHA

Schedule R (Form 990) 2011 MONTANA STOCKGROWERS ASSOCIATION, INC.

81-0233155

Page 2

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

		63	(related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportion- ate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	General or Percentage managing ownership
Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	axable as a Corpoust during the tax	ration or Trust (Com/ear.)	plete if the organizat	on answered "Yes"	to Form 990, Pa	rt IV, line 34 I	because it had or	le or more	related
(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) total Share of end-of-year assets		(h) Percentage ownership
STOCKGROWERS, INC 81-0523432 420 N. CALIFORNIA HELENA, MT 59601		SUPPORT SERVICES	MT		C CORP				

Schedule R (Form 990) 2011

155 Page 3

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

ister of the solution of the solution of the schedule.				×	Yes No
	sactions with one or more r	elated organizations listed in	Parts II-IV?		-
	entity			4	×
<ul> <li>Gift, grant, or capital contribution to related organization(s)</li> </ul>				4	×
c Gift, grant, or capital contribution from related organization(s)		***************************************		20000000	4
d Loans or loan distrateges to or for related organization(-)	***************************************		**************************************	10	×
	section of the section of the section of the section of	***********************************		Pt .	×
e Loans of loan guarantees by related organization(s)	***************************************	***************************************	AND THE PARTY OF T	10	×
f Sale of assets to related organization(s)				#	×
9 Purchase of assets from related organization(s)				100	×
h Exchange of assets with related organization(s)			***************************************	A distribution	*
i Lease of facilities, equipment, or other assets to related organization(s)	***************************************	***************************************		i i	×
				-	1
<ul> <li>Lease of facilities, equipment, or other assets from related organization(s)</li> </ul>	ganization(s)			11	×
k Performance of services or membership or fundraising solicitations for related organization(s)	ed organization(s)			ř	×
1 Performance of services or membership or fundraising solicitations by related organization(s)	ed organization(s)			=	×
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ganization(s)		***************************************	£	×
n Sharing of paid employees with related organization(s)		The state of the s	***************************************	1	
	the same of the sa	Andrews of the ladder bases, which the property of		£	4
o Reimbursement paid to related organization(s) for expenses				,	Þ
p. Reimbursement haid by related organization(s) for expanses	***************************************	***************************************	***************************************	2	4 5
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	***************************************	4	4
<ul> <li>Qther transfer of cash or property to related organization(s)</li> </ul>					>
Other transfer of cash or property from related organization(s)	***************************************	***************************************		P +	4 ×
2 If the answer to any of the above is "Yes." see the instructions for information on who must complete this line including	on on who must complete	the feet of collection and sign	Contract to the contract of th		4
1	and the mast confibere	uns ime, including covered re	lationships and transaction thresholds.		1
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	ning B	
(2)					
					1
(3)					
(4)					
150					
(9)					
132163 01-23-12			rad C	Schodule B (Form 000) 2011	100 100
			DALIDO	edule K irorn s	\ ====================================

Page 4

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities

Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under section 512-514)	Ara all Partners sec. 501(c)(3) orda. 2	(f) Share of total income	(g) Share of end-of-year assets	(h) Disprapor- tionale allocations?	(h) (i) (ii) (k) Dispropor Code V-UBI General or Percentage Biological amount in box 20 managing ownership Communications of Formula (Formula Schedule K-1 partner?	General or managing partner?	(k) Percentage ownership
							Ves No	(con man)	Yes	
				F			-			
									F	
							F			

Schedule R (Form 990) 2011

Form 990-T  Department of the Treasury Internal Revenue Service		pt Organization Bus (and proxy tax und			Tax Retur		OMB No. 1545-0687  2011 Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if		f organization ( Check box if name	changed			DEmple (Emple	oyer identification number oyees' trust, see
address changed	Daine MONT	PANA STOCKGROWERS A	1 C C ()	TATION T	NC.	880	ctions.) 1-0233155
Exempt under section  X 501(C)(5)		, street, and room or suite no. If a P.O. bo			140.	E Unrela	ited business activity codes
408(e) 220(e)		N. CALIFORNIA	,			(See 1	istructions.)
408A 530(a)	City or t	own, state, and ZIP code				1	
529(a)		ENA, MT 59601				541	800
		on number (See instructions.)		T	T 1		1
at end of year	G Check organiza	ition type 🕨 💹 501(c) corporation	on L	501(c) trust	401(a) trust	L	Other trust
814,304.	ala asimaas savals	ted business activity. > SALE OF	Z ADY	TEPTTETNE !	TO MEMBER	C AN	отнере
		subsidiary in an affiliated group or a pare				Ye	
		mber of the parent corporation.	iii suusi	diary controlled group		10.	3 22 100
J The books are in care of				Telep	hone number	406-	442-3420
Part I Unrelated				(A) Income	(B) Expense		(C) Net
1a Gross receipts or sale	s						
b Less returns and allow	wances	c Balance	10				
2 Cost of goods sold (S	chedule A, line 7)		2				( =
3 Gross profit. Subtract	line 2 from line 1	G	3				
		(e D)	4a				
		17) (attach Form 4797)	4b			_	
c Capital loss deduction	for trusts	and the state of t	4c				
• •		corporations (attach statement)	5				
6 Rent income (Schedu		*****************************	6			_	
	Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from controlled organizations (Sch. F) 8						
	miorad dimension, control and terms and the second						
	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)						
			10		-	-	
		dule I)	11	112,792	94,0	579	18,113.
		echadula )	-	112,192	74,	3,2.	10,113.
	Other income (See instructions; attach schedule.)  Total. Combine lines 3 through 12 13 112,792. 94,						
		n Elsewhere (See instructions for					18,113.
(Except for c	ontributions, de	eductions must be directly connecte	d with t	he unrelated busine	ss income.)		
14 Compensation of offi	cers, directors, ar	d trustees (Schedule K)				14	
15 Salaries and wages		***************************************	*******			15	
16 Repairs and maintena	ince					16	
17 Bad debts					*************	17	
•							
						19	
		ns for limitation rules.)				20	
		and the second s				-	
		A and elsewhere on return				22b	
		n plane				23	
		n plans				25	
		, , , , , , , , , , , , , , , , , , ,				26	
						27	
						28	
•		Jgh 28				29	0.
		ore net operating loss deduction. Subtrac				30	18,113.
		the amount on line 30)				31	18,113.
		ore specific deduction. Subtract line 31 fr				32	0.
		ut see instructions for exceptions.)				33	1,000.
		me. Subtract line 33 from line 32. If line 3				24	n

5 Total.	Add lines 1 through 4b	5	the organiz	zation?			X
Sign Here	Under penalties of perjury, I declare the correct, and complete. Declaration of Signature of officer	at i have exam preparer (other	ined this return, including accompanying so than taxpayer) is based on all information of Date	y knowledge and belief, it is true,  May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No			
Paid	Print/Type preparer's name RYAN D. LINDS. CPA	AY,	Preparer's signature	Date 06/05/12	Check self- employ	if PTIN	
Preparei Use Only	P.O	. BOX	GGINS & GALUSHA, 1699 MT 59624-1699		Firm's EIN Phone no.		2932
123711 02-24-	12					Form 99	<b>30-T</b> (2011)

