

**COMMITTEE ON NATURAL RESOURCES**  
**113<sup>th</sup> 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 Statutes 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.

# EKS&H

EHRHARDT • KEEFE  
STEINER • HOTTMAN PC

CERTIFIED PUBLIC ACCOUNTANTS AND ADVISORS

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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

# EKS&H

EHRHARDT • KEEFE  
STEINER • HOTTMAN PC

CERTIFIED PUBLIC ACCOUNTANTS AND ADVISORS

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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

# Return of Organization Exempt From Income Tax

**2008**

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A For the 2008 calendar year, or tax year beginning** 10/01, 2008, **and ending** 09/30, 2009

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> NATIONAL CATTLEMEN'S BEEF ASSOCIATION		<b>D Employer identification number</b> 84-0738973
		Doing Business As		<b>E Telephone number</b> (303) 694-0305
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 9110 E. NICHOLS AVENUE 300	<b>G Gross receipts \$</b> 57,118,310.	
<b>F Name and address of principal officer:</b> FORREST ROBERTS 9110 E. NICHOLS AVENUE, #300 CENTENNIAL, CO 80112		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		

**I Tax-exempt status:**  501(c)(6) (insert no.)  4947(a)(1) or  527

**J Website:** WWW.BEEF.ORG

**K Type of organization:**  Corporation  Trust  Association  Other ▶ **L Year of formation:** 1996 **M State of legal domicile:** CO

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: TO WORK TO INCREASE PROFIT OPPORTUNITIES FOR CATTLE AND BEEF PRODUCERS BY ENHANCING THE BUSINESS CLIMATE AND BUILDING CONSUMER DEMAND.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	8
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	8
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	193
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	9
	<b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>7a</b>	746,109.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		
<b>Revenue</b>	<b>8</b> Contribution and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	NONE	NONE
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	64,053,726.	55,611,704.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	159,969.	7,362.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,369,788.	1,075,094.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	65,583,483.	56,694,160.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	NONE	NONE
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	13,671,056.	13,192,569.
	<b>b</b> Total fundraising expenses, Part IX, column (D), line 25	NONE	NONE
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	54,160,389.	42,501,633.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	67,831,445.	55,694,202.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-2,247,962.	999,958.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	19,139,875.	19,125,284.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.	13,257,924.	12,298,004.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here** ▶ **CLIENT COPY**  
Signature of officer \_\_\_\_\_ Date \_\_\_\_\_  
Type or print name and title \_\_\_\_\_

<b>Paid Preparer's Use Only</b>	Preparer's signature ▶ <i>Clay Alton</i>	Date ▶ 8/11/2010	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) ▶ P00173718
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ EDWARD KEEFE STEINER & HOFFMAN PC 7979 E. TUFTS AVENUE, SUITE 400 DENVER, CO 80237-2843	EIN ▶ 84-0869721	Phone no. ▶ 303-740-9400	

May the IRS discuss this return with the preparer shown above? (See instructions)  Yes  No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2008)

**Part III Statement of Program Service Accomplishments** (see instructions)

1 Briefly describe the organization's mission:

TO WORK TO INCREASE PROFIT OPPORTUNITIES FOR CATTLE AND BEEF  
PRODUCERS BY ENHANCING THE BUSINESS CLIMATE AND BUILDING CONSUMER  
DEMAND.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes" describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
N/A

4b (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4c (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4d Other program services. (Describe in Schedule O.)  
(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses ► \$ \_\_\_\_\_ (Must equal Part IX, Line 25, column (B).)



**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		X
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	X	
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
5 <b>Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	X	
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		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		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		X
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		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, Part III		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		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		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		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		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		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	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 questions 24b-24d and complete Schedule K. If "No," go to question 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		
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		
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	X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X

**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:		
a	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)? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		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? <i>If "Yes," complete Schedule R, Part I</i> . . . . .		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	X	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, description, and Yes/No columns. Includes questions 1a through 12b regarding IRS filings and tax compliance.

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

**Section A. Governing Body and Management**

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.

		Yes	No
1a	Enter the number of voting members of the governing body . . . . .		
1b	Enter the number of voting members that are independent . . . . .		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		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? . . . . .		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .		X
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .		X
6	Does the organization have members or stockholders? . . . . .	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	X	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	X	
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body? . . . . .	X	
b	Each committee with authority to act on behalf of the governing body? . . . . .	X	
9a	Does the organization have local chapters, branches, or affiliates? . . . . .		X
9b	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? . . . . .		
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 . . . . .	X	
11	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 . . . . .		X

**Section B. Policies**

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	X	
13	Does the organization have a written whistleblower policy? . . . . .	X	
14	Does the organization have a written document retention and destruction policy? . . . . .	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a	The organization's CEO, Executive Director, or top management official? . . . . .	X	
b	Other officers or key employees of the organization? . . . . .		X
16a	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? . . . . .		X
16b	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 ►
- 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  Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► DOUG EVANS 9110 E. NICHOLS AVENUE, #300 CENTENNIAL, CO 80112  
 303-694-0305

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SEE SCHEDULE J-2										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Total</b> .....							2,440,998.	NONE	416,806.	

**2** Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► 15

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
SEE STATEMENT 1		

**2** Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ► 5

**Part VIII Statement of Revenue**

84-0738973

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a</b> Federated campaigns . . . . .	<b>1 a</b> _____					
	<b>b</b> Membership dues . . . . .	<b>1 b</b> _____					
	<b>c</b> Fundraising events . . . . .	<b>1 c</b> _____					
	<b>d</b> Related organizations . . . . .	<b>1 d</b> _____					
	<b>e</b> Government grants (contributions) . . . . .	<b>1 e</b> _____					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1 f</b> _____ NONE					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ _____						
	<b>h Total.</b> Add lines 1a-1f . . . . .		NONE				
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2 a</b> BPOC CONTRACTS	900099	35,832,980.	35,832,980.			
	<b>b</b> STATE BEEF COUNCIL	900099	10,254,288.	10,254,288.			
	<b>c</b> SPONSORSHIPS/MTGS	900099	4,133,901.	4,133,901.			
	<b>d</b> MEMBERSHIP DUES	900099	3,400,614.	3,400,614.			
	<b>e</b> ADVERTISING	541900	746,109.		746,109.		
	<b>f</b> All other program service revenue . . . . .	900099	1,243,812.	1,243,812.			
	<b>g Total.</b> Add lines 2a-2f . . . . .		55,611,704.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		7,362.			7,362.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		NONE				
	<b>5</b> Royalties . . . . .		NONE				
	<b>6 a</b> Gross Rents . . . . .	(i) Real	82,274.				
		(ii) Personal					
		<b>b</b> Less: rental expenses . . . . .	NONE				
		<b>c</b> Rental income or (loss) . . . . .	82,274.				
	<b>d</b> Net rental income or (loss) . . . . .		82,274.			82,274.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses . . . . .					
		<b>c</b> Gain or (loss) . . . . .					
	<b>d</b> Net gain or (loss) . . . . .		NONE				
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18. . . . .	<b>a</b> _____					
		<b>b</b> Less: direct expenses . . . . .	<b>b</b> _____				
		<b>c</b> Net income or (loss) from fundraising events . . . . .		NONE			
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19. . . . .	<b>a</b> _____						
	<b>b</b> Less: direct expenses . . . . .	<b>b</b> _____					
	<b>c</b> Net income or (loss) from gaming activities . . . . .		NONE				
<b>10 a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b> _____	925,216.					
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b> _____	424,150.				
	<b>c</b> Net income or (loss) from sales of inventory. . . . .	STMT. 2.	501,066.			501,066.	
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> OTHER REVENUE RELATED TO EXEMPT FUNCTION	<b>a</b> _____	900099	491,754.	491,754.			
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . .			491,754.				
<b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 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).**

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(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			
4 Benefits paid to or for members . . . . .	NONE			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	2,441,000.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages . . . . .	8,063,475.			
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions). .	NONE			
9 Other employee benefits . . . . .	2,688,094.			
10 Payroll taxes . . . . .	NONE			
11 Fees for services (non-employees):				
a Management . . . . .	NONE			
b Legal . . . . .	230,120.			
c Accounting . . . . .	59,296.			
d Lobbying . . . . .	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees . . . . .	NONE			
g Other . . . . .	8,153,264.			
12 Advertising and promotion . . . . .	27,235,646.			
13 Office expenses . . . . .	544,252.			
14 Information technology . . . . .	250,257.			
15 Royalties . . . . .	NONE			
16 Occupancy . . . . .	1,680,667.			
17 Travel . . . . .	2,056,269.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings . . . .	1,028,525.			
20 Interest . . . . .	39,619.			
21 Payments to affiliates . . . . .	NONE			
22 Depreciation, depletion, and amortization . . .	168,105.			
23 Insurance . . . . .	307,625.			
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.)				
a BAD DEBT EXPENSE -----	338,336.			
b RELOCATION -----	150,582.			
c REGISTRATION -----	110,995.			
d FINANCE CHARGES -----	46,145.			
e VOLUNTEER -----	16,507.			
f All other expenses -----	85,423.			
<b>25 Total functional expenses. Add lines 1 through 24f</b>	<b>55,694,202.</b>			
<b>26 Joint Costs.</b> Check here <input type="checkbox"/> 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 . . . . .				



**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
Assets	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
	7	Notes and loans receivable, net . . . . .		7
	8	Inventories for sales or use . . . . .		8
	9	Prepaid expenses and deferred charges . . . . . STMT 3 . . . . .	472,404.	9 194,676.
	10a	Land, buildings, and equipment: cost basis . . . . . 10a 3,745,627.		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D . . . . . 10b 3,329,435.	498,523.	10c 416,192.
	11	Investments - publicly traded securities . . . . . STMT 4 . . . . .	993,400.	11 NONE
	12	Investments - other securities. See Part IV, line 11 . . . . .		12
	13	Investments - program-related. See Part IV, line 11 . . . . .	1,680,765.	13 1,626,134.
	14	Intangible assets . . . . .		14
	15	Other assets. See Part IV, line 11 . . . . .	95,589.	15 95,589.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	19,139,875.	16 19,125,284.	
Liabilities	17	Accounts payable and accrued expenses . . . . .	11,481,964.	17 9,558,207.
	18	Grants payable . . . . .		18
	19	Deferred revenue . . . . .	1,775,960.	19 2,691,999.
	20	Tax-exempt bond liabilities . . . . .		20
	21	Escrow account liability. Complete Part IV of Schedule D . . . . .		21
	22	Payables to current and former officers, directors, trustees, key employees, 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 . . . . .		24
	25	Other liabilities. Complete Part X of Schedule D . . . . .	NONE	25 47,798.
	26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	13,257,924.	26 12,298,004.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets . . . . .	5,881,951.	27 6,827,280.
	28	Temporarily restricted net assets . . . . .		28
	29	Permanently restricted net assets . . . . .		29
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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 equipment fund . . . . .		31
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .		32
33	<b>Total net assets or fund balances</b> . . . . .	5,881,951.	33 6,827,280.	
34	<b>Total liabilities and net assets/fund balances</b> . . . . .	19,139,875.	34 19,125,284.	

**Part XI Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
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
c	If "Yes" to lines 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	X
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	X
b	If "Yes," did the organization undergo the required audit or audits? . . . . .	3b	

**SCHEDULE C**  
(Form 990 or 990-EZ)

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ To be completed by organizations described below.  
▶ Attach to Form 990 or Form 990-EZ.

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

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

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

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

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

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

Name of organization NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC	Employer identification number 84-0738973
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**Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.**  
See the instructions for Schedule C for details.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours . . . . . \_\_\_\_\_ NONE

**Part I-B To be completed by all organizations exempt under section 501(c)(3).**  
See the instructions for Schedule C for details.

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).**  
See the instructions for Schedule C for details.

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_ NONE
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_ NONE
- 3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b . . . . . ▶ \$ \_\_\_\_\_ NONE
- 4 Did the filing organization file Form 1120-POL for this year? . . . . .  Yes  No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

**Part II-A** To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

- A** Check  if the filing organization belongs to an affiliated group.  
**B** Check  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1 a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. Enter -0- if line g is more than line a . . . . .														
<b>i</b>	Subtract line 1f from line 1c. Enter -0- if line f is more than line c . . . . .														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
<b>2 a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots non-taxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.**

	(a)		(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:			
a 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 Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?			
i Other activities? If "Yes," describe in Part IV			
j Total 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			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.**

	Yes	No
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

**Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.**

1 Dues, assessments and similar amounts from members	1	3,400,614.
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	266,374.
b Carryover from last year	2b	
c Total	2c	266,374.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	680,123.
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5	-413,749.

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5 and Part II-B, line 1i. Also, complete this part for any additional information.

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**Part IV** Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization

Employer identification number

NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC

84-0738973

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, and two questions about donor informed status.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Year. Rows include Purpose(s) of conservation easements, Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure, and Number of conservation easements included in (c) acquired after 8/17/06.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Amount. Rows include Revenues included in Form 990, Part VIII, line 1 and Assets included in Form 990, Part X for both general and specific categories.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  Yes  No

**Part IV Trust, Escrow and Custodial Arrangements. Complete if 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? . . . . .  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance . . . . .	1c
d Additions during the year . . . . .	1d
e Distributions during the year . . . . .	1e
f Ending balance . . . . .	1f

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . .  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds. Complete if 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
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c Investment earnings or 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 year end balance held as:

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %
- b Permanent endowment ▶ \_\_\_\_\_ %
- c Term endowment ▶ \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations . . . . .
- (ii) related organizations . . . . .

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.**

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .		1,029,413.	898,947.	130,466.
d Equipment . . . . .				
e Other . . . . .		2,716,214.	2,430,488.	285,726.
<b>Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)</b> . . . . . ▶				416,192.

**Part VII Investments - Other Securities.** See Form 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 and other financial products . . . . .		
Closely-held equity interests . . . . .		
Other _____		
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<b>Total.</b> (Column (b) should equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
INVESTMENT IN SUBSIDIARY	1,626,134.	FMV
<b>Total.</b> (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.

(a) Description	(b) Book value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
AUTO FINANCING	47,798.
<b>Total.</b> (Column (b) should equal Form 990, Part X, col. (B) line 25.) ▶	47,798.

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



**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	56,694,160.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	55,694,202.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	999,958.
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 4-8	9	
10	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**

1	Total revenue, gains, and other support per audited financial statements	1	57,036,036.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	424,150.
e	Add lines 2a through 2d	2e	424,150.
3	Subtract line 2e from line 1	3	56,611,886.
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	
b	Other (Describe in Part XIV)	4b	82,274.
c	Add lines 4a and 4b	4c	82,274.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	56,694,160.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	56,036,078.
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	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	424,150.
e	Add lines 2a through 2d	2e	424,150.
3	Subtract line 2e from line 1	3	55,611,928.
4	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	4a	
b	Other (Describe in Part XIV)	4b	82,274.
c	Add lines 4a and 4b	4c	82,274.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	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.

SEE PAGE 5

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**Part XIV Supplemental Information (continued)**

FIN 48 DISCLOSURE

PART X

FIN 48 WAS NOT APPLICABLE TO THE ORGANIZATION FOR THE FISCAL YEAR ENDED

9/30/2009. THEREFORE, THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS DO

NOT HAVE A FOOTNOTE THAT REPORTS UNCERTAIN TAX POSITIONS UNDER FIN 48.

OTHER RECONCILING DECREASES

PART XII, LINE 2D, AND PART III, LINE 2D

COST OF GOODS SOLD \$424,150

OTHER RECONCILING INCREASES

PART XII, LINE 4B, AND PART III, LINE 4B

RENTAL INCOME 82,274

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization

NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC

Employer identification number

84-0738973

**Part I Questions Regarding Compensation**

**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.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions          | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> 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 . . . . .

**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? . . . . .

**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.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment? . . . . .
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .
- c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.**

**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:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" to line 5a or 5b, describe in Part III.

**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:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- 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 subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		
<b>5b</b>		
<b>6a</b>		
<b>6b</b>		
<b>7</b>		
<b>8</b>		

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

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.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
KIM ESSEX	(i) 163,740.	5,000.	NONE	13,662.	18,156.	200,558.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
KENDAL FRAZIER	(i) 171,459.	5,000.	NONE	13,944.	12,211.	202,614.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
RICHARD HUSTED	(i) 174,526.	5,000.	NONE	14,655.	18,042.	212,223.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
JAMES REAGAN	(i) 165,944.	5,000.	NONE	13,780.	16,897.	201,621.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
TERRY STOKES	(i) 237,943.	15,000.	NONE	19,617.	17,086.	289,646.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
TIMOTHY DOWNEY	(i) 47,709.	NONE	116,201.	9,848.	19,065.	192,823.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
DONALD RICKETTS	(i) 46,375.	NONE	121,518.	9,540.	12,628.	190,061.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
MARK THOMAS	(i) 48,125.	NONE	120,852.	10,271.	12,766.	192,014.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
G ASHBY GREEN	(i) 142,917.	NONE	NONE	11,520.	17,963.	172,400.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
MARVIN KOKES	(i) 149,487.	NONE	NONE	12,264.	17,984.	179,735.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
RICK MCCARTY	(i) 144,318.	NONE	NONE	11,687.	12,123.	168,128.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
POLLY RUHLAND	(i) 148,166.	NONE	NONE	12,087.	16,843.	177,096.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
MARY YOUNG	(i) 144,470.	NONE	NONE	11,730.	17,946.	174,146.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
JAY TRUITT	(i) 59,080.	NONE	81,250.	10,681.	14,531.	165,542.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
(i)							
(ii)							
(i)							
(ii)							

Schedule J (Form 990) 2008

**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.

TRAVEL FOR COMPANIONS

SCHEDULE J, PART I, 1A

THE ORGANIZATION ALLOWS FOR REIMBURSEMENT OF UP TO TWO TRIPS PER YEAR FOR

CEO SPOUSAL TRAVEL. THE REIMBURSEMENT AMOUNT IS INCLUDED IN THE CEO'S

W-2.

