# 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

Legislative Hearing on HR 1459, "Ensuring Public Involvement in the Creation of National Monuments Act" and HR 758, "Utah Land Sovereignty Act"

For Individuals:

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

\* \* \* \* \*

For Witnesses Representing Organizations:

- 1. Name: Dave Eliason
- 2. Name of Organization(s) You are Representing at the Hearing: Utah Cattlemen's Association (UCA) Public Lands Council (PLC)
- 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: Dave Eliason, Public Lands Council, Utah Cattlemen's Association Title/Date of Hearing: Legislative Hearing on HR 1459, "Ensuring Public Involvement in the Creation of National Monuments Act" and HR 758, "Utah Land Sovereignty Act"

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 Agriculture Economics, Brigham Young 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.

Past President of Box Elder County Cattlemen's Association

For 28 years, president of Curlew Cattlemen's Association, a 26-member community allotment Also, served on the Utah State advisory board for the BLM, directed and chaired the Utah Beef Council, directed and chaired the Box Elder County ASCS/FSA board, chaired the Utah State ASCS/FSA Board appointed by President George W. Bush, and was appointed by Governor Gary Herbert to serve on the Governor's Agriculture Advisory Board. He has served on the board of directors of NCBA and has been on various committees for NCBA.

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.

Fourth generation commercial cattle rancher operating on both BLM and Forest Service allotments

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.

# Witnesses Representing Organizations

Name/Organization: Dave Eliason, Public Lands Council, Utah Cattlemen's Association Title/Date of Hearing: Legislative Hearing on HR 1459, "Ensuring Public Involvement in the Creation of National Monuments Act" and HR 758, "Utah Land Sovereignty Act"

h. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.
Immediate Past President of the Utah Cattlemen's Association
Current Secretary/Treasurer of the Public Lands Council
Chairman of Utah Beef Board

i. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior (and /or other agencies invited) 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).

UCA – None

PLC – USFS Planning Rule: *Federal Forest Resource Coalition et al v. Vilsack* (DC District Court) Federal Statues at Issue: OAA, NFMA, MUSYA, APA

USFS Payette Plan: *Idaho Wool Growers Association et al v. Vilsack et al* (Idaho District Court) Federal Statues at Issue: NEPA, FACA, 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)).

UCA & PLC 990s have been emailed to the committee

						3/21
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990		anization Exempt I				2010
	Under section 501(c), 527.	, or 4947(a)(1) of the internal Re benefit trust or private founda	evenue Code ( Ition)	except blac	c lung	Open to Public
ment of the Treasury I Revenue Service		e to use a copy of this return to s	atisfy state rep	orting require	ements.	Inspection
or the 2010 cal	endar year, or tax year beginning		0, and ending	Septen	D Employer in	lentification number
heck if applicable:	C Name of organization Public Lan	ds Council			-	-0583125
ddress change	Doing Business As		Room/suite		E Telephone r	
ame change	Number and street (or P.O. box if mail	is not delivered to street address)				I-771-3500
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erminated	City or town, state or country, and 2	<u>'</u> IP + 4				ots \$ 218131
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Vebsite: 🕨 🖤	ww.publiclandscouncil.org				p exemption nu	
	: Corporation Trust Assoc	Diation 🔽 Other Þ Non Profit	L Year of forma	tion: 1968	M State of I	egal domicile: CO
rti Sumr	nary					
1 Briefly of	lescribe the organization's miss	sion or most significant activi	ties: To pro	mote the co	mmon busine	ess interest of
livestoc	k industries with respect to graz	ing on federal lands.				
	***************************************					
		·				
2. Check	his box 🕨 🗌 if the organization dis	continued its operations or disposed o	f more than 25%	of its net asse	S.	
3 Numbe	r of voting members of the gov	erning body (Part VI, line 1a)			3	3
4 Numbe	r of independent voting member	ers of the governing body (Pa	rt VI, line 1b)		4	3
5 Total ni	umber of individuals employed	in calendar year 2010 (Part V	, line 2a) .		5	2/part-time
6 Total n	umber of volunteers (estimate i	f necessary)			6	
7a Total u	nrelated business revenue from	Part VIII, column (C), line 12			. 7a	
b Net un	elated business taxable incom	e from Form 990-T. line 34			. 7b	
DINCLOIN				Prior Y	ear	Current Year
8 Contrib	utions and grants (Part VIII, line	e 1h)	[		202248	214420
	m service revenue (Part VIII, lin					
9 Flugra	nent income (Part VIII, column (	(A) lines 3 4 and 7d)			3857	3711
10 Investn	evenue (Part VIII, column (A), li	nes 5 6d 8c 9c 10c and 1	1e)			
11 Other r	evenue-add lines 8 through 11	(must equal Part VIII, column	(A) line 12)		206105	218131
	and similar amounts paid (Parl					
	and similar amounts paid (Fan					
14 Benefil	s paid to or for members (Part	IX, column (A), line 4)	]		88220	95524
15 Salarie	s paid to or for members (Part s, other compensation, employed	IX, column (A), line 4) e benefits (Part IX, column (A),	 lines 5–10)		88220	95524
15 Salarie 16a Profes	s paid to or for members (Part s, other compensation, employe sional fundraising fees (Part IX,	IX, column (A), line 4) e benefits (Part IX, column (A), column (A), line 11e)	ines 5–10)		88220	95524
15 Salarie 16a Profes b Total fi	s paid to or for members (Part s, other compensation, employer sional fundraising fees (Part IX, undraising expenses (Part IX, c	IX, column (A), line 4) e benefits (Part IX, column (A), . column (A), line 11e) . olumn (D), line 25)	iines 5–10)			
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<ul> <li>15 Salarie:</li> <li>16a Profes</li> <li>b Total fi</li> <li>17 Other</li> <li>18 Total e</li> </ul>	s paid to or for members (Part s, other compensation, employed sional fundraising fees (Part IX, undraising expenses (Part IX, c expenses (Part IX, column (A), I expenses. Add lines 13–17 (mus	IX, column (A), line 4) e benefits (Part IX, column (A), column (A), line 11e) olumn (D), line 25) ▶ lines 11a–11d, 11f–24f) st equal Part IX, column (A), li	lines 5–10)		156660 244880	92155 187679
<ul> <li>15 Salarie:</li> <li>16a Profes</li> <li>b Total fr</li> <li>17 Other</li> <li>18 Total e</li> <li>19 Reven</li> </ul>	s paid to or for members (Part s, other compensation, employed sional fundraising fees (Part IX, undraising expenses (Part IX, c expenses (Part IX, column (A), I	IX, column (A), line 4) e benefits (Part IX, column (A), column (A), line 11e) olumn (D), line 25) ▶ lines 11a–11d, 11f–24f) st equal Part IX, column (A), li	lines 5–10)	Regioning of	156660 244880 (38775)	92155 187679 30452
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For Paperwork Reduction Act Notice, see the separate instructions.