1. Description of property	,			,			3					
(1)												
(2)												
(3)												
(4)												
		2. Rent receiv						3(a) Daduation di				
(a) From personal prope rent for personal prop 10% but not mo	perty is more t	entage of han	(b)	of rent for p	and personal prope personal property e nt is based on profi	xceeds 50%	centage or if	3(a) Deductions directly connected with the Income In columns 2(a) and 2(b) (attach schedule)				
(1)												
(2)								-				
(3)							-					
(4) Total		0.	Total				0.					
(c) Total income. Add totals of	foolumne 26				_		0.	(b) Total deductions.				
here and on page 1, Part I, line							0.	Enter here and on page Part I, line 6, column (B	1,			
Schedule E - Unrelat				10 (see	instructions)			Trait i, inte o, coldini (b				
ochedule E - official	cu Debt	Tinunoca	moon	(500	The struction as			3. Deductions directly	connect	ed with or allocable		
					2. Gross in or allocable	come from	155	to debt-fi		77.7		
1. Descriptio	n of debt-finar	nced property			tinanced		(a)	(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)		
(1)												
(2)							TI .					
(3)							e 1					
(4)												
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) deb		of or a debt-finar	e adjusted basis allocable to anced property th schedule)		6. Column 4 divided by column 5			7. Gross income reportable (column 2 x column 6)		8. Allocable deduction (column 6 x total of colum 3(a) and 3(b))		
(1)				-		%						
(2)						9/1	_					
(3)						%						
(4)						%						
								nter here and on page 1, Part I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).		
Totals				-			<b></b>		0.	0		
Total dividends-received ded	uctions inclu	ded in column	8							0		
Schedule F - Interest	, Annuit	es, Royali	ies, ar					nizations (see i	nstruct	tions)		
				Exemp	t Controlled O	rganizatio			_			
1. Name of controlled organia	zation	Employer ider	entification Net uni				4. of specified ents made	<ol><li>Part of column 4 that i included in the controlling organization's gross incom</li></ol>		Deductions directly connected with income in column 5		
(1)								11/4				
(2)										V = T		
(3)												
(4)												
Ionexempt Controlled Orga	nizations											
7. Taxable Income 8. Net unrelated income (see instructions)		(loss)	9. Tota	al of specified payr made	nents	In the cont	olumn 9 that is Included trolling organization's ross Income		Deductions directly connecte with income in column 10			
1)												
<u>1)</u> 2)	101											
3)												
					0.000							
4)	4						Add or	olumns 5 and 10.		Add columns 6 and 11		
							Enter here	and on page 1, Part I, 8, column (A).		r here and on page 1, Part I, line 8, column (B).		
otals						<b>D</b>		0.		0		

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

	2. Amount of Income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)		
(1)						1920 - 1920 - 1930
(2)						+
(3)						1
(4)						
			Enter here and on page 1, Part I, line 9, column (A).			Enter here and on pag Part I, line 9, column (t
Totals			0.			
Schedule I - Exploited Exe (see instruction		ncome, Othe	r Than Advertisin	ng Income		
2. Gross     Unrelated business exploited activity		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. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						+
(2)						+
(3)						
(4)			-			-
-0.5	nter here and on	Enter here and on				Enter here and
	page 1, Part I, line 10, col. (A)	page 1, Part I, line 10, col. (B)				on page 1, Parl II, line 26
Schedule J - Advertising I						
Part I Income From Perio	odicals Repor	ted on a Cons	solidated 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. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) MONTANA	A ALA					
(2) STOCKGROWER	112,792.	94,679	.1 1	0.	0.	
(3)						
(4)			1 1			
VO			-			
otals (carry to Part II, line (5))	112.792.	94.679.	18 113			0
otals (carry to Part II, line (5)) Part II Income From Perio	dicals Repor	ted on a Sona	rate Basis (For ea	ch periodical listed	I in Part II, fill in	
00,000	a line-by-line basis	.)	rate busis (For ear	on ponocioal notoe		
1. Name of periodical	a line-by-line basis  2. Gross advertising Income	3. Direct	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation Income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
1. Name of periodical	a line-by-line basis  2. Gross advertising	3. Direct	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute	5. Circulation		costs (column 6 minus column 5, but not more
Name of periodical	a line-by-line basis  2. Gross advertising	3. Direct	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute	5. Circulation		costs (column 6 minus column 5, but not more
1. Name of periodical  1)  2)	a line-by-line basis  2. Gross advertising	3. Direct	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute	5. Circulation		costs (column 6 minus column 5, but not more
1. Name of periodical  1) 2)	a line-by-line basis  2. Gross advertising	3. Direct	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute	5. Circulation		costs (column 6 minus column 5, but not more
1. Name of periodical  1) 2) 3)	a line-by-line basis  2. Gross advertising Income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute	5. Circulation		aosts (column 8 minus column 5, but not more than column 4).
1. Name of periodical  1) 2) 3)	a line-by-line basis  2. Gross advertising Income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute	5. Circulation		costs (column 6 minus column 5, but not more than column 4).
1. Name of periodical  1) 2) 3) 4) 5) Totals from Part I	2. Gross advertising Income  112,792.  Enter here and on page 1, Part I, line 11, col. (A)	3. Direct advertising costs  94,679. Enter here and on page 1, Part I, line 11, col. (B)	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute	5. Circulation		oosts (column 6 minus column 5, but not more than column 4).
1. Name of periodical  (1) (2) (3) (4) (5) Totals from Part I	2. Gross advertising Income  112,792. Enter here and on page 1, Part I, line 11, col. (A) 112,792.	3. Direct advertising costs  94,679. Enter here and on page 1, Part I, line 11, col. (B). 94,679.	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols, 5 through 7.	5. Circulation Income		costs (column 8 minus column 5, but not more than column 4).
1. Name of periodical  1)  2)  3)  4)  5) Totals from Part I	2. Gross advertising Income  112,792. Enter here and on page 1, Part I, line 11, col. (A) 112,792.	3. Direct advertising costs  94,679. Enter here and on page 1, Part I, line 11, col. (B). 94,679.	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols, 5 through 7.	5. Circulation Income		costs (column 8 minus column 5, but not more than column 4).  O  Enter here and on page 1, Part II, line 27.
1. Name of periodical  1) 2) 3) 4) 5) Totals from Part I	2. Gross advertising Income  112,792. Enter here and on page 1, Part I, line 11, col. (A) 112,792.	3. Direct advertising costs  94,679. Enter here and on page 1, Part I, line 11, col. (B). 94,679.	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols, 5 through 7.	5. Circulation Income	of 4. Compet	costs (column 6 minus column 5, but not more than column 4).  Description of the column 4 minus column 6 minus column 7 minus
1. Name of periodical  1) 2) 3) 4) 5) Totals from Part I  bals, Part II (lines 1-5)  chedule K - Compensation  1. Name	2. Gross advertising Income  112,792. Enter here and on page 1, Part I, line 11, col. (A) 112,792.	3. Direct advertising costs  94,679. Enter here and on page 1, Part I, line 11, col. (B). 94,679.	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols, 5 through 7.	5. Circulation Income structions) 3. Percent time devoted	of 4. Compet	costs (column 6 minus column 5, but not more than column 4).  O Enter here and on page 1, Part II, line 27
1. Name of periodical  1) 2) 3) 4) 5) Totals from Part I  bitals, Part II (lines 1-5)  Chedule K - Compensation  1. Name	2. Gross advertising Income  112,792. Enter here and on page 1, Part I, line 11, col. (A) 112,792.	3. Direct advertising costs  94,679. Enter here and on page 1, Part I, line 11, col. (B). 94,679.	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols, 5 through 7.	5. Circulation Income structions) 3. Percent time devoted	oi 4. Comper to unrel	costs (column 6 minus column 5, but not more than column 4).  O Enter here and on page 1, Part II, line 27.
1. Name of periodical  1) 2) 3) 4) 5) Totals from Part I  blais, Part II (lines 1-5)  chedule K - Compensation  1. Name	2. Gross advertising Income  112,792. Enter here and on page 1, Part I, line 11, col. (A) 112,792.	3. Direct advertising costs  94,679. Enter here and on page 1, Part I, line 11, col. (B). 94,679.	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols, 5 through 7.	5. Circulation Income structions) 3. Percent time devoted	costs  of 4. Comper to unrel %	costs (column 6 minus column 5, but not more than column 4).  O Enter here and on page 1, Part II, line 27
1. Name of periodical  (1) (2) (3) (4) (5) Totals from Part I (lines 1-5) (chedule K - Compensation  1. Name  1) (2) (3)	2. Gross advertising Income  112,792. Enter here and on page 1, Part I, line 11, col. (A) 112,792.	3. Direct advertising costs  94,679. Enter here and on page 1, Part I, line 11, col. (B). 94,679.	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols, 5 through 7.	5. Circulation Income structions) 3. Percent time devoted	of d to do unrel	costs (column 8 minus column 5, but not more than column 4).  O Enter here and on page 1, Part II, line 27
1. Name of periodical  1) 2) 3) 4) 5) Totals from Part I  blais, Part II (lines 1-5)  chedule K - Compensation  1. Name	a line-by-line basis  2. Gross advertising Income  112,792.  Enter here and on page 1, Part I, line 11, col. (A) 112,792.  n of Officers,	3. Direct advertising costs  94,679. Enter here and on page 1, Part 1, line 11, col. (B). 94,679. Directors, and	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols, 5 through 7.	5. Circulation Income structions)  3. Percant time devoted businesse	costs  of 4. Comper to unrel %	costs (column 8 minus column 5, but not more than column 4).  O Enter here and on page 1, Part II, line 27