Series of horizontal dashed lines for supplemental information.

**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) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
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				NONE	NONE	NONE
JD ALEXANDER CHAIR FEDERATION	1.	X		X				NONE	NONE	NONE
SCOTT GEORGE VICE CHAIRMAN FEDERATION	1.	X		X				NONE	NONE	NONE
LUISA JACA TREASURER	1.	X		X				NONE		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 CHIEF FINANCIAL OFFICER	40.			X				121,918.	NONE	17,279.
FORREST ROBERTS CEO - TERM BEG 1/09	40.			X				NONE	NONE	NONE
KIM ESSEX SR. VP MKTG & COMMUNICATIONS	40.				X			168,740.	NONE	31,818.
KENDAL FRAZIER SR. VP LEADERSHIP & GOVERNANCE	40.				X			176,459.	NONE	26,155.
JAMES REAGAN SR. VP REI	40.				X			170,944.	NONE	30,677.
G ASHBY GREEN VP PRODUCER EDUCATION	40.					X		142,917.	NONE	29,483.
MARVIN KOKES VP CORPORATE RELATIONS	40.					X		149,487.	NONE	30,248.
RICK MCCARTY VP ISSUES MANAGEMENT	40.					X		144,318.	NONE	23,810.
POLLY RUHLAND VP MEMBER SERVICES	40.					X		148,166.	NONE	28,930.
MARY YOUNG VP NUTRITION	40.					X		144,470.	NONE	29,676.
TIMOTHY DOWNEY VP PLANNING & ADMINISTRATION	40.						X	163,910.	NONE	28,913.

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

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) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DONALD RICKETTS VP GOVERNANCE & FEDERATION	40.						X	167,893.	NONE	22,168.
MARK THOMAS VP GLOBAL MARKETING	40.						X	168,977.	NONE	23,037.
JAY TRUITT VP GOVERNMENT AFFAIRS	40.						X	140,330.	NONE	25,212.

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

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

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

OMB No. 1545-0047

**2008**

**Open To Public Inspection**

Name of the organization <b>NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC</b>	Employer identification number <b>84-0738973</b>
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**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).  
To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**  
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
	FORREST ROBERTS EMPLOYMENT AGREEMENT				X	150,000.	150,000.		X	X
<b>Total</b> . . . . . ▶ \$				150,000.						

**Part III Grants or Assistance Benefitting Interested Persons.**  
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

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

**Part IV Business Transactions Involving Interested Persons.**  
To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c.

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



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC

Employer identification number

84-0738973

BOARD REVIEW OF FORM 990  
FORM 990, PART VI, LINE 10  
THE FORM 990 IS PREPARED BY THE ORGANIZATION'S PROFESSIONAL TAX PREPARER  
AND REVIEWED IN DETAIL BY THE ORGANIZATION'S CFO AND CONTROLLER. THE  
FORM 990 IS PRESENTED TO THE ORGANIZATION'S AUDIT COMMITTEE BY THE  
PROFESSIONAL TAX PREPARER. A COMPLETE COPY OF THE FORM 990 IS PROVIDED TO  
THE GOVERNING BODY BEFORE IT IS FILED.

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

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.

Name of the organization

NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC

Employer identification number

84-0738973

COMPENSATION SETTING PROCESS

FORM 990, PART VI, LINE 15

CHIEF EXECUTIVE OFFICER COMPENSATION IS REVIEWED AND 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.

Name of the organization

NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC

Employer identification number

84-0738973

DOCUMENTS AVAILABLE TO THE PUBLIC

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.

Name of the organization

NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC

Employer identification number

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 INDUSTRY  
ORGANIZATION MEMBERS, BEEF BREED ORGANIZATION MEMBERS, AND SUPPORTING  
MEMBERS.

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.

Name of the organization

NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC

Employer identification number

84-0738973

DECISIONS OF THE GOVERNING BODY

PART VI, LINE 7B

DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY THE BOARD OF

DIRECTORS. HOWEVER, AMENDMENTS TO REPEAL OF THE BYLAWS REQUIRE A

TWO-THIRDS AFFIRMATIVE VOTE OF THE BOARD OF DIRECTORS.

**SCHEDULE R (Form 990)** Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service  
 Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
 See separate instructions.

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

**Part I** Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
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-----					
-----					
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**Part II** Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
NATIONAL CATTLEMEN S BUILDING CORP. 74-2200677					
9110 E. NICHOLS AVENUE, #300 CENTENNIAL, CO 80112	LAND INVSTMNT	CO	501(C)(2)		N/A
CATL FUND 84-1256522					
9110 E. NICHOLS AVENUE, #300 CENTENNIAL, CO 80112	FUNDRAISING	CO	501(C)(3)	7	N/A
NATIONAL CATTLEMEN S FOUNDATION 23-7259504					
9110 E. NICHOLS AVENUE, #300 CENTENNIAL, CO 80112	FUNDRAISING	CO	501(C)(3)	9	N/A
NATIONAL CATTLEMEN S ASSOCIATION PAC 84-0622929					
9110 E. NICHOLS AVENUE, #300 CENTENNIAL, CO 80112	LOBBYING	CO	527		N/A
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-----					
-----					
-----					

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule R (Form 990) 2008



**Part III Identification of Related Organizations Taxable as a Partnership**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	
							Yes	No		Yes	No
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-----											
-----											
-----											
-----											
-----											
-----											
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**Part IV Identification of Related Organizations Taxable as a Corporation or Trust**

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.

1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(A) Name of other organization(s)	(B) Transaction type (a-f)	(C) Amount involved
(1)	NATIONAL CATTLEMEN'S BUILDING CORPORATION	D	157,804.
(2)	NATIONAL CATTLEMEN'S FOUNDATION	D, M, N	388,337.
(3)	NATIONAL CATTLEMEN'S FOUNDATION	P	50,000.
(4)			
(5)			
(6)			

**Part VI** Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(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?	
			Yes	No		Yes	No		Yes	No

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

NAME AND ADDRESS -----	DESCRIPTION OF SERVICES	COMPENSATION -----
LEO BURNETT COMPANY PO BOX 91451 CHICAGO, IL 60693	ADVERTISING	9,859,181.
U.S. MEAT EXPORT FEDERATION PO BOX 5722 DENVER, CO 80217	EXPORT	9,379,744.
KETCHUM, INC. PO BOX 60000 FILE 72294 SAN FRANCISCO, CA 94160	ADVERTISING	1,859,935.
DANIEL J. EDELMAN, INC. 21992 NETWORK PLACE CHICAGO, IL 60673	PUBLIC RELATIONS	1,326,807.
MIDAN MARKETING, INC. 2039 SIMONTON ROAD, SUITE A STATESVILLE, NC 28625	MARKETING	933,391.
TOTAL 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 .....	
PURCHASES .....	424,150.
SALARIES AND WAGES .....	
OTHER COSTS .....	
	-----
SUBTOTAL .....	424,150.
MINUS ENDING INVENTORY .....	
	-----
COST OF GOODS SOLD .....	424,150.
	=====

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

=====

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

=====

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
US GOVT OBLIGATION	993,400.	NONE	FMV
TOTALS	993,400.	NONE	

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

\*\*\*\*\*

Signature...

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

Filing...

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

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

Payment of tax...

No payment of tax is required.

\*\*\*\*\*



**A**  Check box if address changed

**B** Exempt under section  
 501(C)(6)  220(e)  
 408A  530(a)  
 529(a)

**C** Book value of all assets at end of year: 19,125,284.

**D** Employer identification number: 84-0738973

**E** Unrelated business activity codes: 541900

Name of organization (Check box if name changed and see instructions.): NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC

Number, street, and room or suite no. If a P.O. box, see page 9 of instructions.: 300

City or town, state, and ZIP code: 9110 E. NICHOLS AVENUE  
CENTENNIAL, CO 80112-3450

**F** Group exemption number (See instructions for Block F on page 9.): ▶

**G** Check organization type:  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Describe the organization's primary unrelated business activity: ADVERTISING

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of DOUG EVANS Telephone number 303-694-0305

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance	1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnerships and S corporations (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11	746,109.	388,297.
12	Other income (See page 11 of the instructions; attach schedule.)	12		
13	<b>Total.</b> Combine lines 3 through 12	13	746,109.	388,297.

**Part II Deductions Not Taken Elsewhere** (See page 11 of the instructions for limitations on deductions.)  
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See page 13 of the instructions for limitation rules.)	20	
21	Depreciation (attach Form 4562)	21	NONE
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	22b NONE
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	388,297.
28	Other deductions (attach schedule)	28	
29	<b>Total deductions.</b> Add lines 14 through 28	29	388,297.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	
31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)	33	1,000.
34	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	

**Part III Tax Computation**

**35 Organizations Taxable as Corporations.** See instructions for tax computation on page 15. Controlled group members (sections 1561 and 1563) check here  See instructions and:

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):  
 (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) . . . . . \_\_\_\_\_  
 (2) Additional 3% tax (not more than \$100,000) . . . . . \_\_\_\_\_

c Income tax on the amount on line 34 . . . . . **35c** NONE

**36 Trusts Taxable at Trust Rates.** See instructions for tax computation on page 16. Income tax on the amount on line 34 from:  Tax rate schedule or  Schedule D (Form 1041) . . . . . **36**

**37 Proxy tax.** See page 16 of the instructions . . . . . **37**

**38 Alternative minimum tax** . . . . . **38**

**39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies . . . . . **39** NONE

**Part IV Tax and Payments**

**40 a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) . . . . . **40a**

**b** Other credits (see page 17 of the instructions) . . . . . **40b**

**c** General business credit. Attached Form 3800 . . . . . **40c**

**d** Credit for prior year minimum tax (attach Form 8801 or 8827) . . . . . **40d**

**e** Total credits. Add lines 40a through 40d . . . . . **40e**

**41** Subtract line 40e from line 39 . . . . . **41** NONE

**42** Other taxes. Check if from:  Form 4255  Form 8611  Form 8697  Form 8866  Other (attach schedule) . . . . . **42**

**43 Total tax.** Add lines 41 and 42 . . . . . **43** NONE

**44 a** Payments: A 2007 overpayment credited to 2008 . . . . . **44a**

**b** 2008 estimated tax payments . . . . . **44b**

**c** Tax deposited with Form 8868 . . . . . **44c**

**d** Foreign organizations: Tax paid or withheld at source (see instructions) . . . . . **44d**

**e** Backup withholding (see instructions) . . . . . **44e**

**f** Other credits and payments:  Form 2439  Form 4136  Other \_\_\_\_\_ Total **44f**

**45 Total payments.** Add lines 44a through 44f . . . . . **45**

**46** Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached  **46**

**47 Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed . . . . . **47** NONE

**48 Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid . . . . . **48** NONE

**49** Enter the amount of line 48 you want: Credited to 2009 estimated tax  Refunded  **49** NONE

**Part V Statements Regarding Certain Activities and Other Information** (see instructions on page 18)

**1** At any time during the 2008 calendar year, did the organization have an interest in or a signature or other authority over a financial 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 Bank and Financial Accounts. If YES, enter the name of the foreign country here \_\_\_\_\_ Yes No X

**2** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? . . . . . Yes No X  
 If YES, see page 5 of the instructions for other forms the organization may have to file.

**3** Enter the amount of tax-exempt interest received or accrued during the tax year  \$

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation

<b>1</b> Inventory at beginning of year . . . . . <b>1</b>	<b>6</b> Inventory at end of year . . . . . <b>6</b>
<b>2</b> Purchases . . . . . <b>2</b>	<b>7</b> Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 . . . . . <b>7</b>
<b>3</b> Cost of labor . . . . . <b>3</b>	<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? . . . . . Yes No N/A
<b>4 a</b> Additional section 263A costs (attach schedule) . . . . . <b>4a</b>	
<b>b</b> Other costs (attach schedule) . . . . . <b>4b</b>	
<b>5</b> Total. Add lines 1 through 4b . . . . . <b>5</b>	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here** **CLIENT COPY**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer's Use Only**

Preparer's signature *Clay Alton* Date 8/11/2010 Check if self-employed  Preparer's SSN or PTIN P00173718

Firm's name (or yours if self-employed), address, and ZIP code **KS&H** EIN 84-0869721  
 7979 E. TUFTS AVE., #400 Phone no. 303-740-9400  
 DENVER, CO 80237-2843

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

1 Description of property

Table with 4 rows for property description (1-4).

2 Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3(a) Deductions directly connected with the income.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A).

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B).

Schedule E - Unrelated Debt-Financed Income (see instructions on page 19)

Table with 5 columns: 1 Description of debt-financed property, 2 Gross income from or allocable to debt-financed property, 3 Deductions directly connected with or allocable to debt-financed property, 4 Amount of average acquisition debt, 5 Average adjusted basis, 6 Column 4 divided by column 5, 7 Gross income reportable, 8 Allocable deductions.

Totals

Total dividends-received deductions included in column 8

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions on page 20)

Table for Exempt Controlled Organizations with 6 columns: 1 Name of controlled organization, 2 Employer identification number, 3 Net unrelated income, 4 Total of specified payments made, 5 Part of column 4 that is included in the controlling organization's gross income, 6 Deductions directly connected with income in column 5.

Nonexempt Controlled Organizations

Table for Nonexempt Controlled Organizations with 5 columns: 7 Taxable income, 8 Net unrelated income, 9 Total of specified payments made, 10 Part of column 9 that is included in the controlling organization's gross income, 11 Deductions directly connected with income in column 10.

Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).
Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Totals

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions on page 21)

Table with 5 columns: 1 Description of income, 2 Amount of income, 3 Deductions directly connected, 4 Set-asides, 5 Total deductions and set-asides. Includes rows (1)-(4) and a Totals row.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions on page 21)

Table with 7 columns: 1 Description of exploited activity, 2 Gross unrelated business income, 3 Expenses directly connected, 4 Net income (loss), 5 Gross income from activity, 6 Expenses attributable, 7 Excess exempt expenses. Includes rows (1)-(4) and a Totals row.

Schedule J - Advertising Income (see instructions on page 21)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising gain or (loss), 5 Circulation income, 6 Readership costs, 7 Excess readership costs. Includes rows (1)-(4) and a Totals row.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising gain or (loss), 5 Circulation income, 6 Readership costs, 7 Excess readership costs. Includes rows (1)-(4) and a Totals row.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 22)

Table with 4 columns: 1 Name, 2 Title, 3 Percent of time devoted to business, 4 Compensation attributable to unrelated business. Includes a Total row.

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

84-0738973

<u>YEAR</u>	<u>NOL GENERATED</u>	<u>NOL UTILIZED</u>	<u>NOL CARRYOVER</u>
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	-	-	-
9/30/2006	122,578	-	122,578
9/30/2007	21,479	-	21,479
9/30/2008	-	-	-
9/30/2009	-	-	-
	<u>348,892</u>		<u>347,103</u>

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

1. NAME OF PERIODICAL =====	2. GROSS ADVERTISING INCOME =====	3. DIRECT ADVERTISING COSTS =====	4. ADVERTISING GAIN OR LOSS =====	5. CIRCULATION INCOME =====	6. READERSHIP COSTS =====	7. EXCESS READERSHIP COSTS =====
NATIONAL CATTLEMEN'S MAGAZINE	281,109.	266,431.		42,437.	302,464.	
CATTLEMAN TO CATTLEMAN	465,000.	91,381.		31,811.	333,714.	
COLUMN TOTALS	746,109.	357,812.	388,297.	74,248.	636,178.	388,297.

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

1. NAME OF PERIODICAL	2. GROSS ADVERTISING INCOME	3. DIRECT ADVERTISING COSTS	4. ADVERTISING GAIN OR LOSS	5. CIRCULATION INCOME	6. READERSHIP COSTS	7. EXCESS READERSHIP COSTS
PART II TOTALS	746,109.	357,812.				388,297.
PART I TOTALS	746,109.	357,812.				388,297.
SCHEDULE J TOTALS						

\* \* \* \* \*

National Cattlemen's Beef Association, Inc.  
Instructions for filing  
Form 112  
Colorado State C Corporation Income Tax Return  
for the year ended September 30, 2009

\* \* \* \* \*

Signature . . .

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

Filing . . .

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

Colorado Department of Revenue  
Denver, CO 80261-0006

No tax due . . .

There is no tax due for the current year.