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Form 990 (2010)

orm 990	0 (2010)	Page 2
Part I	II 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:	<u>·</u>
	To promote the common business interest of livestock industries with respect to grazing on federal lands.	
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	🗹 No
	If "Yes," describe these changes on Schedule O.	
	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. 5501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations, the total expenses, and revenue, if any, for each program service reported.	Section tions to
4a	(Code:) (Expenses \$187679 including grants of \$) (Revenue \$)         To promote the common business interest of livestock industries with respect to grazing on federal lands.	)
	To promote the common pusiness interest of livestock industries with respect to grazing on rederariands.	
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  187679	

Part I	V Checklist of Required Schedules	T	Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	105	
	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		· ·
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
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,"</i> complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi- endowments? If "Yes," complete Schedule D, Part V	10		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
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? If "Yes," complete Schedule D, Part VII	11b		~
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? If "Yes," complete Schedule D, Part VIII	11c		1
	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>	11d		~
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 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> .	11e 11f		✓ ✓
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		$\checkmark$
14 a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14a 14b		<b>√</b>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15		· ·
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	<b>†</b>	~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a b	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20a		1
		20b	<u> </u>	

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

Form 990 (2010)

Form **990** (2010)

Page 4

Form 99	0 (2010)		F	Page <b>5</b>
Part	V         Statements Regarding Other IRS Filings and Tax Compliance           Check if Schedule O contains a response to any question in this Part V	•••		
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   0		Yes	No
1a ⊾				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	reportable gaming (gambling) with backup with blockup with blockup and reportable gaming (gambling) with backup with backup with blockup and reportable gaming (gambling) with backup with backup with blockup and the solution of the backup and the solution of the backup and the			
0-		1c		
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	01202030302020		
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		000000000
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
<b>3</b> a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<u>3a</u>		<b>↓</b>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<u>3b</u>		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			1
	account)?	<b>4</b> a		<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.		San She	
<b>5</b> a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5b</u>		<b>√</b>
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	<u>6a</u>		<b>↓</b>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		a silatoyotato
7	Organizations that may receive deductible contributions under section 170(c).	in a second s	antitation antitation	e secondadente Brandente
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
		7a		<b>√</b>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		
С	required to file Form 8282?	70		1
<b>ہ</b>	If "Yes," indicate the number of Forms 8282 filed during the year	10		<b>•</b>
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
_	Did the organization during the year, pay premiums, directly or indirectly, to pay premiums of a personal benefit contract?	7e 7f		× ·
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		•
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	711		
0				
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
	Did the organization make any taxable distributions under section 4966?	9a		
а	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
ь 10	Section 501(c)(7) organizations. Enter:	30		
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . <b>10b</b>			
11	Section 501(c)(12) organizations. Enter:	-		
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
-	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	n xananan kan	* 1944999
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	1000000000	
u	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
b		14b		1.