#### Form **8868**

(Rev. January 2012) Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

OMB No. 1545-1709

 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filling of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete X Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Employer identification number (EIN) or Type or Name of exempt organization or other filer, see instructions. print MONTANA STOCKGROWERS ASSOCIATION, INC. 81-0233155 Flie by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your return. See 420 N. CALIFORNIA instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. HELENA, MT 59601 0 7 Enter the Return code for the return that this application is for (file a separate application for each return) **Application** Application Return Is For Code Is For Code Form 990 01 Form 990-T (corporation) 07 Form 990-BL Form 1041-A 02 08 Form 990-EZ 01 Form 4720 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 06 ASSOCIATION The books are in the care of ► 420 N CALIFORNIA, HELENA, MT - HELENA, MT 59601 Telephone No. ► 406-442-3420 FAX No. If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______. If this is for the whole group, check this box > _____. If it is for part of the group, check this box > _____ and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until NOVEMBER 15, 2012 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2011 or tax year beginning , and ending Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 0. nonrefundable credits. See instructions. За If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3ь Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, 0. by using EFTPS (Electronic Federal Tax Payment System). See instructions.

## ** PUBLIC DISCLOSURE COPY **

Department of the Treasury

Internal Revenue Service

# **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 2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address MONTANA STOCKGROWERS ASSOCIATION, INC. Name change 81-0233155 Initial Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Termin-ated 420 N. CALIFORNIA 406-442-3420 Amender 851,512. City, town, or post office, state, and ZIP code G Gross receipts \$ Applica-HELENA, MT 59601 H(a) Is this a group return pending F Name and address of principal officer: ERROL RICE for affiliates? Yes X No SAME AS C ABOVE H(b) Are all affiliates included? Yes No I Tax-exempt status: ____ 501(c)(3) X 501(c) ( ) (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ▶ WWW.MTBEEF.ORG H(c) Group exemption number K Form of organization: Corporation X Association Other > Year of formation: 1884 M State of legal domicile: MT Part I Summary Briefly describe the organization's mission or most significant activities: IMPROVE THE CATTLE INDUSTRY IN Activities & Governance MONTANA. Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. 14 Number of voting members of the governing body (Part VI, line 1a) 4 14 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 7 0 6 Total number of volunteers (estimate if necessary) 136,513. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 ... 43,225. **Prior Year** Current Year 360,976. Contributions and grants (Part VIII, line 1h) 340,922. Revenue Program service revenue (Part VIII, line 2g) 288,108 361,365. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 19,730. 13,893. 26,110 17,145. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 694,924 733,325. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 14 401,982 362,448. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 262,143. 345,609. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 664,125. 708,057. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 25,268. Revenue less expenses. Subtract line 18 from line 12 30,799. 50 **Beginning of Current Year** End of Year 814,304. 1,028,215. Total assets (Part X, line 16) 215,357. 338,678. 21 Total liabilities (Part X, line 26) et 598,947. Net assets or fund balances. Subtract line 21 from 689,537. FURNISHED FOR YOUR OWN Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompany to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is taked an all togethation of myligh greparer has any knowledge. Helena, Montana Signature of officer Sign ERROL RICE. EXECUTIVE DIRECTOR Here Type or print name and title Date Print/Type preparer's name Preparer's signature RYAN D. LINDSAY, CPA 05/28/13 Paid self-employed P00815630 Firm's name GALUSHA, HIGGINS & GALUSHA Firm's EIN 81-0272932 Preparer Use Only Firm's address P.O. BOX 1699 Phone no. (406) 442-5520 HELENA, MT 59624-1699 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

Forr	990 (2012) MONTANA STOCKGROWERS ASSOCIATION, INC. 81-0233155 Page 2
Pa	rt III Statement of Program Service Accomplishments
_	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission: TO IMPROVE THE CATTLE INDUSTRY IN MONTANA.
	TO IMPROVE THE CATTLE INDUSTRI IN MONTANA.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.  Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 71,072. including grants of \$) (Revenue \$)
	PUBLICATION OF NEWSLETTER AND ANNUAL CATTLE DIRECTORY.
4b	(Code:) (Expenses \$ 116,645. including grants of \$) (Revenue \$)
75	ASSOCIATION'S ANNUAL CONVENTION AND TRADE SHOW.
4-	(Code: ) (Expenses \$ 31,401. including grants of \$ ) (Revenue \$ )
4c	(Code:) (Expenses \$ 31,401. including grants of \$) (Revenue \$) UNDAUNTED STEWARDSHIP PROGRAM FOR STEWARDSHIP OF LAND AND OTHER BEEF
	INDUSTRY RELATED PROGRAMS.
	INDOUTRI KEEMIED INCOMEND.
4d	Other program services (Describe in Schedule O.)
_	(Expenses \$ Including grants of \$ ) (Revenue \$ )  Total program service expenses \$ 219.118.
48	LOTAL DEDOCATE SERVICE SYDEDSAS =