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

DEPARTMENTAL USE ONLY

(23)

2008 Form 112 Colorado State C Corporation Income Tax Return

For the tax year beginning 10/01, 2008, ending 09/30, 2009

Name: NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC.
Address: 9110 E. NICHOLS AVENUE, #300
City, State, ZIP Code: CENTENNIAL CO 80112
Colorado Account Number:
Federal Employer Identification Number: 84-0738973

IF YOU DO NOT NEED A CORPORATE TAX BOOKLET MAILED TO YOU NEXT YEAR, CHECK THIS BOX [X]

- 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 Income Tax Act (Attach Schedule A);
(44) A corporation doing an interstate business apportioning income under the Multistate Tax Compact (Attach Schedule B);
(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 election is binding for four years.) If your election was made in a prior year - enter the year of election here: (Attach 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 affiliated, consolidated group. (Attach Schedule C)

ROUND ALL AMOUNTS TO THE NEAREST DOLLAR

Table with 16 rows for tax calculations. Columns include line number, description, and amount. Values include NONE, .00, and .00.

17 Tax, 4.63% of the amount on line 16	■ 17	NONE	.00
18 New investment tax credit from Form 112CR	● 18		.00
19 Enterprise zone investment tax credit from Form 112CR	● 19		.00
20 Enterprise zone employee credits from Form 112CR	● 20		.00
21 Enterprise zone contribution credit from Form 112CR	● 21		.00
22 Other enterprise zone credits from Form 112CR	● 22		.00
23 Alternative fuel vehicle credit from Form 112CR	● 23		.00
24 Alternative fuel refueling facility credit from Form 112CR	● 24		.00
25 Gross conservation easement credit from Form 112CR	● 25		.00
26 Other credits from Form 112CR	● 26		.00
27 Total credits, total of lines 18 through 26	27		.00
28 Net tax, line 17 minus line 27	28	NONE	.00
29 Recapture of prior year credits	● 29		.00
30 Total of lines 28 and 29	30	NONE	.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, also include on line 35 if applicable	● 34		.00
35 If amount on line 30 exceeds amount on line 31, enter amount owed	● 35	NONE	.00
36 Overpayment, line 31 minus line 30	36		.00
37 Overpayment to be credited to estimated tax	● 37		.00
38 Overpayment to be refunded	● 38		.00

Make checks payable to and mail return to the **COLORADO DEPARTMENT OF REVENUE, DENVER COLORADO 80261-0006**.  
 The State may convert your check to a one time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.

**C. The corporation's books are in care of:**

Name <b>DOUG EVANS</b>		Telephone Number <b>303-694-0305</b>	
Address <b>9110 E. NICHOLS AVENUE, #300</b>	City <b>CENTENNIAL</b>	State <b>CO</b>	ZIP <b>80112</b>

**D. Business code number per federal return ● 541900**

**E. Year corporation began doing business in Colorado ● 1996**

**F. Kind of business in detail:**  
**ADVERTISING**

**G. Has the Internal Revenue Service made any adjustments in the corporation's income or tax or have you filed amended federal income tax returns at any time during the last four years?**  Yes  No If Yes, for which year(s)? \_\_\_\_\_

Did you file amended Colorado returns to reflect such changes or submit copies of the Federal Agent's reports?  Yes  No

**Under penalties of perjury in the second degree, I declare that I have examined this return and to the best of my knowledge it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.**

Signature <b>CLIENT COPY</b>	Date	Name and telephone number of person or firm preparing return <b>EKS&amp;H (303) 740-9400</b>
Title		<b>8/11/2010</b>

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

84-0738973

<u>YEAR</u>	<u>NOL GENERATED</u>	<u>NOL UTILIZED</u>	<u>NOL CARRYOVER</u>
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	-	-	-
	<u>488,469</u>		<u>475,293</u>

# EKS&H

EHRHARDT • KEEFE  
STEINER • HOTTMAN PC

CERTIFIED PUBLIC ACCOUNTANTS AND ADVISORS

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7979 E. Tufts Avenue, Suite 400

Denver, Colorado 80237-2843

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

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

Dear Doug:

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

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

- 2009 990 - Return of Organization Exempt from Income Tax
- 2009 Schedule C - Political Campaign and Lobbying Activities
- 2009 Schedule D - Supplemental Financial Statements
- 2009 Schedule J - Compensation Information
- 2009 Schedule L - Transactions with Interested Persons
- 2009 Schedule O - Supplemental Information to Form 990
- 2009 Schedule R - Related Organizations and Unrelated Partnerships
- 2009 990-T - Exempt Organization Business Income Tax Return
- 2009 8879-EO - IRS e-file Signature Authorization
- 2009 CO 112 - Colorado Corporation Income Tax Return

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

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

Sincerely,



Ehrhardt Keefe Steiner & Hottman PC



**Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission:  
TO WORK TO INCREASE PROFIT OPPORTUNITIES FOR CATTLE AND BEEF  
PRODUCERS BY ENHANCING THE BUSINESS CLIMATE AND BUILDING CONSUMER  
DEMAND.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
N/A

4b (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4c (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4d Other program services. (Describe in Schedule O.)  
(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses ►

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-20 covering various organizational requirements and reporting obligations.

Part IV Checklist of Required Schedules (continued)

Table with 4 columns: Question ID, Question Text, Yes, No. Rows 21-38 covering various organizational requirements and schedules.



Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 12b regarding IRS filings and tax compliance.

**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	No
1a	Enter the number of voting members of the governing body . . . . .	8	
b	Enter the number of voting members that are independent . . . . .	8	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		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? . . . . .		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .		X
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .		X
6	Does the organization have members or stockholders? . . . . .	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body? . . . . .	X	
b	Each committee with authority to act on behalf of the governing body? . . . . .	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 . . . . .		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates? . . . . .		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? . . . . .		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	X	
13	Does the organization have a written whistleblower policy? . . . . .	X	
14	Does the organization have a written document retention and destruction policy? . . . . .	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official . . . . .	X	
b	Other officers or key employees of the organization . . . . .		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		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? . . . . .		

**Section 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) 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 policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ DOUG EVANS 9110 E. NICHOLS AVENUE, #300 CENTENNIAL, CO 80112  
303-694-0305

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
STEVE FOGLESONG PRESIDENT	1.00	X		X				0.	0.	0.
BILL DONALD PRESIDENT ELECT	1.00	X		X				0.	0.	0.
JD ALEXANDER VICE PRESIDENT	1.00	X		X				0.	0.	0.
BRUCE HAFENFELD CHAIR POLICY	1.00	X		X				0.	0.	0.
BOB MCCAN VICE CHAIRMAN POLICY	1.00	X		X				0.	0.	0.
SCOTT GEORGE CHAIR FEDERATION	1.00	X		X				0.	0.	0.
DAVID DICK VICE-CHAIRMAN FEDERATION	1.00	X		X				0.	0.	0.
LUISA JACA TREASURER	1.00	X		X				0.	0.	0.
DOUGLAS EVANS CHIEF FINANCIAL OFFICER	40.00			X				171,718.	0.	28,899.
FORREST ROBERTS CHIEF EXECUTIVE OFFICER	40.00			X				336,584.	0.	19,942.
KIM ESSEX SR. VP, CONSUMER MARKETING	40.00				X			167,891.	0.	29,173.
KENDAL FRAZIER SR. VP, PLAN, GOV & LEAD DEV	40.00				X			172,853.	0.	24,536.
RICHARD HUSTED VP, STRATEGIC PLANNING	40.00				X			173,466.	0.	29,337.
JAMES REAGAN SR. VP, REI	40.00				X			168,112.	0.	24,051.
J BURTON ELLER SR VP, PUB AFFAIRS & ADVOC DEV	40.00				X			186,538.	0.	6,038.
MARVIN KOKES VP, ASSOCIATION MARKETING	40.00					X		146,061.	0.	27,387.

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
RICK MCCARTY VP, ISSUES ANALYSIS & STRATEGY	40.00					X		147,489.	0.	22,102.
JEFFREY EISENBERG EXECUTIVE DIR, PUBLIC LANDS	40.00					X		145,236.	0.	12,049.
ELIZABETH PARKER CHIEF VET	40.00					X		143,832.	0.	17,139.
THOMAS FIELD EXEC DIR, PRODUCER EDUCATION	40.00					X		136,058.	0.	25,835.
G ASHBY GREEN VP, PRODUCER EDUCATION	40.00						X	130,925.	0.	19,572.
POLLY RUHLAND VP, MEMBER SERVICES	40.00						X	145,832.	0.	23,756.
ROXANNE JOHNSON EXECUTIVE DIRECTOR, NCF	40.00						X	127,665.	0.	20,211.
RANDY IRION DIRECTOR, CHANNEL MARKETING	40.00						X	106,469.	0.	14,958.
<b>1b Total</b>								2,606,729.	0.	344,985.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **16**

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

**Section B. Independent Contractors**

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **5**

**Part VIII Statement of Revenue**

84-0738973

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
<b>Contributions, gifts, grants and other similar amounts</b>	1a	Federated campaigns . . . . .	1a						
	b	Membership dues . . . . .	1b						
	c	Fundraising events . . . . .	1c						
	d	Related organizations . . . . .	1d						
	e	Government grants (contributions) . . . . .	1e						
	f	All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f	0.					
	g	Noncash contributions included in lines 1a-1f: \$ . . . . .							
	h	<b>Total.</b> Add lines 1a-1f . . . . .		0.					
<b>Program Service Revenue</b>	2a	BPOC CONTRACTS	Business Code 900099	37,000,615.	37,000,615.				
	b	STATE BEEF COUNCIL	900099	10,372,884.	10,372,884.				
	c	SPONSORSHIPS/MTGS	900099	5,376,777.	5,376,777.				
	d	MEMBERSHIP DUES	900099	3,338,313.	3,338,313.				
	e	ADVERTISING	541900	324,767.		324,767.			
	f	All other program service revenue . . . . .	900099	1,400,677.	1,400,677.				
	g	<b>Total.</b> Add lines 2a-2f . . . . .		57,814,033.					
	<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		6,735.			6,735.	
4		Income from investment of tax-exempt bond proceeds . . . . .		0.					
5		Royalties . . . . .		0.					
6a		Gross Rents . . . . .	(i) Real	(ii) Personal					
			83,624.						
			b	Less: rental expenses . . . . .	0.				
			c	Rental income or (loss) . . . . .	83,624.				
d		Net rental income or (loss) . . . . .			83,624.		83,624.		
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
			b	Less: cost or other basis and sales expenses . . . . .					
			c	Gain or (loss) . . . . .					
d		Net gain or (loss) . . . . .			0.				
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	a						
			b	Less: direct expenses . . . . .					
	c		Net income or (loss) from fundraising events . . . . .			0.			
9a	Gross income from gaming activities. See Part IV, line 19 . . . . .	a							
		b	Less: direct expenses . . . . .						
		c	Net income or (loss) from gaming activities . . . . .			0.			
10a	Gross sales of inventory, less returns and allowances . . . . .	a	847,058.						
		b	Less: cost of goods sold . . . . .	346,596.					
		c	Net income or (loss) from sales of inventory . . . . .	ATCH. 4.	500,462.		500,462.		
Miscellaneous Revenue			Business Code						
11a	OTHER REVENUE RELATED TO EXEMPT FUNCTION	900099	273,149.	273,149.					
b									
c									
d	All other revenue . . . . .								
e	<b>Total.</b> Add lines 11a-11d . . . . .			273,149.					
12	<b>Total Revenue.</b> See instructions . . . . .			58,678,003.	57,762,415.	324,767.	590,821.		

**Part IX Statement of Functional Expenses**

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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 . . .	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, trustees, and key employees . . . . .	2,604,727.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	0.			
7 Other salaries and wages . . . . .	7,356,977.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	0.			
9 Other employee benefits . . . . .	2,599,445.			
10 Payroll taxes . . . . .	0.			
11 Fees for services (non-employees):				
a Management . . . . .	0.			
b Legal . . . . .	594,958.			
c Accounting . . . . .	63,663.			
d Lobbying . . . . .	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees . . . . .	0.			
g Other . . . . .	8,664,599.			
12 Advertising and promotion . . . . .	26,647,287.			
13 Office expenses . . . . .	564,720.			
14 Information technology . . . . .	270,830.			
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	1,422,077.			
17 Travel . . . . .	1,895,652.			
18 Payments of travel or entertainment expenses 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.)				
a MISCELLANEOUS -----	206,888.			
b -----				
c -----				
d -----				
e -----				
f All other expenses -----				
25 Total functional expenses. Add lines 1 through 24f	54,718,223.			
26 Joint Costs. Check here <input type="checkbox"/> 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 . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	9,504,207.	2	9,748,309.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	7,138,486.	4	9,951,057.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	150,000.	5	150,000.
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	194,676.	9	370,814.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,445,481.		
	b	Less: accumulated depreciation	10b 3,042,190.	416,192.	10c 403,291.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	1,626,134.	13	1,548,158.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	95,589.	15	97,671.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	19,125,284.	16	22,269,300.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	9,558,207.	17	8,990,172.
	18	Grants payable		18	
	19	Deferred revenue	2,691,999.	19	2,450,295.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, 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. Complete Part X of Schedule D	47,798.	25	119,749.
	26	<b>Total liabilities.</b> Add lines 17 through 25	12,298,004.	26	11,560,216.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	6,827,280.	27	10,709,084.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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 equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	6,827,280.	33	10,709,084.	
34	<b>Total liabilities and net assets/fund balances</b>	19,125,284.	34	22,269,300.	

**Part XI Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? . . . . .		X
b	Were the organization's financial statements audited by an independent accountant? . . . . .	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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? . . . . .		X
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.		



**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

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), then

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

Name of organization <b>NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC</b>	Employer identification number <b>84-0738973</b>
---	---

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ \_\_\_\_\_
- 3 Volunteer hours \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 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 ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year?  Yes  No
- 5 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 filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group.  
**B** Check  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1 a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
	<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
<b>2 a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation... 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carryover lobbying and political expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

Table with 3 columns: Question, Line Number, Amount. Rows include: 1 Dues, assessments and similar amounts from members (Amount: 3,338,313) 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year (Amount: 497,787) 2b Carryover from last year 2c Total (Amount: 497,787) 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues (Amount: 500,747) 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) (Amount: -2,960)

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

Series of horizontal dashed lines for providing supplemental information.

**Part IV** Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2009

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization

NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC

Employer identification number

84-0738973

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, and two questions about donor informed consent.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes checkboxes for types of easements (land for public use, natural habitat, open space, historically important land area, certified historic structure), and questions about monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures, and amounts required to be reported.

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):

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds 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? Yes No

b If "Yes," explain the arrangement in Part XI V and complete the following table:

Table with columns for Amount and rows for 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XI V.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

Table with columns (a) Current Year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back and rows 1a-1g for balance, contributions, earnings, grants, expenditures, and end of year balance

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
(ii) related organizations

Yes/No table for 3a(i), 3a(ii), and 3b

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment See Form 990, Part X, line 10.

Table with columns (a) Cost or other basis (Investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value and rows 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, and Total

**Part VII Investments - Other Securities.** See Form 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 _____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
INVESTMENT IN SUBSIDIARY	1,548,158.	FMV
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)	1,548,158.	

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount	
Federal income taxes		
NOTES PAYABLE	83,552.	
CAPITAL LEASE	36,197.	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	119,749.	

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

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

Table with 10 rows for Part XI reconciliation. Line 1: Total revenue (58,678,003). Line 2: Total expenses (54,718,223). Line 3: Excess or (deficit) for the year (3,959,780). Line 10: Excess or (deficit) for the year per audited financial statements (3,959,780).

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Table with 5 main rows for Part XII reconciliation. Line 1: Total revenue (58,940,975). Line 3: Subtract line 2e from line 1 (58,594,379). Line 5: Total revenue (58,678,003).

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows for Part XIII reconciliation. Line 1: Total expenses (54,981,195). Line 3: Subtract line 2e from line 1 (54,634,599). Line 5: Total expenses (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



**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
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## OTHER RECONCILING INCREASES

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

RENTAL INCOME	\$83,624
---------------	----------

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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

**2009**

**Open to Public  
Inspection**

Name of the organization

NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC

Employer identification number

84-0738973

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input checked="" type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</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 explain</p>	X									
<p><b>2</b> 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?</p>	X									
<p><b>3</b> 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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> 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:</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p>	X									
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>		X								
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		X								
<p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b></p>										
<p><b>5</b> 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:</p> <p><b>a</b> The organization?</p>										
<p><b>b</b> Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>										
<p><b>6</b> 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:</p> <p><b>a</b> The organization?</p>										
<p><b>b</b> Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>										
<p><b>7</b> 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</p>										
<p><b>8</b> 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 in Part III</p>										
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>										

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

Schedule J (Form 990) 2009

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

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

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

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

Schedule J (Form 990) 2009

**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.

TRAVEL FOR COMPANIONS

PART I, 1A

THE ORGANIZATION ALLOWS FOR REIMBURSEMENT OF UP TO TWO TRIPS PER YEAR FOR

CEO SPOUSAL TRAVEL. THE REIMBURSEMENT AMOUNT IS INCLUDED IN THE CEO'S

W-2.

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 INCLUDED IN HIS W-2 COMPENSATION.

**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.

Area with horizontal dashed lines for supplemental information.

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

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

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

OMB No. 1545-0047

**2009**

**Open To Public Inspection**

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

**Part I Excess Benefit Transactions** (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.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ..... ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**  
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 the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
FORREST ROBERTS EMPLOYMENT AGREEMENT		X	150,000.	150,000.		X	X		X	
<b>Total</b> .....				▶ \$	150,000.					

**Part III Grants or Assistance Benefitting Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(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.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's 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

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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**

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

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
LEO BURNETT COMPANY PO BOX 91451	ADVERTISING	12,655,290.



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

ATTACHMENT 2 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
CHICAGO, IL 60693		
U.S. MEAT EXPORT FEDERATION PO BOX 5722 DENVER, CO 80217	EXPORT	8,412,541.
KETCHUM, INC. PO BOX 60000 FILE 72294 SAN FRANCISCO, CA 94160	ADVERTISING	1,924,004.
DANIEL J. EDELMAN, INC. 21992 NETWORK PLACE CHICAGO, IL 60673	PUBLIC RELATIONS	1,361,516.
GOLIN HARRIS PO BOX 7247-659 PHILADELPHIA, PA 19170	PUBLIC RELATIONS	818,810.
	TOTAL COMPENSATION	<u>25,172,161.</u>

ATTACHMENT 3

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
PREPAID EXPENSES	194,676.	370,814.
TOTALS	<u>194,676.</u>	<u>370,814.</u>





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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)	X	
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets	X	
n Sharing of paid employees	X	
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-f)	(c) Amount involved
(1) NATIONAL CATTLEMEN'S BUILDING CORPORATION	D	236,347.
(2) NATIONAL CATTLEMEN'S FOUNDATION	D, M, N	576,097.
(3)		
(4)		
(5)		
(6)		



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

ATTACHMENT 4

DESCRIPTION	GROSS SALES	BEGINNING INVENTORY	PURCHASES	SALARIES AND WAGES	OTHER COSTS	MINUS: ENDING INVENTORY	COST OF GOODS SOLD
SALE OF MATERIALS	847,058.	0.	346,596.	0.	0.	0.	346,596.
TOTALS	<u>847,058.</u>	<u>0.</u>	<u>346,596.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>346,596.</u>

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.

\*\*\*\*\*

**Exempt Organization Business Income Tax Return** (and proxy tax under section 6033(e))

OMB No. 1545-0047

**2009**

Open to Public Inspection  
 for 501(c)(3) Organizations Only

For calendar year 2009 or other tax year beginning 10/01, 2009, and  
 ending 09/30, 2010 See separate instructions.

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section</p> <p><input checked="" type="checkbox"/> 501(c)(6)</p> <p><input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)</p> <p><input type="checkbox"/> 408A <input type="checkbox"/> 530(a)</p> <p><input type="checkbox"/> 529(a)</p> <p><b>C</b> Book value of all assets at end of year</p> <p>22,269,300.</p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)</p> <p><b>NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC</b></p> <p>Number, street, and room or suite no. If a P.O. box, see page 8 of instructions.</p> <p><b>9110 EAST NICHOLS AVENUE 300</b></p> <p>City or town, state, and ZIP code</p> <p><b>CENTENNIAL, CO 80112-3450</b></p> <p><b>F</b> Group exemption number (See instructions for Block F on page 9.)</p> <p><b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	<p><b>D</b> Employer identification number                  (Employees' trust, see instructions for Block D on page 9.)</p> <p>84-0738973</p> <p><b>E</b> Unrelated business activity codes                  (See instructions for Block E on page 9.)</p> <p>541900</p>
---	---	--

**H** Describe the organization's primary unrelated business activity. **ADVERTISING**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation.

**J** The books are in care of **DOUG EVANS** Telephone number **303-694-0305**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances			
c Balance	<b>1c</b>		
2 Cost of goods sold (Schedule A, line 7)	<b>2</b>		
3 Gross profit. Subtract line 2 from line 1c	<b>3</b>		
4 a Capital gain net income (attach Schedule D)	<b>4a</b>		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
c Capital loss deduction for trusts	<b>4c</b>		
5 Income (loss) from partnerships and S corporations (attach statement)	<b>5</b>		
6 Rent income (Schedule C)	<b>6</b>		
7 Unrelated debt-financed income (Schedule E)	<b>7</b>		
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	<b>8</b>		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
10 Exploited exempt activity income (Schedule I)	<b>10</b>		
11 Advertising income (Schedule J)	<b>11</b> 324,767.	<b>173,650.</b>	<b>151,117.</b>
12 Other income (See page 10 of the instructions; attach schedule.)	<b>12</b>		
13 Total. Combine lines 3 through 12	<b>13</b> 324,767.	<b>173,650.</b>	<b>151,117.</b>

**Part II Deductions Not Taken Elsewhere** (See page 11 of the instructions for limitations on deductions.)  
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>		
15 Salaries and wages	<b>15</b>		
16 Repairs and maintenance	<b>16</b>		
17 Bad debts	<b>17</b>		
18 Interest (attach schedule)	<b>18</b>		
19 Taxes and licenses	<b>19</b>		
20 Charitable contributions (See page 13 of the instructions for limitation rules.)	<b>20</b>		
21 Depreciation (attach Form 4562)	<b>21</b> 0.		
22 Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>		<b>22b</b> 0.
23 Depletion	<b>23</b>		
24 Contributions to deferred compensation plans	<b>24</b>		
25 Employee benefit programs	<b>25</b>		
26 Excess exempt expenses (Schedule I)	<b>26</b>		
27 Excess readership costs (Schedule J)	<b>27</b>		<b>151,117.</b>
28 Other deductions (attach schedule)	<b>28</b>		
29 Total deductions. Add lines 14 through 28	<b>29</b>		<b>151,117.</b>
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>		
31 Net operating loss deduction (limited to the amount on line 30)	<b>31</b>		
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	<b>32</b>		
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)	<b>33</b>		<b>1,000.</b>
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	<b>34</b>		



Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation on page 15.
36 Trusts Taxable at Trust Rates. See instructions for tax computation on page 16.
37 Proxy tax. See page 16 of the instructions.
38 Alternative minimum tax.
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies.

Part IV Tax and Payments

40 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)
40 b Other credits (see page 16 of the instructions)
40 c General business credit. Attach Form 3800
40 d Credit for prior year minimum tax (attach Form 8801 or 8827)
40 e Total credits. Add lines 40a through 40d
41 Subtract line 40e from line 39
42 Other taxes. Check if from: Form 4255, Form 8611, Form 8697, Form 8866, Other (attach schedule)
43 Total tax. Add lines 41 and 42
44 a Payments: A 2008 overpayment credited to 2009
44 b 2009 estimated tax payments
44 c Tax deposited with Form 8868
44 d Foreign organizations: Tax paid or withheld at source (see instructions)
44 e Backup withholding (see instructions)
44 f Other credits and payments: Form 2439, Form 4136, Other
45 Total payments. Add lines 44a through 44f
46 Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid
49 Enter the amount of line 48 you want: Credited to 2010 estimated tax, Refunded

Part V Statements Regarding Certain Activities and Other Information (see instructions on page 17)

1 At any time during the 2009 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country?
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?
3 Enter the amount of tax-exempt interest received or accrued during the tax year

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

1 Inventory at beginning of year
2 Purchases
3 Cost of labor
4 a Additional section 263A costs (attach schedule)
4 b Other costs (attach schedule)
5 Total. Add lines 1 through 4b
6 Inventory at end of year
7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2.
8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here CLIENT COPY
Signature of officer, Date, Title
Preparer's signature, Date, Check if self-employed, Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code, EIN, Phone no.

DENVER, CO 80237-2843

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions on page 18)

1. Description of property

Table with 4 rows for property description (1-4).

2. Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3(a) Deductions directly connected with the income.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . . .

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) . . . . .

Schedule E - Unrelated Debt-Financed Income (see instructions on page 19)

Table with 5 main columns: 1. Description of debt-financed property, 2. Gross income from or allocable to debt-financed property, 3. Deductions directly connected with or allocable to debt-financed property, 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions on page 20)

Table for Exempt Controlled Organizations with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income, 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5.

Nonexempt Controlled Organizations

Table for Nonexempt Controlled Organizations with 5 columns: 7. Taxable income, 8. Net unrelated income, 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions on page 20)

1. Description of income	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)				
(2)				
(3)				
(4)				
Enter here and on page 1, Part I, line 9, column (A).				Enter here and on page 1, Part I, line 9, column (B).
Totals . . . . . ▶				

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions on page 21)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Enter here and on page 1, Part I, line 10, col. (A).		Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals . . . . . ▶						

**Schedule J - Advertising Income** (see instructions on page 21)

**Part I Income From Periodicals Reported on a Consolidated 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) ATCH 1							
(2)							
(3)							
(4)							
Totals (carry to Part II, line (5)) . . . ▶		324,767.	173,650.	151,117.	37,903.	361,661.	151,117.

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	324,767.	173,650.				151,117.
Enter here and on page 1, Part I, line 11, col. (A).		Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) . . . ▶		324,767.	173,650.			151,117.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions on page 21)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14 . . . . . ▶			

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

ATTACHMENT I

1. NAME OF PERIODICAL	2. GROSS ADVERTISING INCOME	3. DIRECT ADVERTISING COSTS	4. ADVERTISING GAIN OR LOSS	5. CIRCULATION INCOME	6. READERSHIP COSTS	7. EXCESS READERSHIP COSTS
NATIONAL CATTLEMEN'S MAGAZINE	4,767.	2,826.		202.	0.	
CATTLEMAN TO CATTLEMAN	320,000.	170,824.		37,701.	361,661.	
COLUMN TOTALS	<u>324,767.</u>	<u>173,650.</u>	<u>151,117.</u>	<u>37,903.</u>	<u>361,661.</u>	<u>151,117.</u>

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

84-0738973

<u>YEAR</u>	<u>NOL GENERATED</u>	<u>NOL UTILIZED</u>	<u>NOL CARRYOVER</u>
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	-	-	-
9/30/2006	122,578	-	122,578
9/30/2007	21,479	-	21,479
9/30/2008	-	-	-
9/30/2009	-	-	-
9/30/2010	-	-	-
	<u>348,892</u>		<u>347,103</u>

\* \* \* \* \*

National Cattlemen's Beef Association, Inc.  
Instructions for filing  
Form 112  
Colorado State C Corporation Income Tax Return  
for the year ended September 30, 2010

\* \* \* \* \*

Signature . . .

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

Filing . . .

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

Colorado Department of Revenue  
Denver, CO 80261-0006

No tax due . . .

There is no tax due for the current year.

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

**2009 Form 112 Colorado State  
 C Corporation Income Tax Return**

For the tax year beginning 10/01, 2009, ending 09/30, 2010.

Name of Corporation <b>NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC.</b>		Colorado Account Number •	
Address <b>9110 EAST NICHOLS AVENUE, #300</b>		Federal Employer I.D. Number • <b>84-0738973</b>	
City <b>CENTENNIAL</b>	State <b>CO</b>	ZIP <b>80112-3450</b>	

**IF YOU DO NOT NEED A CORPORATE TAX BOOKLET MAILED TO YOU NEXT YEAR, CHECK THIS BOX**

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 Schedule 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 990T

**B. Separate/Consolidated/Combined Filing.** This return is being filed by:

A single corporation filing a separate return;

An affiliated group of corporations electing to file a consolidated return (Warning: such election is binding for four years).  
 If your election was made in a prior year, enter the year of election here: \_\_\_\_\_ (Attach 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 affiliated, consolidated group (Attach Schedule C).

		ROUND TO THE NEAREST 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
<b>Additions to federal taxable income</b>			
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
<b>Subtractions from federal taxable income</b>			
8	Exempt federal interest	• 8	.00
9	Excludable foreign source income	• 9	.00
10	Colorado source capital gain (asset acquired on or after 5/9/94, held five years)	• 10	.00
11	Other subtractions, attach explanation	• 11	.00
12	Total of lines 8 through 11	• 12	.00
13	Modified federal taxable income, line 7 minus line 12	• 13	NONE.00
14	Colorado taxable income before net operating loss deduction	• 14	NONE.00
15	Colorado net operating loss deduction	• 15	.00
16	Colorado taxable income, line 14 minus line 15	• 16	NONE.00
17	Tax, 4.63% of the amount on line 16	• 17	NONE.00
18	New investment tax credit from Form 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	.00
23	Alternative fuel vehicle credit from Form 112CR, line 56b	• 23	.00

24	Alternative fuel refueling facility credit from Form 112CR, line 57b	• 24		.00
25	Gross conservation easement credit from Form 112CR, line 58b	• 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	28	NONE	.00
29	Recapture of prior year credits	• 29		.00
30	Total of lines 28 and 29	30	NONE	.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 applicable	• 34		.00
35	If amount on line 30 exceeds amount on line 31, enter amount owed	• 35	NONE	.00
36	Overpayment, line 31 minus line 30	36		.00
37	Overpayment to be credited to estimated tax	• 37		.00
38	Overpayment to be refunded	• 38		.00

**Direct Deposit**

Routing number  Type:  Checking  Savings  
 Account number

MAIL TO AND MAKE CHECKS PAYABLE TO: Colorado Department of Revenue, Denver, CO 80261-0006

The State may convert your check to a one time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.

**C. The corporation's books are in care of:**

Name DOUG EVANS		Telephone Number 303-694-0305	
Address 9110 EAST NICHOLS AVENUE, #300	City CENTENNIAL	State CO	ZIP 80112-3450

**D. Business code number per federal return •**

541900

**E. Year corporation began doing business in Colorado •**

01-01-1996

**F. Kind of business in detail: ADVERTISING**

**G. Has the Internal Revenue Service made any adjustments in the corporation's income or tax or have you filed amended federal income tax returns at any time during the last four years?**  Yes  No If Yes, for which year(s)? \_\_\_\_\_

Did you file amended Colorado returns to reflect such changes or submit copies of the Federal Agent's reports?  Yes  No

Under penalties of perjury in the second degree, I declare that I have examined this return and to the best of my knowledge it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		Name, address and telephone number of person or firm preparing return: EKS&H 7979 E. TUFTS AVE., #400 DENVER, CO CO 80237-2843 (303) 740-94
Signature and Title of Officer <b>CLIENT COPY</b>	Date	



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

84-0738973

<u>YEAR</u>	<u>NOL GENERATED</u>	<u>NOL UTILIZED</u>	<u>NOL CARRYOVER</u>
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	-	-	-
	<u>488,469</u>		<u>475,293</u>

# EKS&H

EHRHARDT • KEEFE  
STEINER • HOTTMAN PC

CERTIFIED PUBLIC ACCOUNTANTS AND ADVISORS

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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

# 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)

Department of the Treasury  
Internal Revenue Service

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

**A For the 2010 calendar year, or tax year beginning** 10/01, 2010, and ending 09/30, 2011

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC Doing Business As			<b>D Employer identification number</b> 84-0738973		
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	<b>E Telephone number</b> (303) 694-0305		
	9110 EAST NICHOLS AVENUE 300					
	City or town, state or country, and ZIP + 4 CENTENNIAL, CO 80112-3450				<b>G Gross receipts \$</b> 58,806,135.	
<b>F Name and address of principal officer:</b> FORREST ROBERTS 9110 E. NICHOLS AVENUE, #300 CENTENNIAL, CO 80112-3450			<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)			
<b>I Tax-exempt status:</b> <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)( 6 ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>J Website:</b> ▶ WWW.BEEF.ORG		<b>H(c) Group exemption number</b> ▶	
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L Year of formation:</b> 1996		<b>M State of legal domicile:</b> DE	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: TO WORK TO INCREASE PROFIT OPPORTUNITIES FOR CATTLE AND BEEF PRODUCERS BY ENHANCING THE BUSINESS CLIMATE AND BUILDING CONSUMER DEMAND.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	8.	
	<b>4</b>	8.	
	<b>5</b>	193.	
	<b>6</b>	275.	
	<b>7a</b>	294,500.	
	<b>7b</b>		
<b>Revenue</b>	<b>8</b>	<b>Prior Year</b>	<b>Current Year</b>
	Contributions and grants (Part VIII, line 1h)	0.	0.
	9 Program service revenue (Part VIII, line 2g)	57,814,033.	57,401,350.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,735.	4,302.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	857,235.	825,894.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	58,678,003.	58,231,546.
<b>Expenses</b>	<b>13</b>	<b>Prior Year</b>	<b>Current Year</b>
	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	12,561,149.	14,063,825.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	42,157,074.	41,728,977.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	54,718,223.	55,792,802.	
19 Revenue less expenses. Subtract line 18 from line 12	3,959,780.	2,438,744.	
<b>Net Assets or Fund Balances</b>	<b>20</b>	<b>Beginning of Current Year</b>	<b>End of Year</b>
	Total assets (Part X, line 16)	22,269,300.	23,665,282.
	21 Total liabilities (Part X, line 26)	11,560,216.	10,589,343.
22 Net assets or fund balances. Subtract line 21 from line 20	10,709,084.	13,075,939.	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	<b>CLIENT COPY</b>				
	Signature of officer	Date			
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	DORI J. EGGETT	<i>Dori Eggett</i>	7/31/2012		P00645252
	Firm's name ▶ EHRHARDT KEEFE STEINER & HOLTMAN PC	Firm's EIN ▶ 84-0869721		Phone no. 303-740-9400	
Firm's address ▶ 7979 E. TUFTS AVENUE, SUITE 400 DENVER, CO 80237-2843					
May the IRS discuss this return with the preparer shown above? (see instructions)					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**For Paperwork Reduction Act Notice, see the separate instructions.**

**Part 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 WORK TO INCREASE PROFIT OPPORTUNITIES FOR CATTLE AND BEEF  
PRODUCERS BY ENHANCING THE BUSINESS CLIMATE AND BUILDING CONSUMER  
DEMAND.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

N/A

**4b** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4c** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

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

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4e Total program service expenses** ►

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Question text, Yes, No. Rows include questions 21 through 38 regarding grants, compensation, tax-exempt bonds, and business transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V. [ ]

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a-14b regarding Form 1096, Form W-2G, Form W-3, and various organizational requirements.