Form **990** (2012)

the cognization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  1				Yes	No
2 Is the organization required to complete Schedule & Charlobularia  3 Did the organization engage in direct or indinate polical campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I as estion 501(c)(3) organizations. Did the organization engage in obbying activities, or have a section 501(h) election in effect during the two year? If "Yes," complete Schedule C, Part II as the organization as section 501(c)(3) or 501(c)(6) organization that receive membership duce, assessments, or similar amounts as defined in Reverue Procedule 91-91 If "yes," complete Schedule C, Part II as the organization maintain any donor advised funds or any similar funds or accounts for which denors have the right to provide advice on the distribution or investment of amounts in such thanso or accounts for which denors have the right to provide advice on the distribution or investment of amounts in such thanso or accounts for which denors have the right to provide device on the distribution or investment of amounts in such thanso organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II II as the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV II II as organization, directly or through a related organization, hold assets in temporarily restricted encomments, permanent endowments or quale indownents? If "Yes," complete Schedule D, Part IV II II the organization report an amount for land, buildings, and equipment in Part X, line 102 if "Yes," complete Schedule D, Part V II I	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1		
3   X   Section 501(c)(3) organization engage in infect or indirect political campaign activities on behalf of or in opposition to candidates for public efficier? If "Yes," complete Schedule C, Part I   Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part I   Section 501(c)(4) organizations. Schedule C, Part I   Section 501(c)(4) organization accounts on 501(c)(4), 501(c)(6), 501(c)(6), 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Reverue Procedure 98-191 if "Yes," complete Schedule C, Part II   Section 501(c)(4), 501(c)(6), 501(c)(		If "Yes," complete Schedule A	1		X
public office? If "Yes," complete Schedule C, Part I 4 Saction 501(c)(3) or ganizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Fes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6), or ganization that receives membership dues, assessments, or similar amounts as defined in Revenue Proceeding 8-197 If "Yes," complete Schedule C, Part II 5 Is the organization maintain any donor advised funds or any similar funds or accounts for which denors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 6 Is the organization receive or hold a conservation easement, including assessments to preserve open space, the environment, historical reares, or historical structures? If "Yes," complete Schedule D, Part II 7 Is Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 7 In Did the organization report an amount in Part X, line 21, for escrow or outsofdial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counselling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 8 In the organization indicated by or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quale-indownents? If "Yes," complete Schedule D, Part V II 1 If the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part V II 1 Is A Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part X II 1 Is A Did the organization report an amount for criter assets reported in Part X, line 107 If "Yes," complete Schedule D, Part X II 1 Is A Did the organization report an amount for other isabili	2		2	X	
4 Section 501(c)(3) organizations. Dut the organization engage in lobbying activities, or have a section 501(h)(4) complete Schedule C, Part II  5 is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Proceedings 49:19 if "Yes," complete Schedule C, Part III  6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to Did the organization receive or hold a conservation easement, including assaments to preserve open pase, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III  7 Did the organization areas or historic structures? If "Yes," complete Schedule D, Part III  8 Did the organization maintain collections of works of art, historical treasures, or other sciential assests? If "Yes," complete Schedule D, Part III  9 Did the organization areas or any or provide credit counselling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  10 Did the organization, directly or through a related organization, hold assets in temporally restricted endowments, permanent endowments, or quasiendowments? If "Yes," complete Schedule D, Part VII  11 If the organization service or any of the following questions is "yes," then complete Schedule D, Part VII  12 Did the organization report an amount for land, buildings, and equipment in Part X, line 12? If "Yes," complete Schedule D, Part VIII  13 Did the organization report an amount for investments - organization in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  14 Did the organization report an amount for orther assets in Part X, line 15 that is 5% or more of the total assets reported in Part X, line 16? If "Yes," co	3				124
during the tax year? If "Yes," complete Schedule C, Part II   4   4   5   1s the organization a section 50 (5)(4), 50 (15)(5), or 501 (6)(5) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   5   7   7   7   7   7   7   7   7   7		public office? If "Yes," complete Schedule C, Part I	3		X
5 Is the organization a section \$01(c)(4), \$01(c)(5) or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 if "Yes," complete Schedule C, Part III  6 Did the organization maintain any donor advised funds or any similar funds or accounts fir Yes," complete Schedule D, Part II  7 Did the organization in the distribution or investment of amounts in such funds or accounts? if "Yes," complete Schedule D, Part II  8 Did the organization agriculture of the control of the environment, historio land areas, or historio structures? if "Yes," complete Schedule D, Part III  9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not lasted in Part X, or provide credit counseling, debt management, credit repair, or debt negoliation services? If "Yes," complete Schedule D, Part IV  10 Did the organization and swert or any of the following questions is "Yes," then complete Schedule D, Part V  11 if the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V  12 if the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  12 bid the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  13 did bid the organization report an amount for investments - program related in Part X, line 16? If "Yes," complete Schedule D, Part VIII  14 did bid the organization report an amount for investments - program related in Part X, line 10? If "Yes," complete Schedule D, Part X II  15 did the organization report an amount for orther assets in Part X, line 15 that is 5% or more of list total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X II  16 Did the organization separate or consolidated financial statements for the tax	4				
smilar amounts as defined in Revenue Procedure 98-187 if "Yes," complete Schedule C, Part III by Complete Schedule C, Part III by Complete Schedule C, Part III by Complete Schedule C, Part II by Complete Schedule C, Part III by Complete Schedule C, Part II by Complete Schedule C, Part II by Complete Schedule C, Part II by Complete Schedul		during the tax year? If "Yes," complete Schedule C, Part II	4	-	
6 Dit the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I is Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II is Did the organization maintain collections of works of art, historical treasures, or other similar assess? If "Yes," complete Schedule D, Part II is Did the organization of amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV is Schedule D, Part IV is Complete Schedule D, Part IV is Complete Schedule D, Part IV is Complete Schedule D, Part IV is a spiciable.  Did the organization server an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV is Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part IV is Did the organization report an amount for investments - program related in Part X, line 10? If "Yes," complete Schedule D, Part IV is Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IV is Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X is Did the organization report an amount for their assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X is Did the organization report an amount for their assets in Part X,	5				**
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	20a				

21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX. commun (A), line 17 If "Yes," complete Schedule I, Parts and If   21				Yes	No	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2 // 1 */ex, "complete Schedule I, Part I and IX and the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization sourent and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I. If Yes, complete Schedule I, If Yes, organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 2dd and complete Schedule II. If Yes, or Inited Schedule III.	21					
column (A), line 27 if "Yes," complete Schedule i, Parts I and III 23  Did the organization aware "Yes" to Part VII, Scotton A, Ine 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part II is at day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I, "Part I, Ime 25  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization and act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization aware that the regaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I  b Is the organization aware that the regaged in an excess benefit transaction with a disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule I, Part II  25b Was a loan to or by a current or former officer, director, flustee, key employee, busbantial contributor or employee thereof, agrant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part IV  27 X  Was the organization aparty to a business transaction with one of the following parties (see Schedule I, Part IV  b Anenthy of which a current or former officer, director, flustee, or key employe		United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X	
23 Did the organization answer "Yes" to Part VII, Section A, Ine 3, 4, or Sabout compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.  24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25  25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  26 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  26 Did the organization was an "on behalf of" issuer for bonds outstanding at any time during the year?  27 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  28 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  28 Was a lean to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II  28 Was the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV  29 Late the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV  29 Late the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation outsitions? If "Yes," complete Schedule R, Part II	22					
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c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV						
director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			200		1	,
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part III, III, or IV, and Part V, Iine 1  Saa Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, Iine 2  To Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  To Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O ond provide explanations in Schedule O for Part VI, lines 11b and 19?	C		280		x	
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contributions? If "Yes," complete Schedule M  30					**	•
Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701·2 and 301.7701·3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	-		30		x	
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Note. All Form 990 filers are required to complete Schedule O		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X	
	38					
		Note. All Form 990 filers are required to complete Schedule O	38	Х		

	n 996 (2012) MONTANA STOCKGROWERS ASSOCIATION, INC. 81-023	3155	<u>)</u> P	age 5
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
_	Check if Schedule O contains a response to any question in this Part V			
	1 1	-	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	6		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
С				
_	(gambling) winnings to prize winners?	1c	-	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	7		
	filed for the calendar year ending with or within the year covered by this return 2a	7		,,,
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 (see instructions)		7,	
_	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X	-
b		3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
D	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	F		v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		-	X
D				A
60	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	5c		
oa	any contributions that were not tax deductible as charitable contributions?	6-	1 -	x
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		Δ.
D	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
a	make the second of the second	? 7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			2.2
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.0		
·	to file Form 8282?	7c		X
d		10		
e	Did the organization 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?			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	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			
11	Section 501(c)(12) organizations. Enter:			1
а	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.)			10.
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	_		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	-		
	Enter the amount of reserves on hand	-		70
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X

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

Form 990 (2012) MONTANA STOCKGROWERS ASSOCIATION, INC. 81-0233155 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

500	check if Schedule O contains a response to any question in this Part VI					X
360	ation A. Governing Body and Management				Van	Ma
4-	Enter the number of voting members of the governing body at the end of the tax year	1a	14		Yes	No
la	If there are material differences in voting rights among members of the governing body, or if the governing	1d	7.4			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
	Enter the number of voting members included in line 1a, above, who are independent	16	14			
þ		1b	7.4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			•		v
	officer, director, trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the			2		X
3				_		v
	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 governing documents since the prior Form			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as		A 10	5	77	X
6	Did the organization have members or stockholders?			6	X	_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	• •		_ 1	45	
	more members of the governing body?		*********	7a	X	_
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	persons other than the governing body?			7b_		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?			8a	X	
þ	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read		1			
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		in circums	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code.)				
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such c					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly before filing the	form?	11a	X	
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a		**************		12a	X	
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y		11			
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did 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 approve			l i i i		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a		- 19		
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ite its participation	1			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nization's				
	exempt status with respect to such arrangements?	(CALIDADA PARAMADERA CALI	DESCRIPTION OF	16b		
Sect	tion C. Disclosure					
	List the states with which a copy of this Form 990 is required to be filed ►MT					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-7	Γ (Section 501(c)(	3)s only) a	/ailab	le	
	for public inspection. Indicate how you made these available. Check all that apply					
	Own website X Another's website X Upon request Other (explain	in Schedule O)				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	onflict of interest p	olicy, and	finar	cial	
	statements available to the public during the tax year.					
20	State the name, physical address, and telephone number of the person who possesses the books a	nd records of the	organizati	on: 🕨		
	ASSOCIATION - 406-442-3420					
	420 N CALTEODNIA HELENA ME HELENA ME 50601					

Form 990 (2012)	MONTANA	STOCKGROWERS	ASSOCIATION,	INC.	81-0233155
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#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

#### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

(A) Name and Title	(B) Average hours per week	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) TUCKER HUGHES	1.00									
PRESIDENT		X		Х		Ш	_	0.	0.	0.
(2) GENE CURRY	1.00									
FIRST VICE PRESIDENT	1 00	X		X				0.	0.	0.
(3) MARK HARRISON	1.00							0	0	
DIRECTOR	1.00	X	-			10		0.	0.	0.
(4) LEON LASALLE	1.00					117		0	0	
DIRECTOR	1 00	X		-		-	-	0.	0.	0.
(5) MICK DENOWH	1.00	7.						0.	0.	0
DIRECTOR	1 00	X		-		Н	-	0.	0.	0.
(6) JED EVJENE	1.00	х						0.	0.	0.
DIRECTOR	1.00	X			-			0.	0.	0.
(7) FRED WACKER	1.00	x						0.	0.	0.
DIRECTOR	1.00	Δ	-	-	-	-		0.	0.	
(8) HEATH MARTINELL	1.00	x						0.	0.	0.
DIRECTOR	1.00	Δ			-	-		0.	0.	0.
(9) RAY MARXER	1.00	x						0.	0.	0.
DIRECTOR (10) BRYAN MUSSARD	1.00	Δ								•
SECOND VICE PRESIDENT	1.00	x		x	-			0.	0.	0.
(11) JIM STEINBEISSER	1.00			-						
DIRECTOR	2.70	x						0.	0.	0.
(12) TIM TODD	1.00									
DIRECTOR		X						0.	0.	0.
(13) TERRY HAUGHIAN	1.00									
DIRECTOR		X		1				0.	0.	0.
(14) ERROL RICE	40.00									
EXECUTIVE DIRECTOR				X		-		78,750.	0.	0.
					_					
										- 000

									ATION, INC.	81-023	31	55	Pa	ge 8
Pa	rt VII Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours per week (list any hours for related organizations below	(do box	not ci	Pos heck ss pe d a d	itior		one h an tee)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)		Estir amo ot compe	unt o her ensat n the lization	of tion tion ton ed
_		line)	Indi	Insti	Officer	Key	High	Forr			+			-
_											+			-
			H	9	×						1			
											+			_
_											+			_
_											1			_
		1			Н						+			
					Ш	J								
1b	Sub-total Total from continuation sheets to Part \( \)								78,750.					0.
d	Total (add lines 1b and 1c)								78,750.					0.
2	Total number of individuals (including but compensation from the organization	not limited to the	ose	liste	d ak	oove	e) wh	o re	eceived more than \$100	,000 of reportable				0
											_	Y	es	No
3	Did the organization list any former office line 1a? If "Yes," complete Schedule J for											3		x
4	For any individual listed on line 1a, is the	sum of reportable	е сс	mpe	nsa	tion	anc	oth	ner compensation from	the organization		3	1	
5	and related organizations greater than \$1: Did any person listed on line 1a receive or										+	4	+	X
_	rendered to the organization? If "Yes," co.					_			-			5		X
Sec 1	tion B. Independent Contractors  Complete this table for your five highest of	ompensated ind	epe	ndei	nt co	ontr	acto	rs th	hat received more than	\$100.000 of compe	nsat	ion fro	m	
_	the organization. Report compensation fo													
	(A) Name and busines	s address	NC	NE					( <b>B)</b> Description of s	ervices	Co	(C) mpens	ation	1
_			_				_	+			-			-
				_							_			_
								+						
_	Total management to the second of the	floor all continues to the	4.11		14.	Ale:	1*	4.5		eera than				-
2	Total number of independent contractors \$100,000 of compensation from the organ		JL III	riited	10	1.5	se lis	rea	above) who received if	iore man				
											F	orm <b>9</b> 9	0 (2	012)