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]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 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?; 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?; 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?; 8 Did the organization 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?; 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.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates?; 10b 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 form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13; 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done; 13 Does the organization have a written whistleblower policy?; 14 Does the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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
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.
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: DOUG EVANS 9110 E. NICHOLS AVENUE, #300 CENTENNIAL, CO 80112 303-694-0305



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

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.

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

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

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) RICK H MCCARTY VP, ISSUES ANALYSIS & STRATEGY	40.00					X		147,660.	0.	22,799.
(18) ELIZABETH PARKER CHIEF VET	40.00					X		144,828.	0.	17,993.
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
<b>1b Sub-total</b> .....								1,921,675.	0.	266,015.
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....								1,921,675.	0.	266,015.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **▶** 30

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 5

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions) . .	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ _____						
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶			0.			
<b>Program Service Revenue</b>		<b>Business Code</b>					
	<b>2a</b> <u>BPOC CONTRACTS</u>	900099		34,829,720.	34,829,720.		
	<b>b</b> <u>STATE BEEF COUNCIL</u>	900099		10,929,809.	10,929,809.		
	<b>c</b> <u>SPONSORSHIPS/MTGS</u>	900099		5,912,670.	5,912,670.		
	<b>d</b> <u>MEMBERSHIP DUES</u>	900099		4,060,064.	4,060,064.		
	<b>e</b> <u>ADVERTISING</u>	541900		294,500.		294,500.	
	<b>f</b> All other program service revenue . . . . .	900099		1,374,587.	1,374,587.		
	<b>g Total.</b> Add lines 2a-2f . . . . . ▶			57,401,350.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶			4,302.			4,302.
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . ▶			0.			
	<b>5</b> Royalties . . . . . ▶			0.			
		(i) Real	(ii) Personal				
	<b>6a</b> Gross Rents . . . . .	85,573.					
	<b>b</b> Less: rental expenses . . . . .						
	<b>c</b> Rental income or (loss) . . . . .	85,573.					
	<b>d</b> Net rental income or (loss) . . . . . ▶			85,573.			85,573.
		(i) Securities	(ii) Other				
	<b>7a</b> Gross amount from sales of assets other than inventory						
	<b>b</b> Less: cost or other basis and sales expenses . . . . .						
	<b>c</b> Gain or (loss) . . . . .						
	<b>d</b> Net gain or (loss) . . . . . ▶			0.			
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . . <b>a</b>						
	<b>b</b> Less: direct expenses . . . . . <b>b</b>						
<b>c</b> Net income or (loss) from fundraising events . . . . . ▶			0.				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . . <b>a</b>							
<b>b</b> Less: direct expenses . . . . . <b>b</b>							
<b>c</b> Net income or (loss) from gaming activities . . . . . ▶			0.				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>		957,976.					
<b>b</b> Less: cost of goods sold . . . . . <b>b</b>		574,589.					
<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶			ATCH. 2. ▶	383,387.		383,387.	
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b> <u>OTHER REVENUE RELATED TO EXEMPT FUNCTION</u>	900099		356,934.	356,934.			
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . . ▶			356,934.				
<b>12 Total revenue.</b> See instructions . . . . . ▶			58,231,546.	57,463,784.	294,500.	473,262.	

**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).

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> 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, trustees, and key employees . . . . .	1,267,857.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	10,005,324.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	0.			
9 Other employee benefits . . . . .	2,790,644.			
10 Payroll taxes . . . . .	0.			
11 Fees for services (non-employees):				
a Management . . . . .	0.			
b Legal . . . . .	713,416.			
c Accounting . . . . .	74,695.			
d Lobbying . . . . .	0.			
e Professional fundraising services. See Part IV, line 17 . . . . .	0.			
f Investment management fees . . . . .	0.			
g Other . . . . .	7,661,956.			
12 Advertising and promotion . . . . .	26,768,025.			
13 Office expenses . . . . .	498,199.			
14 Information technology . . . . .	252,786.			
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	1,291,993.			
17 Travel . . . . .	1,981,116.			
18 Payments of travel or entertainment expenses 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.)				
a MISCELLANEOUS -----	524,515.			
b -----				
c -----				
d -----				
e -----				
f All other expenses -----				
25 <b>Total functional expenses.</b> Add lines 1 through 24f	55,792,802.			
26 <b>Joint Costs.</b> Check here <input type="checkbox"/> 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 . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	3,207,963.	<b>1</b>	4,032,130.
	<b>2</b> Savings and temporary cash investments . . . . .	6,540,346.	<b>2</b>	8,083,586.
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	9,951,057.	<b>4</b>	9,057,350.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	150,000.	<b>5</b>	150,000.
	<b>6</b> 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) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	370,814.	<b>9</b>	324,943.
	<b>10 a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 3,208,216.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 2,764,883.	403,291.	<b>10c</b> 443,333.
	<b>11</b> Investments - publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	1,548,158.	<b>13</b>	1,476,269.
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	97,671.	<b>15</b>	97,671.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	22,269,300.	<b>16</b>	23,665,282.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	8,990,172.	<b>17</b>	8,220,878.
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	2,450,295.	<b>19</b>	2,153,614.
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .	119,749.	<b>25</b>	214,851.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	11,560,216.	<b>26</b>	10,589,343.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	10,709,084.	<b>27</b>	13,075,939.
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	10,709,084.	<b>33</b>	13,075,939.	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	22,269,300.	<b>34</b>	23,665,282.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	58,231,546.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	55,792,802.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	2,438,744.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	10,709,084.
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	-71,889.
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	13,075,939.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant?	X	
<b>2c</b>	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b>	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?		X
<b>3b</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.		

**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

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part 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.

Name of organization NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC	Employer identification number 84-0738973
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV.
- 2 Political expenditures . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours . . . . . \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 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 . . . . . ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . .  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which filing organization made payments. 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 filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)	-----			
(2)	-----			
(3)	-----			
(4)	-----			
(5)	-----			
(6)	-----			

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A Check  if the filing organization belongs to an affiliated group.
- B Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1 a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
<b>2 a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2010



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)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?.

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carryover lobbying and political expenditures from the prior year?.

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

Table with 3 columns: Question, Yes, No. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); 2a Current year; 2b Carryover from last year; 2c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (see instructions).

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

Series of horizontal dashed lines for providing supplemental information.

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**Part IV** Supplemental Information *(continued)*

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2010

Open to Public Inspection

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.

Name of the organization

NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC

Employer identification number

84-0738973

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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 funds 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 used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 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 the year, 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)(B) (i) and 170(h)(4)(B)(ii)?, 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not 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 in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a 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

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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):

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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 XI V and complete the following table:

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21?

b If "Yes," explain the arrangement in Part XI V.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g (Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance).

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
(ii) related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 5 columns: Description of investment, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total.

**Part VII Investments - Other Securities.** See Form 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
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) INVESTMENT IN SUBSIDIARY	1,476,269.	FMV
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	1,476,269.	

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) NOTES PAYABLE	195,583.
(3) CAPITAL LEASE	19,268.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	214,851.

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).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	58,231,546.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	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 and 9		10	2,438,744.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

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	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV.)	2d	574,589.	
e	Add lines 2a through 2d	2e		574,589.
3	Subtract line 2e from line 1	3		58,145,973.
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		
b	Other (Describe in Part XIV.)	4b	85,573.	
c	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 XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements		1	56,281,818.
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	2b		
c	Other losses	2c		
d	Other (Describe in Part XIV.)	2d	574,589.	
e	Add lines 2a through 2d	2e		574,589.
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:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)	4b	85,573.	
c	Add lines 4a and 4b	4c		85,573.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		55,792,802.

**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

**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

**Part XIV** Supplemental Information *(continued)*

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RECONCILIATION OF EXPENSES

PART XIII, LINE 2D

COST OF GOODS SOLD                   \$ 574,589

RECONCILIATION OF EXPENSES

PART XIII, LINE 4B

RENTAL INCOME                         \$ 85,573



SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

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

2010

Open to Public Inspection

Name of the organization

NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC

Employer identification number

84-0738973

Part I Questions Regarding Compensation

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
Travel for companions
Tax indemnification and gross-up payments
Discretionary spending account
Housing allowance or residence for personal use
Payments for business use of personal residence
Health or social club dues or initiation fees
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 explain.

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?

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.

- Compensation committee (checked)
Independent compensation consultant
Form 990 of other organizations
Written employment contract
Compensation survey or study
Approval by the board or compensation committee (checked)

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:

- a Receive a severance payment or change-of-control payment from the organization or a related organization?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?

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 compensation contingent on the revenues of:

- a The organization?
b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

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:

- a The organization?
b Any related organization?

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 subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Table with 3 columns: Question ID, Yes, No. Rows 1a-9.

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.

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

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

**2010**

**Open To Public Inspection**

Name of the organization

NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC

Employer identification number

84-0738973

**Part I Excess Benefit Transactions**(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.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

1	(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
		To	From			Yes	No	Yes	No	Yes	No
		(1)	FORREST ROBERTS EMPLOYMENT AGREEMENT				X	150,000.	150,000.		X
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
<b>Total</b> . . . . . ▶ \$					150,000.						

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

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

Schedule L (Form 990 or 990-EZ) 2010

**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	(e) Sharing of organization's revenues?	
				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).

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

Department of the Treasury  
Internal Revenue Service

**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**

Name of the organization

NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC

Employer identification number

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  
THE GOVERNING BODY BEFORE IT IS FILED.

CONFLICT OF INTEREST DISCLOSURE

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	Employer identification number 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 NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC	Employer identification number 84-0738973
--	--

ATTACHMENT 1

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
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		<u>23,197,511.</u>

ATTACHMENT 2

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

GROSS SALES LESS RETURNS AND ALLOWANCES .....	957,976.
INVENTORY AT BEGINNING OF YEAR .....	0.
PURCHASES .....	574,589.
SALARIES AND WAGES .....	0.
OTHER COSTS .....	0.
SUBTOTAL .....	<u>574,589.</u>
MINUS ENDING INVENTORY .....	0.
COST OF GOODS SOLD .....	<u>574,589.</u>



Name of the organization

NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC

Employer identification number

84-0738973

ATTACHMENT 3

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
PREPAID EXPENSES	370,814.	324,943.
TOTALS	<u>370,814.</u>	<u>324,943.</u>

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

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.**

Name of the organization

NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC

Employer identification number

84-0738973

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**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 tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) NATIONAL CATTLEMEN'S BUILDING CORP. 74-2200677 9110 E. NICHOLS AVENUE, #300 CENTENNIAL, CO 80112	LAND INVSTMNT	CO	501 (C) (2)		NCBA	X	
(2) CATL FUND 84-1256522 9110 E. NICHOLS AVENUE, #300 CENTENNIAL, CO 80112	FUNDRAISING	CO	501 (C) (3)	7	N/A		X
(3) NATIONAL CATTLEMEN'S FOUNDATION 23-7259504 9110 E. NICHOLS AVENUE, #300 CENTENNIAL, CO 80112	FUNDRAISING	CO	501 (C) (3)	9	N/A		X
(4) NATIONAL CATTLEMEN'S ASSOCIATION PAC 84-0622929 9110 E. NICHOLS AVENUE, #300 CENTENNIAL, CO 80112	LOBBYING	CO	527		N/A		X
(5) -----							
(6) -----							
(7) -----							

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

Schedule R (Form 990) 2010

**Part III 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.)

(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-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

**Part IV 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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity . . . . .		X
<b>b</b> Gift, grant, or capital contribution to other organization(s) . . . . .		X
<b>c</b> Gift, grant, or capital contribution from other organization(s) . . . . .		X
<b>d</b> Loans or loan guarantees to or for other organization(s) . . . . .	X	
<b>e</b> Loans or loan guarantees by other organization(s) . . . . .		X
<b>f</b> Sale of assets to other organization(s) . . . . .		X
<b>g</b> Purchase of assets from other organization(s) . . . . .		X
<b>h</b> Exchange of assets . . . . .		X
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s) . . . . .		X
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s) . . . . .		X
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s) . . . . .		X
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s) . . . . .		X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets . . . . .	X	
<b>n</b> Sharing of paid employees . . . . .	X	
<b>o</b> Reimbursement paid to other organization for expenses . . . . .	X	
<b>p</b> Reimbursement paid by other organization for expenses . . . . .	X	
<b>q</b> Other transfer of cash or property to other organization(s) . . . . .		X
<b>r</b> Other transfer of cash or property from other organization(s) . . . . .		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

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

**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) 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?	
			Yes	No		Yes	No		Yes	No
(1) -----										
(2) -----										
(3) -----										
(4) -----										
(5) -----										
(6) -----										
(7) -----										
(8) -----										
(9) -----										
(10) -----										
(11) -----										
(12) -----										
(13) -----										
(14) -----										
(15) -----										
(16) -----										

---

**Part VII** **Supplemental Information**

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

---

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.

\*\*\*\*\*

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2010 or other tax year beginning 10/01, 2010, and ending 09/30, 2011. See separate instructions.

A Check box if address changed

Name of organization (Check box if name changed and see instructions.)

D Employer identification number

NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC

84-0738973

B Exempt under section 501(c)(6) 408(e) 220(e) 408A 530(a) 529(a)

Print or Type

Number, street, and room or suite no. If a P.O. box, see page 8 of instructions.

9110 EAST NICHOLS AVENUE 300

City or town, state, and ZIP code

CENTENNIAL, CO 80112-3450

E Unrelated business activity codes (See instructions for Block E on page 9.)

541900

C Book value of all assets at end of year

23,665,282.

F Group exemption number (See instructions for Block F on page 9.)

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. ADVERTISING

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

J The books are in care of DOUG EVANS Telephone number 303-694-0305

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Cost of goods sold, Advertising income, etc.

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers, directors, and trustees, Charitable contributions, Depreciation, etc.



Part III Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes rows for Organizations Taxable as Corporations (35), Trusts Taxable at Trust Rates (36), Proxy tax (37), Alternative minimum tax (38), and Total (39).

Part IV Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes rows for Foreign tax credit (40a-40e), Other taxes (42), Total tax (43), Payments (44a-44g), Total payments (45), Estimated tax penalty (46), Tax due (47), Overpayment (48), and Refunded (49).

Part V Statements Regarding Certain Activities and Other Information (see instructions on page 17)

Table with 3 columns: Question number, Question text, and Yes/No response. Includes questions about foreign interest, foreign trusts, and tax-exempt interest.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

Table with 3 columns: Line number, Description, and Amount. Includes rows for Inventory at beginning/end of year (1, 6), Purchases (2), Cost of labor (3), Additional section 263A costs (4a, 4b), Total (5), Cost of goods sold (7), and Section 263A rules (8).

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here: CLIENT COPY. Signature of officer, Date, Title. May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No

Paid Preparer Use Only: Print/Type preparer's name (DORI J. EGGETT), Preparer's signature, Date (7/31/2012), Check self-employed, PTIN (P00645252), Firm's name (EKS & H), Firm's EIN (84-0869721), Firm's address (7979 E. TUFTS AVE., #400 DENVER, CO 80237-2843), Phone no. (303-740-9400)

DENVER, CO 80237-2843

Form 990-T (2010)

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions on page 18)

1. Description of property

Table with 4 rows for property description (1-4)

2. Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3(a) Deductions directly connected with the income. Includes rows (1-4) and a Total row.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . . .

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) . . . . .

Schedule E - Unrelated Debt-Financed Income(see instructions on page 19)

Table with 5 columns: 1. Description of debt-financed property, 2. Gross income from or allocable to debt-financed property, 3. Deductions directly connected with or allocable to debt-financed property (a) Straight line depreciation, (b) Other deductions, 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions. Includes rows (1-4) and a Totals row.

Total dividends-received deductions included in column 8 . . . . .

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations(see instructions on page 20)

Table for Exempt Controlled Organizations with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5. Includes rows (1-4).

Nonexempt Controlled Organizations

Table for Nonexempt Controlled Organizations with 5 columns: 7. Taxable Income, 8. Net unrelated income (loss), 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10. Includes rows (1-4) and a Totals row.

Totals . . . . .

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions on page 20)

Table with 5 columns: 1. Description of income, 2. Amount of income, 3. Deductions directly connected, 4. Set-asides, 5. Total deductions and set-asides. Includes rows (1) through (4) and a Totals row.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions on page 21)

Table with 7 columns: 1. Description of exploited activity, 2. Gross unrelated business income, 3. Expenses directly connected, 4. Net income (loss), 5. Gross income from activity, 6. Expenses attributable, 7. Excess exempt expenses. Includes rows (1) through (4) and a Totals row.

Schedule J - Advertising Income (see instructions on page 21)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or (loss), 5. Circulation income, 6. Readership costs, 7. Excess readership costs. Includes rows (1) through (4) and a Totals row.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or (loss), 5. Circulation income, 6. Readership costs, 7. Excess readership costs. Includes rows (1) through (4), a Totals from Part I row, and a Totals, Part II row.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 21)

Table with 4 columns: 1. Name, 2. Title, 3. Percent of time devoted to business, 4. Compensation attributable to unrelated business. Includes rows (1) through (4) and a Total row.

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

ATTACHMENT 1

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

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

**84-0738973**

<u>YEAR</u>	<u>NOL GENERATED</u>	<u>NOL UTILIZED</u>	<u>NOL CARRYOVER</u>
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	-	-	-
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	-	-	-
	<u>348,892</u>		<u>347,103</u>

\* \* \* \* \*

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.

**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 <b>NATIONAL CATTLEMEN' S BEEF ASSOCIATION, INC.</b>		Colorado Account Number •	
Address <b>9110 EAST NICHOLS AVENUE, #300</b>		Federal Employer I.D. Number • <b>84-0738973</b>	
City <b>CENTENNIAL</b>	State <b>CO</b>	ZIP <b>80112-3450</b>	

**IF YOU DO NOT NEED A CORPORATE TAX BOOKLET MAILED TO YOU NEXT YEAR, CHECK THIS 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 Schedule 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 **990T**

**• B. Separate/Consolidate/Combined Filing.** This return is being filed by:

A single corporation filing a separate return;

An affiliated group of corporations electing to file a consolidated return (Warning: such election is binding for four years).  
 If your election was made in a prior year, enter the year of election here: \_\_\_\_\_ (Attach 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 affiliated, consolidated group (Attach Schedule C).

**ROUND TO THE NEAREST 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
<b>Additions to federal taxable income</b>				
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
<b>Subtractions from federal taxable income</b>				
8	Exempt federal interest	• 8		.00
9	Excludable foreign source income	• 9		.00
10	Colorado source capital gain (assets acquired on or after 5/9/94, held five years)	• 10		.00
11	Other subtractions, attach explanation	• 11		.00
12	Total of lines 8 through 11	• 12		.00
13	Modified federal taxable income, line 7 minus line 12	• 13	NONE	.00
14	Colorado taxable income before net operating loss deduction	• 14	NONE	.00
15	Colorado net operating loss deduction	• 15		.00
16	Colorado taxable income, line 14 minus line 15	• 16	NONE	.00
17	Tax, 4.63% of the amount on line 16	• 17	NONE	.00
18	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
20	Recapture of prior year credits	• 20		.00

21 Total of lines 19 and 20 . . . . .	21	NONE	.00
22 Estimated tax and extension payments and credits . . . . .	● 22		.00
23 Refundable alternative fuel vehicle credit from line 73, Form 112CR . . . . .	● 23		.00
24 Total of lines 22 and 23 . . . . .	24		.00
25 Penalty, also include on line 28 if applicable . . . . .	● 25		.00
26 Interest, also include on line 28 if applicable . . . . .	● 26		.00
27 Estimated tax penalty due, also include on line 28 if applicable . . . . .	● 27		.00
28 If amount on line 21 exceeds amount on line 24, enter amount owed . . . . .	● 28	NONE	.00
29 Overpayment, line 24 minus line 21 . . . . .	29		.00
30 Overpayment to be credited to estimated tax . . . . .	● 30		.00
31 Overpayment to be refunded . . . . .	● 31		.00

**Direct  
Deposit**

Routing number  Type:  Checking  Savings  
 Account number

**MAIL TO AND MAKE CHECKS PAYABLE TO:** Colorado Department of Revenue, Denver, CO 80261-0006  
 The State may convert your check to a one time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.

**C. The corporation's books are in care of:**

Name DOUG EVANS		Telephone Number 303-694-0305	
Address 9110 EAST NICHOLS AVENUE, #300	City CENTENNIAL	State CO	ZIP 80112-3450

<b>D. Business code number per federal return ●</b> 541900	May the Colorado Department of Revenue discuss this return with the paid preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>E. Year corporation began doing business in Colorado ●</b> 01-01-1996	

**F. Kind of business in detail:** ADVERTISING

**G. Has the Internal Revenue Service made any adjustments in the corporation's income or tax or have you filed amended federal income tax returns at any time during the last four years?**  Yes  No If Yes, for which year(s)? \_\_\_\_\_  
 Did you file amended Colorado returns to reflect such changes or submit copies of the Federal Agent's reports?  Yes  No

**Under penalties of perjury in the second degree, I declare that I have examined this return and to the best of my knowledge is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.**

Signature and Title of Officer <b>CLIENT COPY</b>	Date	Person or Firm preparing return (name, address and telephone number): EKS&H 7979 E. TUFTS AVENUE, SUITE 400 DENVER, CO CO 80237-2843 (303) 740-9400
--	------	---



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

**84-0738973**

<u>YEAR</u>	<u>NOL GENERATED</u>	<u>NOL UTILIZED</u>	<u>NOL CARRYOVER</u>
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	-	-	-
	<u>488,469</u>		<u>475,293</u>

# 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.

**A For the 2010 calendar year, or tax year beginning and ending**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C Name of organization**  
**MONTANA STOCKGROWERS ASSOCIATION, INC.**  
 Doing Business As  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**420 N. CALIFORNIA**  
 City or town, state or country, and ZIP + 4  
**HELENA, MT 59601**

**D Employer identification number**  
**81-0233155**

**E Telephone number**  
**406-442-3420**

**G Gross receipts \$** **808,604.**

**H(a) Is this a group return for affiliates?**  Yes  No  
**H(b) Are all affiliates included?**  Yes  No  
 If "No," attach a list. (see instructions)

**H(c) Group exemption number** ▶

**I Tax-exempt status:**  501(c)(3)  501(c) ( 5 ) ◀ (insert no.)  4947(a)(1) or  527

**J Website:** ▶ **WWW.MTBEEF.ORG**

**K Form of organization:**  Corporation  Trust  Association  Other ▶

**L Year of formation:** **1884** **M State of legal domicile:** **MT**

**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities:	<b>IMPROVE THE CATTLE INDUSTRY IN MONTANA.</b>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	10
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	96,858. ✓
	<b>b Net unrelated business taxable income from Form 990-T, line 34</b>	7b	-14,840.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 774,031.	Current Year 479,024. ✓
	9	Program service revenue (Part VIII, line 2g)	370,204.	214,944.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,394.	-16,260. ✓
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,556.	29,766.
	12	<b>Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</b>	<b>1,160,185.</b>	<b>707,474.</b>
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	275,211.	243,924.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
		<b>b Total fundraising expenses (Part IX, column (D), line 25)</b>	<b>0.</b>	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	853,505.	455,609.
	18	<b>Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)</b>	<b>1,128,716.</b>	<b>699,533.</b>
	19	<b>Revenue less expenses. Subtract line 18 from line 12</b>	<b>31,469.</b>	<b>7,941.</b>
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 730,928.
21		Total liabilities (Part X, line 26)	42,734.	40,840.
22		<b>Net assets or fund balances. Subtract line 21 from line 20</b>	<b>688,194.</b>	<b>806,120.</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Signature of officer**  
**ERROL RICE** EXECUTIVE DIRECTOR  
 Galusha Higgins & Galusha  
 Type or print name of preparer  
 Certified Public Accountants  
 Helena, Montana

Date

**Print/Type preparer's name**  
**RYAN D. LINDSAY, CPA**  
 Helena, Montana

Preparer's signature  
 Date **07/29/11** Check  self-employed PTIN

**Firm's name** ▶ **GALUSHA HIGGINS AND GALUSHA** Firm's EIN ▶

**Firm's address** ▶ **P.O. BOX 1699**  
**HELENA, MT 59624-1699** Phone no. **406-442-5520**

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

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 prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 59,839. including grants of \$ ) (Revenue \$ ) PUBLICATION OF NEWSLETTER AND ANNUAL CATTLE DIRECTORY.

4b (Code: ) (Expenses \$ 83,176. including grants of \$ ) (Revenue \$ ) ASSOCIATION'S ANNUAL CONVENTION AND TRADE SHOW.

4c (Code: ) (Expenses \$ 62,416. 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 \$ 140,632. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 346,063.

**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)? <i>If "Yes," complete Schedule A</i> .....		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? .....	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
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? <i>If "Yes," complete Schedule D, Part I</i> .....		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
c	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? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> .....		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i> .....		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? .....		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 United States? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
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? <i>If "Yes," complete Schedule G, Part I</i> .....		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) .....		

**Part IV Checklist of Required Schedules** *(continued)*

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		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? <i>If "Yes," complete Schedule J</i> .....		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		
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? <i>If "Yes," complete Schedule L, Part I</i> .....		
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? <i>If "Yes," complete Schedule L, Part II</i> .....		X
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? <i>If "Yes," complete Schedule L, Part III</i> .....		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	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
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? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		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? <i>If "Yes," complete Schedule R, Part I</i> .....		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Contains questions about Form 1096, Form W-2G, Form W-3, and various IRS filing requirements.

**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

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	1a		10
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b		10
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?		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?		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	Does the organization have members or stockholders?	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a	X	
b		
10b	X	
11a	X	
b		
12a	X	
b		
12b	X	
c		
12c	X	
13	X	
14	X	
15		
a	X	
b		X
16a		X
b		
16b		

**Section C. Disclosure**

- 17 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 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 policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶**  
**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

**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.

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

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



**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Sub-total</b> .....							78,750.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							78,750.	0.	0.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

032008 12-21-10

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	272,174.				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	206,850.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f: \$						
	<b>h Total. Add lines 1a-1f</b>			479,024.			
Program Service Revenue	2 a CONVENTION AND MEETING	Business Code 900099	118,086.	118,086.			
	b ADVERTISING-PERIODICAL	541800	96,858.		96,858.		
	c						
	d						
	e						
	f All other program service revenue						
	<b>g Total. Add lines 2a-2f</b>			214,944.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		10,204.	10,204.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross Rents		(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		(i) Securities	74,666.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	101,130.				
		c Gain or (loss)	-26,464.				
d Net gain or (loss)		-26,464.	-26,464.				
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a						
	b Less: direct expenses						
	c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a	27,676.					
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory		27,676.			27,676.	
Miscellaneous Revenue		Business Code					
11 a MISCELLANEOUS	900099	2,090.	2,090.				
b							
c							
d All other revenue							
<b>e Total. Add lines 11a-11d</b>			2,090.				
<b>12 Total revenue. See instructions.</b>			707,474.	103,916.	96,858.	27,676.	

**Part IX Statement of Functional Expenses**

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

Do not include amounts reported on lines 6b, 7b, 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) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	23,064.	8,864.	14,200.	
11 Fees for services (non-employees):				
a Management				
b Legal	37,500. ✓		37,500.	
c Accounting	10,168. ✓		10,168.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	48,603.	41,066.	7,537.	
14 Information technology				
15 Royalties				
16 Occupancy	22,572. ✓		22,572.	
17 Travel	37,415.	26,127.	11,288.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	83,176.	83,176.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	32,257. ✓	19,063.	13,194.	
23 Insurance	27,890. ✓		27,890.	
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.)				
a <u>UNDAUNTED STEWARDSHIP</u>	62,416.	62,416.		
b <u>MEMBER PROMOTION</u>	29,415. ✓		29,415.	
c <u>MARKET MANAGER PROGRAM</u>	26,052. ✓	26,052.		
d <u>PUBLIC RELATIONS AND CO</u>	23,610.	23,610.		
e <u>OFFICE AND POSTAGE</u>	22,573.	6,685.	15,888.	
f All other expenses	-8,038.	8,437.	-16,475.	
<b>25 Total functional expenses. Add lines 1 through 24f</b>	699,533.	346,063.	353,470.	0.
26 Joint costs. Check here <input type="checkbox"/> 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				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	94,978.	1	162,070. ✓
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	68,569.	4	75,267. ✓
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	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		7	
	8	Inventories for sale or use	757.	8	757. ✓
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 425,655.		
	b	Less: accumulated depreciation	10b 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 11	56,955.	12	105,415. ✓
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	<b>Total assets. Add lines 1 through 15 (must equal line 34)</b>	730,928.	16	846,960. ✓	
Liabilities	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 Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, 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. Complete Part X of Schedule D	40,243.	25	40,243. ✓
	26	<b>Total liabilities. Add lines 17 through 25</b>	42,734.	26	40,840. ✓
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	688,194.	27	806,120. ✓
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	688,194.	33	806,120. ✓	
34	<b>Total liabilities and net assets/fund balances</b>	730,928.	34	846,960. ✓	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	707,474.	✓
2	Total expenses (must equal Part IX, column (A), line 25)	2	699,533.	✓
3	Revenue less expenses. Subtract line 2 from line 1	3	7,941.	✓
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	688,194.	✓
5	Other changes in net assets or fund balances (explain in Schedule O)	5	109,985.	
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	806,120.	✓

**Part XII 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
2b	Were the organization's financial statements audited by an independent accountant?		X
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?		X
3b	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.		

**Schedule of Contributors**

OMB No. 1545-0047

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

**2010**

Name of the organization

Employer identification number

**MONTANA STOCKGROWERS ASSOCIATION, INC.**

**81-0233155**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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)

Name of organization

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	\$ 142,265.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

**MONTANA STOCKGROWERS ASSOCIATION, INC.**

**81-0233155**

**Part II Noncash Property** (see instructions)

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



Name of organization

Employer identification number

**MONTANA STOCKGROWERS ASSOCIATION, INC.**

**81-0233155**

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating 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. See instructions.) ▶ \$

(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, and 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

**(e) Transfer of gift**

Transferee's name, address, and 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

**(e) Transfer of gift**

Transferee's name, address, and 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

**(e) Transfer of gift**

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee


**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

**MONTANA STOCKGROWERS ASSOCIATION, INC.**

Employer identification number

**81-0233155**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or 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 funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part 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)     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 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 Tax Year |
|--|---------------------------------|
| a 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 organization 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 the year ▶ \_\_\_\_\_
- 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)(B)(i) and section 170(h)(4)(B)(ii)? .....
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar 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 statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, 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 balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 .....
- (ii) Assets included in Form 990, Part X .....
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 .....
- b Assets included in Form 990, Part X .....

**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):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds 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?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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 year end balance held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Term endowment  \_\_\_\_\_ %

3a Are there endowment funds not in the 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?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	8,580.			8,580. ✓
b Buildings	176,680.		134,577.	42,103. ✓
c Leasehold improvements				
d Equipment	223,135.		177,943.	45,192. ✓
e Other	17,260.		5,178.	12,082. ✓
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				107,957. ✓

**Part VII Investments - Other Securities.** See Form 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
(1) Financial derivatives .....		
(2) Closely-held equity interests .....	105,415.	END-OF-YEAR MARKET VALUE
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
(I) .....		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	105,415.	

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) DEFERRED REVENUE - UNSPENT GRANT	
(3) MONIES	40,243.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	40,243.

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).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

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	3	7,941.
4	Net unrealized gains (losses) on investments	4	56,289.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	53,696.
9	Total adjustments (net). Add lines 4 through 8	9	109,985.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	117,926.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per 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:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	
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	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	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	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	

**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.

**PART X, LINE 2: AS A MATTER OF LAW, THE ASSOCIATION IS SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES FOR HTE 2007 THROUGH 2010 TAX YEARS. ALTHOUGH MANAGEMENT BELIEVES THAT THE AMOUNTS REFLECTED IN THE ASSOCIATION'S TAX RETURNS SUBSTANTIALLY COMPLIES WITH THE APPLICABLE FEDERAL AND STATE TAX REGULATIONS, BOTH THE IRS AND THE VARIOUS STATE TAXING AUTHORITIES CAN TAKE POSITIONS CONTRARY TO THE ASSOCIATION'S POSITION BASED ON THEIR INTERPRETATION OF THE LAW. A TAX POSITION THAT IS CHALLENGED BY A TAXING AUTHORITY COULD RESULT IN AN ADJUSTMENT TO THE**

**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 O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

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

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 \$ 140,632. 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.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

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

Schedule O (Form 990 or 990-EZ) (2010)

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.

Multiple horizontal lines for additional entries.



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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. ▶ See separate instructions.