_	_	Check if Schedule O con	itains a response	to any question in	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenuè excluded from tax under sections 512, 513, or 514
ts	1 a	Federated campaigns	1a					
ira oun	b	Membership dues	100	308,469.	9.7		W 7 - 4	
S, G		Fundraising events	1c					
Sift lar		Related organizations		= == = "				
in,	e	Government grants (contribu	itions) 1e	32,453.			7 7	
tion is	f	All other contributions, gifts, gra	nts, and				11	
혈粪		similar amounts not included abo	ove, 1f				N	
Contributions, Gifts, Grants and Other Similar Amounts	g	The state of the s						
<u>8 0</u>	h	Total. Add lines 1a-1f			340,922.			
				Business Code	004 050	204 052		
ice	2 a			900099	224,852.	224,852.	126 512	
er.	b	ADVERTISING-PE		541800	136,513.	-	136,513.	
Program Service Revenue	C			-				
Pa	d							
Ď.	e	)						
_		All other program service rev			361,365.			
-	3	Total. Add lines 2a-2f			201,202.			
	J	other similar amounts)			12,032.	4 = 1		12,032.
	4	Income from investment of ta			12,032.			12,002.
	5	Royalties						
	Ŭ	noyamoo	(i) Real	(ii) Personal				
	6 a	Gross rents		107. 0.007.101				
		Less: rental expenses						
		Rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	120,048.			-		
	b	Less: cost or other basis		100			)	
		and sales expenses	107,687.	10,500.				
	С	Gain or (loss)	12,361.	-10,500.				
- 1		Net gain or (loss)		<b>&gt;</b>	1,861.	-10,500.		12,361.
e l	8 a	Gross income from fundraising						
Revenue		including \$		1 1			)	
E E		contributions reported on line	,					
		Part IV, line 18		-				
Other		Less: direct expenses				" I''		
		Net income or (loss) from fund	-	<b>&gt;</b>				
	9 a	Gross income from gaming at						
		Part IV, line 19 Less: direct expenses	b					
- 1		Net income or (loss) from gan		-				
	-	Gross sales of inventory, less						
	10 a	and allowances		7,070.				
- 11	h	Less: cost of goods sold						
- 3		Net income or (loss) from sale		<b>D</b>	7,070.			7,070.
Ì		Miscellaneous Revenu		Business Code	. , , , , ,			
İ	11 a	MISCELLANEOUS		900099	10,075.	10,075.		
	b							
	c							
	d	All other revenue	and the second second second					
	е	Total. Add lines 11a-11d			10,075.			
	12	Total revenue. See instructions.		The second secon	733,325.	224,427.	136,513.	31,463.

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A).	
_	Check if Schedule O contains a respons		s Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	78,750.		78,750.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	207 200		005 000	
7	Other salaries and wages	235,029.		235,029.	
8	Pension plan accruals and contributions (include	00.465		00 467	
	section 401(k) and 403(b) employer contributions)	23,467.		23,467.	
9	Other employee benefits	05.000		05 000	
10	Payroll taxes	25,202.		25,202.	
11	Fees for services (non-employees):				
а	Management				
b	Legal	00.014		22 244	
С		22,341.		22,341.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties	12 502		12 502	
16	Occupancy	13,593.		13,593.	
17	Travel	12,841.		12,841.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	115 545	116 645		
19	Conferences, conventions, and meetings	116,645.	116,645.		
20	Interest				
21	Payments to affiliates	21 760		21,760.	
22	Depreciation, depletion, and amortization	21,760.		31,851.	
23	Insurance	31,851.		31,031.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.)  MEMBER PROMOTION	35,600.		35,600.	
a	COMMISSIONS	32,882.	32,882.	33,0001	
b	UNDAUNTED STEWARDSHIP	31,401.	31,401.		
d	PRINTING	30,699.	30,699.		
	All other expenses	-4,004.	7,491.	-11,495.	
е 25	Total functional expenses. Add lines 1 through 24e	708,057.	219,118.	488,939.	0.
26	Joint costs. Complete this line only if the organization	700,0374	213/110:	200,505.	
LU	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 956-720)				
	The state of the s				

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response to an	y question	in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		*************************	249,885.	1	345,804
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		12,370.	4	64,566	
	5	Loans and other receivables from current and for	ormer offic	ers, directors,			
		trustees, key employees, and highest compens				h d	
		Part II of Schedule L	rrigion territori	Salari Salar		5	
	6	Loans and other receivables from other disqual					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sec	tion 501(c)	(9) voluntary			
	1	employees' beneficiary organizations (see instr)	. Complete	Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
SS	8	Inventories for sale or use				8	
٠,	9	Prepaid expenses and deferred charges			0.	9	3,121
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	415,189.			
	ь	Less: accumulated depreciation	10b	352,010.	87,108.	10c	63,179
	11	Investments - publicly traded securities			332,462.	11	352,257
	12	Investments - other securities. See Part IV, line		132,479.	12	199,288	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		The state of the s		14	
- 1	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ			814,304.	16	1,028,215
	17	Accounts payable and accrued expenses	67,162.	17	209,840		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
8	21	Escrow or custodial account liability. Complete	Part IV of S	Schedule D		21	
	22	Loans and other payables to current and former	officers, o	directors, trustees,			
Liabilities		key employees, highest compensated employee					
ا -		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ated third p	parties		23	
	24	Unsecured notes and loans payable to unrelate	d third par	ties		24	
	25	Other liabilities (including federal income tax, pa	•				
		parties, and other liabilities not included on lines	: 17-24). Ci	omplete Part X of		L _ (II)	A 2.5. 8 2.7
		Schedule D			148,195.	25	128,838.
_	26	Total liabilities. Add lines 17 through 25			215,357.	26	338,678
		Organizations that follow SFAS 117 (ASC 958	), check h	iere X and			
ß		complete lines 27 through 29, and lines 33 an				H	awi awu
5	27	Unrestricted net assets			598,947.	27	689,537
5	28	Temporarily restricted net assets				28	
	29					29	
2		Organizations that do not follow SFAS 117 (A	SC 958), d	check here		T Y	
5		and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
[ ]	31	Paid-in or capital surplus, or land, building, or eq				31	
Net Assets of Fully balances	32	Retained earnings, endowment, accumulated in			E00 04E	32	600 50-
.	33	Total net assets or fund balances			598,947.	33	689,537.
	34	Total liabilities and net assets/fund balances			814,304.	34	1,028,215.

	n 990 (2012) MONTANA STOCKGROWERS ASSOCIATION, INC.	81-023	3155	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	······································	,,,,,,,,,,,		X
		1 1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			25.
2	Total expenses (must equal Part IX, column (A), line 25)	2			57.
3	Revenue less expenses. Subtract line 2 from line 1	3			68.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	59	8,9	47.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	6	5,3	22.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	68	9,5	37.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	****************	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			11
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	/
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
¢	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S				
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why in Schedule Q and describe any steps taken to underno such audits		36		

Form **990** (2012)

## ** PUBLIC DISCLOSURE COPY **

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

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

OMB No. 1545-0047

2012

Name of the organization		Employer identification number							
	MONTANA STOCKGROWERS ASSOCIATION, INC.	81-0233155							
Organization type (chec	k one):								
Filers of:	Section:								
Form 990 or 990-EZ	-EZ X 501(c)( 5 ) (enter number) organization								
	4947(a)(1) nonexempt charitable trust not treated as a private foundation								
	527 political organization								
Form 990-PF	501(c)(3) exempt private foundation								
	4947(a)(1) nonexempt charitable trust treated as a private foundation								
	501(c)(3) taxable private foundation								
		STOCKGROWERS ASSOCIATION, INC.  81–0233155  1(c)( 5 ) (enter number) organization  47(a)(1) nonexempt charitable trust not treated as a private foundation  7 political organization  1(c)(3) exempt private foundation  47(a)(1) nonexempt charitable trust treated as a private foundation  1(c)(3) exempt private foundation  1(c)(3) taxable private foundation  20 y the General Rule or a Special Rule.  10) organization can check boxes for both the General Rule and a Special Rule. See instructions.  10 organization can check boxes for both the General Rule and a Special Rule. See instructions.  10 organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% (1, Part VIII, line 1h, or (i) Form 990-EZ, line 1. Complete Parts I and II.  (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, an \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or illdren or animals. Complete Parts I, II, and III.  (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, sely for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000 ere the total contributions that were received during the year for an exclusively religious, charitable, etc., or 990-PE, to overed by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), to overed by the General Rule and/or the Special Rules of the Schedule B (Form 990, 990-EZ, or 990-PF), to							
General Rule  X For an organiza									
509(a)(1) and 17		_							
total contribution	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.								
contributions fo If this box is che purpose. Do not	or use exclusively for religious, charitable, etc., purposes, but these contributions did not eached, enter here the total contributions that were received during the year for an exclusive to complete any of the parts unless the <b>General Rule</b> applies to this organization because	ot total to more than \$1,000.  usively religious, charitable, etc.,  use it received nonexclusively							
but it <b>must</b> answer "No"									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization

Employer identification number

## MONTANA STOCKGROWERS ASSOCIATION, INC.

81-0233155

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number

## MONTANA STOCKGROWERS ASSOCIATION, INC.

81-0233155

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	
(a) No. from Part (	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	-
(a) No. irom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2012) Employer identification number Name of organization STOCKGROWERS ASSOCIATION, INC.

Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.)

\$\frac{81-023315}{\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitex{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\ MONTANA Part III Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from Part I (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

F	MONTANA STOCKGROWERS ASSOCIATION, INC.		81-0233155
Pa	art I Organizations Maintaining Donor Advised Funds or Other Similar Funds	or Acc	ounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		
	(a) Donor advised funds	(b) I	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 donor advisor		
_	are the organization's property, subject to the organization's exclusive legal control?		
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be	-	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	-	
Da	impermissible private benefit?  Int II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Page 1990, P		
		art IV, mile	11.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	بالممالية	an automit laural ausa
	Preservation of land for public use (e.g., recreation or education)  Preservation of an hist  Protection of natural habitat  Preservation of a certification of a cer		
	Protection of natural habitat  Preservation of a certification of open space	nea nisto	ne structure
	, .	4	an object on the last
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of day of the tax year.	DI a CONSE	ervation easement on the last
	day of the tax year.		Held at the End of the Tax Year
_	Total number of conservation easements	2	
a			
b		*****	
d			
u	listed in the National Register		d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the		
•	year >	o garnea	and the same
4	Number of states where property subject to conservation easement is located ▶		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements du		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(	h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense		
	include, if applicable, the text of the footnote to the organization's financial statements that describes t	he organi	zation's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Ot	her Sin	nilar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statem	ent and b	palance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in furtheran	ice of put	olic service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items.		
b	if the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement	and balar	nce sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	lic servic	e, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>\$</b>
	(ii) Assets included in Form 990, Part X		<b>\$</b>
2	If the organization received or held works of art, historical treasures, or other similar assets for financial	gain, pro	vide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:		
а	Revenues included in Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X	or the same	<b>\$</b>

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)  3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
(abook all that apply):
a Public exhibition d Loan or exchange programs
b Scholarly research e Other
c Preservation for future generations
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets
to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included
on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Amount
c Beginning balance
d Additions during the year 1d
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back
b Contributions
c Net investment earnings, gains, and losses
d Grants or scholarships
e Other expenditures for facilities
and programs
f Administrative expenses
g End of year balance
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment%
b Permanent endowment >%
c Temporarily restricted endowment ▶%
The percentages in lines 2a, 2b, and 2c should equal 100%.
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization
by: Yes No
(i) unrelated organizations 3a(i)
(ii) related organizations 3a(ii)
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
Describe in Part XIII the intended uses of the organization's endowment funds.
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.
Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value
basis (investment) basis (other) depreciation
1a Land 8,580. 8,580
b Buildings 176,680. 143,143. 33,537
c Leasehold improvements
010 ((0) 106 705   15 004
17 200 12 000 5 170
e Other 17, 260 • 12, 082 • 5,178  Total Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) • 63,179

Part VII Investments - Other Securities. See			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: C	ost or end-of-year market value
(1) Financial derivatives	100 000	THE OF WEAD W	* D. 1/ D. M. 1/ 3 T. 1/ 12
2) Closely-held equity interests	199,288.	END-OF-YEAR M	ARKET VALUE
3) Other			
(A)			
(B) (C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(1)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	199,288.		
Part VIII Investments - Program Related. See			
(a) Description of investment type	(b) Book value	(c) Method of Valuation: C	ost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(9)			
(10)			
	5. escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
(10)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line		***************************************	
Part X Other Liabilities. See Form 990, Part X, line			
(a) Description of liability	(	b) Book value	
(1) Federal income taxes			
(2) DEFERRED REVENUE - DUES PA	ID IN	100.000	
(3) ADVANCE		128,838.	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line 2	25.1	128,838.	
state ( Solution (s) most square different, ) dit A, col. (b) into a	The street of th		

_	edule D (Form 990) 2012 MONTANA STOCKGROWERS ASSOC	CIATION	, INC.		233155 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per F	leturn	
1	Total revenue, gains, and other support per audited financial statements			1	828,505.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			11. 11.	
а	Net unrealized gains on investments	2a	-1,487.		
b					
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		96,667.		
е	Add lines 2a through 2d			2e	95,180.
3	Subtract line 2e from line 1			3	733,325.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	av			
а		4a			
b					
	Add lines 4a and 4b		and an entropy and a contractive	4c	0.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	733,325.
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	nents With	Expenses per	Return	
1	Total expenses and losses per audited financial statements			1	804,724.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	*************			
- a	Donated services and use of facilities	2a			
b	Prior year adjustments			1	
c	Other losses			1	
d	Other (Describe in Part XIII.)	V 100	96,667.		
e	Add lines 2a through 2d	7 1		2e	96,667.
3	Subtract line 2e from line 1			3	708,057.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	700,057.
•	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
a	Other (Describe in Part XIII.)				
b				4c	0.
5	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	708,057.
	t XIII Supplemental Information	***************************************	ayaanaa aanaa aanaa aa	J	700,057.
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part	01. 2 4	1 4. D N/ Bass 4	h! Ol	Deat V. See A. Deat
	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to				Tart V, iiio 7, 1 art
PAI	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
REI	OUCTION OF EXPENSES ON FORM 990				
_					
PAF	RT XII, LINE 2D - OTHER ADJUSTMENTS:				
EXE	PENSE REIMBURSEMENTS SHOWN AS EXPENSE REDU	CTION	ON 990		
_					

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

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

MONTANA STOCKGROWERS ASSOCIATION, INC. 81-0233155 FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: MONTANA BEEF NETWORK - PROGRAM TO INCREASE PRODUCTIVITY FOR MEMBERS WITH CATTLE IDENTIFICATION THROUGH TAGGING. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. EXPENSES \$ 0. FORM 990, PART VI, SECTION A, LINE 6: THE ASSOCIATION CONSISTS OF MEMBERS WHO PAY ANNUAL DUES. FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS OF THE ASSOCIATION ELECT THE OFFICERS AND DIRECTORS. FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WAS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL BEFORE IT WAS FINALIZED. FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD REVIEWS ANY CONFLICTS OF INTEREST ANNUALLY, OR AS THEY ARISE DURING THE YEAR. FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD REVIEWS, AND APPROVES THE COMPENSATION PACKAGE FOR THE ASSOCIATION'S EXECUTIVE DIRECTOR. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, POLICIES, FINANCIAL STATEMENTS AND PUBLIC DISCLOSURE COPIES OF FORM 990 AVAILABLE TO THE PUBLIC UPON REQUEST. THE FORM 990 IS ALSO AVAILABLE FOR VIEWING ON GUIDESTAR.COM.