CMB No. 15-45-0047

**2010**  
Open to Public  
Inspection

Name of the organization

**MONTANA STOCKGROWERS ASSOCIATION, INC.**

Employer identification number  
**81-0233155**

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II 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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2010

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

(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-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
STOCKGROWERS, INC. - 81-0523432 420 N. CALIFORNIA HELENA, MT 59601	SUPPORT SERVICES	MT		C CORP	0.	0.	.00%

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

**a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

**b** Gift, grant, or capital contribution to other organization(s)

**c** Gift, grant, or capital contribution from other organization(s)

**d** Loans or loan guarantees to or for other organization(s)

**e** Loans or loan guarantees by other organization(s)

**f** Sale of assets to other organization(s)

**g** Purchase of assets from other organization(s)

**h** Exchange of assets

**i** Lease of facilities, equipment, or other assets to other organization(s)

**j** Lease of facilities, equipment, or other assets from other organization(s)

**k** Performance of services or membership or fundraising solicitations for other organization(s)

**l** Performance of services or membership or fundraising solicitations by other organization(s)

**m** Sharing of facilities, equipment, mailing lists, or other assets

**n** Sharing of paid employees

**o** Reimbursement paid to other organization for expenses

**p** Reimbursement paid by other organization for expenses

**q** Other transfer of cash or property to other organization(s)

**r** Other transfer of cash or property from other organization(s)

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	Yes	No
(1)						X
(2)						X
(3)						X
(4)						X
(5)						X
(6)						X

**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?		(e) Share of end-of- year assets	(f) Dispropor- tionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Form **990**

**Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A For the 2011 calendar year, or tax year beginning**

**and ending**

**B** Check if applicable:

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

**C Name of organization**

**MONTANA STOCKGROWERS ASSOCIATION, INC.**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

**420 N. CALIFORNIA**

Room/suite

City or town, state or country, and ZIP + 4

**HELENA, MT 59601**

**F Name and address of principal officer: ERROL RICE  
SAME AS C ABOVE**

**D Employer identification number**

**81-0233155**

**E Telephone number**

**406-442-3420**

**G Gross receipts \$**

**952,041.**

**H(a) Is this a group return for affiliates?**  Yes  No

**H(b) Are all affiliates included?**  Yes  No  
If "No," attach a list. (see instructions)

**H(c) Group exemption number** ▶

**I Tax-exempt status:**  501(c)(3)  501(c)( **5** ) ◀ (insert no.)  4947(a)(1) or  527

**J Website:** ▶ **WWW.MTBEEF.ORG**

**K Form of organization:**  Corporation  Trust  Association  Other ▶

**L Year of formation:** **1884**

**M State of legal domicile:** **MT**

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities: **IMPROVE THE CATTLE INDUSTRY IN MONTANA.**

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>13</b>
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>13</b>
<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b>	<b>9</b>
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>112,792.</b>
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>

		Prior Year	Current Year
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	479,024.	360,976.
	<b>9</b> Program service revenue (Part VIII, line 2g)	214,944.	288,108.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-16,260.	19,730.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	29,766.	26,110.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	707,474.	694,924.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	243,924.	401,982.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	455,609.	262,143.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	699,533.	664,125.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	7,941.	30,799.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	846,960.	814,304.
	<b>21</b> Total liabilities (Part X, line 26)	40,840.	215,357.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	806,120.	598,947.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here** ▶ Signature of officer: **ERROL RICE, EXECUTIVE DIRECTOR** Date: \_\_\_\_\_

Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name <b>RYAN D. LINDSAY, CPA</b>	Preparer's signature	Date <b>06/05/12</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00815630</b>
Firm's name ▶ <b>GALUSHA, HIGGINS &amp; GALUSHA, P.C.</b>	Firm's EIN ▶ <b>81-0272932</b>			
Firm's address ▶ <b>P.O. BOX 1699 HELENA, MT 59624-1699</b>		Phone no. <b>4064425520</b>		

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

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

X

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 prior Form 990 or 990-EZ? No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 62,420. including grants of \$ ) (Revenue \$ ) PUBLICATION OF NEWSLETTER AND ANNUAL CATTLE DIRECTORY.

4b (Code: ) (Expenses \$ 73,431. including grants of \$ ) (Revenue \$ ) ASSOCIATION'S ANNUAL CONVENTION AND TRADE SHOW.

4c (Code: ) (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 \$ )

4e Total program service expenses 167,661.

**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)? <i>If "Yes," complete Schedule A</i>		X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
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, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		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		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		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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	
b 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	X
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	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 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (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	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
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	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
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	X



Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O response

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding Form 1096, Form W-2G, Form W-3, and various tax compliance requirements.

**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

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1a	13		
b	Enter the number of voting members included in line 1a, above, who are independent		
1b	13		
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?		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?		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?	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?	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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	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?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
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?		X
b	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 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 **▶ MT**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, and financial 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 and records of the organization: **▶**  
**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

**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.

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

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

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							78,750.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							78,750.	0.	0.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a Federated campaigns	1a				
	b Membership dues	1b	323,494.			
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	37,482.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f: \$					
	<b>h Total. Add lines 1a-1f</b>		<b>360,976.</b>			
<b>Program Service Revenue</b>	2 a <b>CONVENTION AND MEETING</b>	Business Code 900099	175,316.	175,316.		
	b <b>ADVERTISING-PERIODICAL</b>	541800	112,792.		112,792.	
	c					
	d					
	e					
	f All other program service revenue					
	<b>g Total. Add lines 2a-2f</b>		<b>288,108.</b>			
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)		8,001.			8,001.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real (ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	268,846.			
	b Less: cost or other basis and sales expenses		256,992.	125.		
	c Gain or (loss)		11,854.	-125.		
	d Net gain or (loss)		11,729.			11,729.
	8 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						
9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a	12,789.				
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory		12,789.			12,789.	
<b>Miscellaneous Revenue</b>						
11 a <b>MISCELLANEOUS</b>	Business Code 900099	13,321.	13,321.			
b						
c						
d All other revenue						
<b>e Total. Add lines 11a-11d</b>		<b>13,321.</b>				
<b>12 Total revenue. See instructions.</b>		<b>694,924.</b>	<b>188,637.</b>	<b>112,792.</b>	<b>32,519.</b>	

**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).

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

Do not include amounts reported on lines 6b, 7b, 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)				
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.		26,444.	
11 Fees for services (non-employees):				
a Management				
b Legal	1,483.		1,483.	
c Accounting	13,550.		13,550.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	4,727.		4,727.	
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	15,791.		15,791.	
17 Travel	17,121.		17,121.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	73,431.	73,431.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	22,286.	9,630.	12,656.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>MEMBER PROMOTION</b>	44,090.		44,090.	
b <b>OFFICE &amp; POSTAGE</b>	30,039.	8,614.	21,425.	
c <b>COMMISSIONS</b>	26,857.	26,857.		
d <b>PRINTING</b>	25,152.	25,152.		
e All other expenses	-12,384.	23,977.	-36,361.	
25 <b>Total functional expenses.</b> Add lines 1 through 24e	664,125.	167,661.	496,464.	0.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	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 of Schedule L		5	
	6	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		7	
	8	Inventories for sale or use	757.	8	0.
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	426,858.		
	10b	Less: accumulated depreciation	339,750.		
	10c		107,957.	10c	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		15		
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	846,960.	16	814,304.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	597.	17	67,162.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, 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	<b>Total liabilities.</b> Add lines 17 through 25	40,840.	26	215,357.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	806,120.	27	598,947.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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 equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	806,120.	33	598,947.	
34	<b>Total liabilities and net assets/fund balances</b>	846,960.	34	814,304.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	694,924.
2	Total expenses (must equal Part IX, column (A), line 25)	2	664,125.
3	Revenue less expenses. Subtract line 2 from line 1	3	30,799.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	806,120.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-237,972.
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	598,947.

**Part XII 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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 separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?		X
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.		



**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

**2011**

Name of the organization

MONTANA STOCKGROWERS ASSOCIATION, INC.

Employer identification number

81-0233155

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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, 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 <b>MONTANA STOCKGROWERS ASSOCIATION, INC.</b>	Employer identification number <b>81-0233155</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	<hr/> <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	<hr/> <hr/> <hr/> <hr/>	\$ <u>8,550.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

**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
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization <b>MONTANA STOCKGROWERS ASSOCIATION, INC.</b>	Employer identification number <b>81-0233155</b>
---	---

**Part III** 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.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(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, and 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

(e) Transfer of gift	
Transferee's name, address, and 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

(e) Transfer of gift	
Transferee's name, address, and 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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**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

**2011**  
**Open to Public Inspection**

Name of the organization

**MONTANA STOCKGROWERS ASSOCIATION, INC.**

Employer identification number

**81-0233155**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or 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 funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> 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 conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part 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)  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 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 Tax Year |
|--|---------------------------------|
| a 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 organization 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?  Yes  No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- 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)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar 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 statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, 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 balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

**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):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds 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?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		8,580.		8,580.
b Buildings		176,680.	138,860.	37,820.
c Leasehold improvements				
d Equipment		224,338.	192,260.	32,078.
e Other		17,260.	8,630.	8,630.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				87,108.

**Part VII Investments - Other Securities.** See Form 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
(1) Financial derivatives .....		
(2) Closely-held equity interests .....	132,479.	END-OF-YEAR MARKET VALUE
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
(I) .....		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	132,479.	

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
(10) .....		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
(10) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED REVENUE - UNSPENT GRANT	
(3) MONIES	20,672.
(4) DEFERRED REVENUE - DUES PAID IN	
(5) ADVANCE	127,523.
(6) .....	
(7) .....	
(8) .....	
(9) .....	
(10) .....	
(11) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	148,195.

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).

<b>Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements</b>		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	694,924.
2	Total expenses (Form 990, Part IX, column (A), line 25)	664,125.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	30,799.
4	Net unrealized gains (losses) on investments	
5	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	-237,972.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	-207,173.

<b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>		
1	Total revenue, gains, and other support per audited financial statements	771,728.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	2a -14,009.
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV.)	2d 90,814.
e	Add lines 2a through 2d	2e 76,805.
3	Subtract line 2e from line 1	3 694,923.
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
b	Other (Describe in Part XIV.)	4b
c	Add lines 4a and 4b	4c 0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 694,923.

<b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>		
1	Total expenses and losses per audited financial statements	754,939.
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	2b
c	Other losses	2c
d	Other (Describe in Part XIV.)	2d 90,814.
e	Add lines 2a through 2d	2e 90,814.
3	Subtract line 2e from line 1	3 664,125.
4	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	4a
b	Other (Describe in Part XIV.)	4b
c	Add lines 4a and 4b	4c 0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 664,125.

**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.

**PART XI, LINE 8 - OTHER ADJUSTMENTS:**

UNDISTRIBUTED EARNINGS ON SUBSIDIARY	27,064.
UNREALIZED LOSS ON INVESTMENTS	-14,009.
PRIOR PERIOD ADJUSTMENT	-251,027.
TOTAL TO SCHEDULE D, PART XI, LINE 8	-237,972.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**



**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

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

Department of the Treasury  
Internal Revenue Service

**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

**2011**  
Open to Public  
Inspection

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.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

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

Schedule O (Form 990 or 990-EZ) (2011)

Name of the organization

MONTANA STOCKGROWERS ASSOCIATION, INC.

Employer identification number

81-0233155

UNDISTRIBUTED EARNINGS ON SUBSIDIARY	27,064.
UNREALIZED LOSS ON INVESTMENTS	-14,009.
PRIOR PERIOD ADJUSTMENT	-251,027.
TOTAL TO FORM 990, PART XI, LINE 5	-237,972.

THE PROCESS FOR SELECTING AN INDEPENDENT AUDITOR HAS NOT CHANGED FROM  
 THE PRIOR YEAR.

**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. ▶ See separate instructions.

OMB No. 1545-0047

**2011**  
Open to Public  
Inspection

Name of the organization

**MONTANA STOCKGROWERS ASSOCIATION, INC.**

Employer identification number  
**81-0233155**

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II 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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

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

(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-year assets	(h) Disproportionate allocations?		(i) General or managing partner?	(k) Percentage ownership
							Yes	No		

**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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
STOCKGROWERS, INC. - 81-0523432							
420 N. CALIFORNIA							
HELENA, MT 59601	SUPPORT SERVICES	MT		C CORP			

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		<input checked="" type="checkbox"/>
<b>b</b> Gift, grant, or capital contribution to related organization(s)		<input checked="" type="checkbox"/>
<b>c</b> Gift, grant, or capital contribution from related organization(s)		<input checked="" type="checkbox"/>
<b>d</b> Loans or loan guarantees to or for related organization(s)		<input checked="" type="checkbox"/>
<b>e</b> Loans or loan guarantees by related organization(s)		<input checked="" type="checkbox"/>
<b>f</b> Sale of assets to related organization(s)		<input checked="" type="checkbox"/>
<b>g</b> Purchase of assets from related organization(s)		<input checked="" type="checkbox"/>
<b>h</b> Exchange of assets with related organization(s)		<input checked="" type="checkbox"/>
<b>i</b> Lease of facilities, equipment, or other assets to related organization(s)		<input checked="" type="checkbox"/>
<b>j</b> Lease of facilities, equipment, or other assets from related organization(s)		<input checked="" type="checkbox"/>
<b>k</b> Performance of services or membership or fundraising solicitations for related organization(s)		<input checked="" type="checkbox"/>
<b>l</b> Performance of services or membership or fundraising solicitations by related organization(s)		<input checked="" type="checkbox"/>
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		<input checked="" type="checkbox"/>
<b>n</b> Sharing of paid employees with related organization(s)		<input checked="" type="checkbox"/>
<b>o</b> Reimbursement paid to related organization(s) for expenses		<input checked="" type="checkbox"/>
<b>p</b> Reimbursement paid by related organization(s) for expenses		<input checked="" type="checkbox"/>
<b>q</b> Other transfer of cash or property to related organization(s)		<input checked="" type="checkbox"/>
<b>r</b> Other transfer of cash or property from related organization(s)		<input checked="" type="checkbox"/>

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**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) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners sec 501(c)(3) only?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
				Yes	No			Yes	No		Yes	No		

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

For calendar year 2011 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

<b>A</b> <input type="checkbox"/> Check box if address changed	<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(5) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type <b>MONTANA STOCKGROWERS ASSOCIATION, INC.</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>420 N. CALIFORNIA</b> City or town, state, and ZIP code <b>HELENA, MT 59601</b>	<b>D</b> Employer identification number (Employees' trust, see instructions.) <b>81-0233155</b>  <b>E</b> Unrelated business activity codes (See instructions.) <b>541800</b>	<b>Name of organization</b> ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>MONTANA STOCKGROWERS ASSOCIATION, INC.</b>  <b>F</b> Group exemption number (See instructions.) _____ <b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust
<b>C</b> Book value of all assets at end of year <b>814,304.</b>				

**H** Describe the organization's primary unrelated business activity. **SALE OF ADVERTISING TO MEMBERS AND OTHERS**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation. \_\_\_\_\_

**J** The books are in care of **ASSOCIATION** Telephone number **406-442-3420**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances <span style="float: right;">c Balance</span>			
2 Cost of goods sold (Schedule A, line 7)			
3 Gross profit. Subtract line 2 from line 1c			
4 a Capital gain net income (attach Schedule D)			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c Capital loss deduction for trusts			
5 Income (loss) from partnerships and S corporations (attach statement)			
6 Rent income (Schedule C)			
7 Unrelated debt-financed income (Schedule E)			
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10 Exploited exempt activity income (Schedule I)			
11 Advertising income (Schedule J)	112,792.	94,679.	18,113.
12 Other income (See instructions; attach schedule.)			
13 <b>Total.</b> Combine lines 3 through 12	112,792.	94,679.	18,113.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)		14	
15 Salaries and wages		15	
16 Repairs and maintenance		16	
17 Bad debts		17	
18 Interest (attach schedule)		18	
19 Taxes and licenses		19	
20 Charitable contributions (See instructions for limitation rules.)		20	
21 Depreciation (attach Form 4562)	21		
22 Less depreciation claimed on Schedule A and elsewhere on return	22a		
23 Depletion		23	
24 Contributions to deferred compensation plans		24	
25 Employee benefit programs		25	
26 Excess exempt expenses (Schedule I)		26	
27 Excess readership costs (Schedule J)		27	
28 Other deductions (attach schedule)		28	
29 <b>Total deductions.</b> Add lines 14 through 28		29	0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	18,113.
31 Net operating loss deduction (limited to the amount on line 30)		31	18,113.
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32	0.
33 Specific deduction (Generally \$1,000, but see instructions for exceptions.)		33	1,000.
34 <b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34	0.



**Part III Tax Computation**

**35 Organizations Taxable as Corporations.** See instructions for tax computation.  
 Controlled group members (sections 1561 and 1563) check here  See Instructions and:  
 a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):  
 (1) \$ \_\_\_\_\_ (2) \$ \_\_\_\_\_ (3) \$ \_\_\_\_\_  
 b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ \_\_\_\_\_  
 (2) Additional 3% tax (not more than \$100,000) \$ \_\_\_\_\_  
 c Income tax on the amount on line 34 ▶ 35c 0.  
**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from:  
 Tax rate schedule or  Schedule D (Form 1041) ▶ 36  
**37 Proxy tax.** See instructions ▶ 37  
**38 Alternative minimum tax** ▶ 38  
**39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies ▶ 39 0.