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization  MONTANA STOCKGROWERS ASSOCIATION, INC.	Employer identification number 81-0233155
UNREALIZED LOSS ON INVESTMENTS	-1,487.
UNDISTRIBUTED EARNINGS ON SUBSIDIARY	66,809.
TOTAL TO FORM 990, PART XI, LINE 9	65,322.
THE PROCESS FOR SELECTING AN INDEPENDENT AUDITOR HAS NOT THE PRIOR YEAR.	CHANGED FROM
THE PRIOR YEAR.	
	-

SCHEDULER (Form 990)

2012 Open to Public Inspection

Employer identification number 81-0233155

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. INC. MONTANA STOCKGROWERS ASSOCIATION, Name of the organization Department of the Treasury Internal Revenue Service

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

Parti

Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets <u>e</u> Total income ð Legal domicile (state or foreign country) Primary activity <u>a</u> Name, address, and EIN (if applicable) of disregarded entity Part

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Iblic charity us (if sectic	(f) Direct controlling on entity	(g) Section 512(b)(13) controlled entity?	  2(b)(13)  lled  }
				501(c)(3))		se	No

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

Schedule R (Form 990) 2012

INC. MONTANA STOCKGROWERS ASSOCIATION, Schedule R (Form 990) 2012

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

Page 2

81-0233155

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax und sections, 5/20-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?	Code V-UBI camount in box range 20 of Schedule	General o Managina Je partner?	General or Percentage managing ownership
									o) res NO	
									-	

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

Name, address, and EIN  Of related organization  of related organization  of related organization  of related organization  ocurby)  STOCKGROWERS, INC 81-0523433  420 N. CALIFORNIA  HELENA, WT 59601  ROPPORT SERVICES  MT  C CORP	(a)	(q)	(c)	(p)	(e)	(μ)	(6)	(F)	(1)	
SUPPORT SERVICES MT	Name, address, and EIN of related organization		Legal domicile (state or foreign	Direct controlling entity	pe of entity corp, S corp or trush	Share of total income	Share of end-of-year	Percentage ownership	Section 512(b)(13) controlled entity?	E 23
SUPPORT SERVICES MT			country)		60000				Yes	å
SUPPORT SERVICES MT	STOCKGROWERS, INC 81-0523432									
SUPPORT SERVICES MT	420 N. CALIFORNIA									
	HELENA, MT 59601	SUPPORT SERVICES	MT		C CORP					×
									Ī	
									Ī	
										1

Schedule R (Form 990) 2012

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

<ul> <li>a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity</li> <li>b Gift, grant, or capital contribution to related organization(s)</li> <li>c Gift, grant, or capital contribution from related organization(s)</li> </ul>	th	,		
				- La
				4
			在196 年间,196 年间,196 年月 196 年月 196 年月 196 年月 196 日日	1 2
d Loans or loan guarantees to or for related organization(s)		A	***************************************	19
e Loans or loan guarantees by related organization(s)	***************************************			9
f Dividends from related organization(s)				#
g Sale of assets to related organization(s)				10
h Purchase of assets from related organization(s)				4
				-
j Lease of facilities, equipment, or other assets to related organization(s)				
k Lease of facilities, equipment, or other assets from related organization(s)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		¥
Performance of services or membership or fundraising solicitations for related organization(s)	organization(s)			11
m Performance of services or membership or fundraising solicitations by related organization(s)	organization(s)	***************************************		-t
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ization(s)			- 1n
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>	***************************************			10
p Reimbursement paid to related organization(s) for expenses				1p
q Reimbursement paid by related organization(s) for expenses		***************************************		14
r Other transfer of cash or property to related organization(s)	***************************************			÷
s Other transfer of cash or property from related organization(s)		***************************************		15
If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	on who must complete th	is line, including covered rela	ationships and transaction thresholds.	
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	involved

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

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

(a) (b) (c) (d)  Name, address, and EIN Primary activity of entity of entity (state or foreign excluded from tax country) under section 512-514)	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) (e) Are all Predominant income patries ser. (related, unrelated, soft(c)(3) excluded from tax unsstances are soft on 512-514) Yes No	(f) Share of total total income	(g) Share of end-of-year assets	(h) Disproportionate thorate allocations?	(h) (i) (ii) (k) (k)  Dispagor Code V-UBI General or Percentage discussor of Schedule K-1 partners ves No. (Form 1055) yes No.	General or managing partner?	(k) Percentage ownership

Schedule R (Form 990) 2012

Form **990-W** 

Estimated Tax on Unrelated Business Taxable Income for Tax-Exempt Organizations

OMB No. 1545-0976

	orksheet) artment of the Treasury nal Revenue Service			vestment Income for Priv ds. Do not send to the In	•	FORM 990-T	2013
1	Unrelated business taxable i	ncome expected in the ta	x year	***************************************			
2	Tax on the amount on line	I. See instructions for tax	computat	ion		2	
3	Alternative minimum tax (se	e instructions)		***************************************			
4	Total. Add lines 2 and 3	onner anna de la constanta de		***************************************	******************************	4	
5	Estimated tax credits (see in:	structions)				5	
6	Subtract line 5 from line 4		.(**********	***************************************	*****************************	6	
7	Other taxes (see instructions	)					
8	Total. Add lines 6 and 7				***************************************	8	
9	Credit for federal tax paid on	fuels (see instructions)		······································		9	
	Subtract line 9 from line 8. N estimated tax payments. Priv Enter the tax shown on the 2 zero or the tax year was for lo	ate foundations, see inst 012 return (see instruction ess than 12 months, skip	ructions ons). Cauti this line	on. If	10a	6.404	
c	and enter the amount from li 2013 Estimated Tax. Enter ti					6,484. the amount	
_	from line 10a on line 10c		······································	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NA			6,520.
				(a)	(b)	(c)	(d)
11	Installment due dates (see i	nstructions)	11	04/15/13	06/17/13	09/16/13	12/16/13
12	Required installments. Ente columns (a) through (d) unle uses the annualized income if the adjusted seasonal install "large organization" (see instr	ess the organization nstallment method, nent method, or is a	12	1,630.	1,630.	1,630.	1,630.
13	2012 Overpayment (see inst	ructions)	13				
14	Payment due. (Subtract line	13 from line 12.)	14	1,630.	1,630.	1,630.	1,630.