**Part IV Tax and Payments**

**40a Foreign tax credit** (corporations attach Form 1118; trusts attach Form 1116) ▶ 40a  
**b Other credits** (see instructions) ▶ 40b  
**c General business credit.** Attach Form 3800 ▶ 40c  
**d Credit for prior year minimum tax** (attach Form 8801 or 8827) ▶ 40d  
**e Total credits.** Add lines 40a through 40d ▶ 40e  
**41 Subtract line 40e from line 39** ▶ 41 0.  
**42 Other taxes.** Check if from:  Form 4255  Form 8611  Form 8697  Form 8866  Other (attach schedule) ▶ 42  
**43 Total tax.** Add lines 41 and 42 ▶ 43 0.  
**44 a Payments:** A 2010 overpayment credited to 2011 ▶ 44a  
**b 2011 estimated tax payments** ▶ 44b  
**c Tax deposited with Form 8868** ▶ 44c  
**d Foreign organizations: Tax paid or withheld at source** (see instructions) ▶ 44d  
**e Backup withholding** (see instructions) ▶ 44e  
**f Credit for small employer health insurance premiums** (Attach Form 8941) ▶ 44f  
**g Other credits and payments:**  Form 2439  Form 4136  Other ▶ 44g Total ▶  
**45 Total payments.** Add lines 44a through 44g ▶ 45  
**46 Estimated tax penalty** (see instructions). Check if Form 2220 is attached  ▶ 46  
**47 Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed ▶ 47 0.  
**48 Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ▶ 48 0.  
**49 Enter the amount of line 48 you want:** Credited to 2012 estimated tax ▶ 49 Refunded ▶

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

**1** At any time during the 2011 calendar year, did the organization have an interest in or a signature or other authority over a financial 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 Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ Yes No  
**2** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. ▶ X  
**3** Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ X

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ▶ N/A

<b>1</b> Inventory at beginning of year <span style="float:right">▶ 1</span>	<b>6</b> Inventory at end of year <span style="float:right">▶ 6</span>
<b>2</b> Purchases <span style="float:right">▶ 2</span>	<b>7</b> Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 <span style="float:right">▶ 7</span>
<b>3</b> Cost of labor <span style="float:right">▶ 3</span>	<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <span style="float:right">Yes No</span>
<b>4a</b> Additional section 263A costs <span style="float:right">▶ 4a</span>	<span style="float:right">X</span>
<b>b</b> Other costs (attach schedule) <span style="float:right">▶ 4b</span>	
<b>5</b> Total. Add lines 1 through 4b <span style="float:right">▶ 5</span>	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_ Title ▶ **EXECUTIVE DIRECTOR**

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**

Print/Type preparer's name **RYAN D. LINDSAY, CPA** Preparer's signature \_\_\_\_\_ Date **06/05/12** Check  if self-employed PTIN **P00815630**  
 Firm's name **GALUSHA, HIGGINS & GALUSHA, P.C.** Firm's EIN **81-0272932**  
 P.O. BOX 1699  
 Firm's address **HELENA, MT 59624-1699** Phone no. **4064425520**

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

1. Description of property

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

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(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 columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ... 0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			

4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 8 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		

Totals Enter here and on page 1, Part I, line 7, column (A). 0. Enter here and on page 1, Part I, line 7, column (B). 0.

Total dividends-received deductions included in column 8

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Totals Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 0. Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0.

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

1. Description of Income	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)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
<b>Totals</b>	0.			0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**  
(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part I, line 26.
<b>Totals</b>	0.	0.				0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated 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						
(2) STOCKGROWER	112,792.	94,679.		0.	0.	
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>	112,792.	94,679.	18,113.			0.

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

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)						
(2)						
(3)						
(4)						
(5) <b>Totals from Part I</b>	112,792.	94,679.				0.
		Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).			Enter here and on page 1, Part II, line 27.
<b>Totals, Part II (lines 1-5)</b>	112,792.	94,679.				0.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total. Enter here and on page 1, Part II, line 14</b>			0.

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

OMB No. 1545-1709

▶ **File a separate application for each return.**

- 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 filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I 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

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.*

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>MONTANA STOCKGROWERS ASSOCIATION, INC.</b>	Employer identification number (EIN) or <input checked="" type="checkbox"/> <b>81-0233155</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>420 N. CALIFORNIA</b>	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>HELENA, MT 59601</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) 07

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	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)	06	Form 8870	12

**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.

**1** 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:  
▶  calendar year **2011** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Form **990**

Department of the Treasury  
Internal Revenue Service

**\*\* PUBLIC DISCLOSURE COPY \*\***  
**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

**2012**

Open to Public Inspection

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

**A For the 2012 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>MONTANA STOCKGROWERS ASSOCIATION, INC.</b> Doing Business As		<b>D Employer identification number</b> <b>81-0233155</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>E Telephone number</b> <b>406-442-3420</b>
	City, town, or post office, state, and ZIP code <b>HELENA, MT 59601</b>		<b>G Gross receipts \$</b> <b>851,512.</b>
	<b>F Name and address of principal officer: ERROL RICE</b> <b>SAME AS C ABOVE</b>		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I Tax-exempt status:</b> <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)( 5 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J Website:</b> ▶ <b>WWW.MTBEEF.ORG</b>			
<b>K Form of organization:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> <b>1884</b> <b>M State of legal domicile:</b> <b>MT</b>	

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>IMPROVE THE CATTLE INDUSTRY IN MONTANA.</b>				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3	Number of voting members of the governing body (Part VI, line 1a) ..... <b>14</b>			
	4	Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>14</b>			
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a) ..... <b>7</b>			
	6	Total number of volunteers (estimate if necessary) ..... <b>0</b>			
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>136,513.</b>			
7b	Net unrelated business taxable income from Form 990-T, line 34 ..... <b>43,225.</b>				
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h) ..... <b>360,976.</b>	Prior Year	Current Year	
	9	Program service revenue (Part VIII, line 2g) ..... <b>288,108.</b>	<b>340,922.</b>	<b>361,365.</b>	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>19,730.</b>	<b>13,893.</b>	<b>17,145.</b>	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>26,110.</b>	<b>733,325.</b>	<b>733,325.</b>	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>694,924.</b>			
	<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... <b>0.</b>	<b>0.</b>	<b>0.</b>
		14	Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b>	<b>0.</b>	<b>0.</b>
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>401,982.</b>	<b>362,448.</b>	<b>362,448.</b>
		16a	Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>0.</b>	<b>0.</b>	<b>0.</b>
		b	Total fundraising expenses (Part IX, column (D), line 25) ..... <b>0.</b>		
		17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>262,143.</b>	<b>345,609.</b>	<b>345,609.</b>
		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>664,125.</b>	<b>708,057.</b>	<b>708,057.</b>
19		Revenue less expenses. Subtract line 18 from line 12 ..... <b>30,799.</b>	<b>25,268.</b>	<b>25,268.</b>	
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16) ..... <b>814,304.</b>	Beginning of Current Year	End of Year	
	21	Total liabilities (Part X, line 26) ..... <b>215,357.</b>	<b>1,028,215.</b>	<b>338,678.</b>	
	22	Net assets or fund balances. Subtract line 21 from line 20 ..... <b>598,947.</b>	<b>689,537.</b>	<b>689,537.</b>	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information and documents furnished to the preparer by the taxpayer. Preparer has any knowledge.

<b>Sign Here</b>	Signature of officer	Date
	<b>ERROL RICE, EXECUTIVE DIRECTOR</b> Type or print name and title	<b>Helena, Montana</b>

<b>Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	<b>RYAN D. LINDSAY, CPA</b>		<b>05/28/13</b>		<b>P00815630</b>
	Firm's name ▶ <b>GALUSHA, HIGGINS &amp; GALUSHA, P.C.</b>	Firm's EIN ▶ <b>81-0272932</b>			
	Firm's address ▶ <b>P.O. BOX 1699</b> <b>HELENA, MT 59624-1699</b>	Phone no. <b>(406) 442-5520</b>			

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

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 prior Form 990 or 990-EZ? [ ] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] 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 \$ ) ASSOCIATION'S ANNUAL CONVENTION AND TRADE SHOW.

4c (Code: ) (Expenses \$ 31,401. 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 \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 219,118.

**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)? <i>If "Yes," complete Schedule A</i>		X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
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, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		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		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		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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		
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		
26	Was a loan 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		X
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		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	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable 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, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	X	



**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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	<b>1a</b> 6		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	<b>1c</b>		
<b>2a</b>	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		
	<b>2a</b> 7		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		X
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</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.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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 as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ...		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	

**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

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a	14	
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b	14	
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?		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?		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?	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?	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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	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?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
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?		X
b	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 exempt status with respect to such arrangements?		
	16b		

**Section C. Disclosure**

- 17 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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial 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 and records of the organization: **▶**  
**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

**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.

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

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

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes sub-totals for lines 1b, 1c, and 1d.

Table with 3 columns: Question number, Question text, and Yes/No columns. Contains questions 2, 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

Table for Section B with 3 columns: (A) Name and business address, (B) Description of services, and (C) Compensation. Includes a total count question (2) for independent contractors.

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a Federated campaigns	1a					
	b Membership dues	1b	308,469.				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	32,453.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f: \$						
	<b>h Total. Add lines 1a-1f</b>			<b>340,922.</b>			
<b>Program Service Revenue</b>	2 a <b>CONVENTION AND MEETING</b>	Business Code 900099	224,852.	224,852.			
	b <b>ADVERTISING-PERIODICAL</b>	541800	136,513.		136,513.		
	c						
	d						
	e						
	f All other program service revenue						
	<b>g Total. Add lines 2a-2f</b>			<b>361,365.</b>			
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)		12,032.			12,032.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses		107,687.	10,500.		
		c Gain or (loss)		12,361.	-10,500.		
d Net gain or (loss)			1,861.	-10,500.		12,361.	
8 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						
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a	7,070.					
	b Less: cost of goods sold	b	0.				
	c Net income or (loss) from sales of inventory			7,070.		7,070.	
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
11 a <b>MISCELLANEOUS</b>	900099		10,075.	10,075.			
b							
c							
d All other revenue							
<b>e Total. Add lines 11a-11d</b>			<b>10,075.</b>				
<b>12 Total revenue. See instructions.</b>			<b>733,325.</b>	<b>224,427.</b>	<b>136,513.</b>	<b>31,463.</b>	

**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).

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
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	235,029.		235,029.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	23,467.		23,467.	
9 Other employee benefits				
10 Payroll taxes	25,202.		25,202.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	22,341.		22,341.	
d Lobbying				
e 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				
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				
19 Conferences, conventions, and meetings	116,645.	116,645.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	21,760.		21,760.	
23 Insurance	31,851.		31,851.	
24 Other expenses. (Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>MEMBER PROMOTION</b>	35,600.		35,600.	
b <b>COMMISSIONS</b>	32,882.	32,882.		
c <b>UNDAUNTED STEWARDSHIP</b>	31,401.	31,401.		
d <b>PRINTING</b>	30,699.	30,699.		
e All other expenses	-4,004.	7,491.	-11,495.	
<b>25 Total functional expenses. Add lines 1 through 24e</b>	<b>708,057.</b>	<b>219,118.</b>	<b>488,939.</b>	<b>0.</b>
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	249,885.	<b>1</b>	345,804.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	12,370.	<b>4</b>	64,566.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other 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 instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	0.	<b>9</b>	3,121.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 415,189.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 352,010.	87,108.	<b>10c</b> 63,179.
	<b>11</b> Investments - publicly traded securities .....	332,462.	<b>11</b>	352,257.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	132,479.	<b>12</b>	199,288.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	814,304.	<b>16</b>	1,028,215.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	67,162.	<b>17</b>	209,840.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	148,195.	<b>25</b>	128,838.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	215,357.	<b>26</b>	338,678.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	598,947.	<b>27</b>	689,537.
	<b>28</b> Temporarily restricted net assets .....		<b>28</b>	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	598,947.	<b>33</b>	689,537.	
<b>34</b> Total liabilities and net assets/fund balances .....	814,304.	<b>34</b>	1,028,215.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	733,325.
2	Total expenses (must equal Part IX, column (A), line 25)	2	708,057.
3	Revenue less expenses. Subtract line 2 from line 1	3	25,268.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	598,947.
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	65,322.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	689,537.

**Part XII 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X
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	X
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 _____	3b	



**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

MONTANA STOCKGROWERS ASSOCIATION, INC.

Employer identification number

81-0233155

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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, 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) (2012)

Name of organization <b>MONTANA STOCKGROWERS ASSOCIATION, INC.</b>	Employer identification number <b>81-0233155</b>
---	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<b>1</b>	<hr/> <hr/> <hr/> <hr/>	\$ <u>5,850.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

**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
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization <b>MONTANA STOCKGROWERS ASSOCIATION, INC.</b>	Employer identification number <b>81-0233155</b>
---	---

**Part III** 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.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**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

**2012**  
Open to Public Inspection

Name of the organization

**MONTANA STOCKGROWERS ASSOCIATION, INC.**

Employer identification number

**81-0233155**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or 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 funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes <input type="checkbox"/> 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 conferring impermissible private benefit? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- Purpose(s) of conservation easements held by the organization (check all that apply).
 

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
 

	Held at the End of the Tax Year
a 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
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶
- Number of states where property subject to conservation easement is located ▶
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$
- 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)? .....
- In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

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 and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, 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 balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts 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, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
 

a Revenues included in Form 990, Part VIII, line 1 .....	▶ \$
b Assets included in Form 990, Part X .....	▶ \$

**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):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

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?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

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
1a Beginning of year balance					
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?	3b	

4 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 basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		8,580.		8,580.
b Buildings		176,680.	143,143.	33,537.
c Leasehold improvements				
d Equipment		212,669.	196,785.	15,884.
e Other		17,260.	12,082.	5,178.
<b>Total.</b> 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 Form 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
(1) Financial derivatives		
(2) Closely-held equity interests	199,288.	END-OF-YEAR MARKET VALUE
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	199,288.	

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED REVENUE - DUES PAID IN	
(3) ADVANCE	128,838.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	128,838.

2. FIN 48 (ASC 740) Footnote. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

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:			
a	Net unrealized gains on investments	2a	-1,487.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	96,667.	
e	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:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	733,325.

**Part XII Reconciliation of Expenses per Audited Financial Statements 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	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	96,667.	
e	Add lines 2a through 2d		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:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	708,057.

**Part XIII 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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

**REDUCTION OF EXPENSES ON FORM 990**

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

**EXPENSE REIMBURSEMENTS SHOWN AS EXPENSE REDUCTION ON 990**



SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

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

2012  
Open to Public  
Inspection

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 \$ 0. 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.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

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

Schedule O (Form 990 or 990-EZ) (2012)

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 CHANGED FROM  
 THE PRIOR YEAR.





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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)		X
<b>c</b> Gift, grant, or capital contribution from related organization(s)		X
<b>d</b> Loans or loan guarantees to or for related organization(s)		X
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Dividends from related organization(s)		X
<b>g</b> Sale of assets to related organization(s)		X
<b>h</b> Purchase of assets from related organization(s)		X
<b>i</b> Exchange of assets with related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
<b>o</b> Sharing of paid employees with related organization(s)		X
<b>p</b> Reimbursement paid to related organization(s) for expenses		X
<b>q</b> Reimbursement paid by related organization(s) for expenses		X
<b>r</b> Other transfer of cash or property to related organization(s)		X
<b>s</b> Other transfer of cash or property from related organization(s)		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				



Form **990-W**

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

OMB No. 1545-0976

**(Worksheet)**  
Department of the Treasury  
Internal Revenue Service

(and on Investment Income for Private Foundations) **FORM 990-T**  
(Keep for your records. Do not send to the Internal Revenue Service.)

**2013**

1	Unrelated business taxable income expected in the tax year .....	1	
2	Tax on the amount on line 1. See instructions for tax computation .....	2	
3	Alternative minimum tax (see instructions) .....	3	
4	Total. Add lines 2 and 3 .....	4	
5	Estimated tax credits (see instructions) .....	5	
6	Subtract line 5 from line 4 .....	6	
7	Other taxes (see instructions) .....	7	
8	Total. Add lines 6 and 7 .....	8	
9	Credit for federal tax paid on fuels (see instructions) .....	9	
10a	Subtract line 9 from line 8. <b>Note.</b> If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions .....	10a	
b	Enter the tax shown on the 2012 return (see instructions). <b>Caution.</b> If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c .....	10b	6,484.
c	<b>2013 Estimated Tax.</b> Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c .....	10c	6,520.
			<b>ADJUSTED TO</b>

		(a)	(b)	(c)	(d)	
11	Installment due dates (see instructions) .....	11	04/15/13	06/17/13	09/16/13	12/16/13
12	Required installments. Enter 25% of line 10c in columns (a) through (d) unless the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization" (see instructions) .....	12	1,630.	1,630.	1,630.	1,630.
13	2012 Overpayment (see instructions) .....	13				
14	Payment due. (Subtract line 13 from line 12.) .....	14	1,630.	1,630.	1,630.	1,630.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2013)