Form 99				age <b>6</b>
Part V				
	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	es in l	Sche	dule
	O. See instructions.			
	Check if Schedule O contains a response to any question in this Part VI			7
Section	on 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 3			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 3		4 A A	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		√
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		√
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		√
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Does the organization have members or stockholders?	6		1
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	✓	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	<	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	<u> </u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		<b>v</b>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		Yes	No
40-	Dens the experimentation have been been been as officience?	100	V 105	
10а b	Does the organization have local chapters, branches, or affiliates?	10a	<u>v</u>	
	chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? .	10b		1
1 <b>1</b> a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		,	
	form?	<u>11a</u>	<u>√</u>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-		
12a	Does the organization have a written conflict of interest policy? <i>If "No,"</i> go to line 13	12a		¥.
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
~	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		+
c	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		<b>1</b>
14	Does the organization have a written document retention and destruction policy?	14		<b>√</b>
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		<b>V</b>
ь	Other officers or key employees of the organization	15b		<b>√</b>
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	with a taxable entity during the year?	160		
F	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its	16a		
Ď	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure		Į	<u>.</u>
17	List the states with which a copy of this Form 990 is required to be filed  None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3	3)s onl	y) ava	ailable
	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	of inte	rest p	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	s of the	e	
	organization:  American Sheep Industry Association (303-771-3500)			
	9785 Maroon Circle, Suite 360, Centennial, CO 80112			

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,
	and Independent Contractors
	Check if Schedule O contains a response to any question in this Part VII.

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)	(B)	- 0, ge	A1 1164	(C				(D)	(E)	(F)
Name and Title	Average	Positi	on (c	hect	( ail t	hat ap		Reportable	Reportable compensation from	Estimated amount of
	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) John Falen POB 132, Orovada, NV 89425	P/T			~						
(2) Brice Lee 940 County Road #119, Hesperus, CO 81326	P/T			✓						
(3) Brenda Richards 8935 Whiskey Mtn Road, Murphy, ID 83650	<b>P</b> /T			1						
(5)	-									
(6)					ļ,					
(7)	<u></u>									
(8)										
(9)	-									
(10)	*									
(11)	-		Ī							
(12)	•									
(13)	-									
(14)	-				1					
(15)	_		1							· · · ·
(16)	-									· · ·
										- 000 (apres)

Form 990 (2010)

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Part		· · · · · · · · · · · · · · · · · · ·	Emplo	yee		*****	Highe	est (			(continu	ed)
	(A) Name and title	(B) Average	Posit	ion (c	•	C) k all t	that ap	ply)	(D) Reportable	(E) Reportabl	e	(F) Estimated
		hours per week (describe hours for related organizations in Schedule O)	Individual tn or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from .the organization (W-2/1099-MISC)	compensation related organizatio (W-2/1099-M	กร	amount of other compensation from the organization and related organizations
(17)		~			L							
(18)		•										
(19)		~										
(20)		-										
(21)					<u> </u>							
(22)		-						ŀ				
(23)		-			<b> </b>							
(24)		-										
(25)		-										
(26)		-										
(27)		*										
(28)		R.									*****	
1b c	Sub-total		, . on A	•		•	· ·					
d		• • • •						►				
2	Total number of individuals (including bu reportable compensation from the organ				e lis	ted	abov	e) w	/ho received m	ore than \$1	00,000	
3	Did the organization list any former of employee on line 1a? If "Yes," complete								oloyee, or high	•		Yes No 3 ✓
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$	150	,000	)? /	lf "Ye	s,"	complete Sci			annenene enseren sameren
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue c	ompe	ensa	itior	ı fro	m ang	y ur	nrelated organi			4 ✓ 5 ✓
Section	on B. Independent Contractors				-							
1	Complete this table for your five highest compensation from the organization.	compensa	ted in	dep	enc	lent	conti	ract	ors that receiv	ed more tha	an \$100	,000 of
	(A) Name and business ad	dress							(B) Description of s	services		(C) Compensation
	· · · · ·											
												· ··
2	Total number of independent contract received more than \$100,000 in compen								hose listed ab	ove) who		

Part VII

Program Service Revenue and other similar amounts

Other Revenue

d

е

12

All other revenue

Total. Add lines 11a-11d .

Total revenue. See instructions.

٠ ٠ . •

> . • ٠ • • .

•

90 (2010	,						Page 5
VIII	Statement of Rev	enue					
				(A) Total revenue	<b>(B)</b> Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1a	Federated campaigns	i <b>1</b> a	1				
b	Membership dues .	· · · · ·					
С	Fundraising events .						
d	Related organizations		1				
е	Government grants (con						
f	All other contributions, gi						
	and similar amounts not inc	luded above 11	1175				
g	Noncash contributions includ	led in lines 1a-1f: \$	> >				
ĥ	Total. Add lines 1a-1	f		214420			
			Business Code				
2a				2008.000.000.0000.0000.0000.0000.0000.0			
Ь							
с			-	-			
d							
е	******				I .		
f	All other program sen						
g	Total. Add lines 2a-2	f	>				
3	Investment income						
	and other similar amo	ounts)	🕨	3711			3711
4	Income from investmen	t of tax-exempt	bond proceeds 🕨				
5	Royalties		🕨				
		(i) Real	(ii) Personal				
6a	Gross Rents						
Ь	Less: rental expenses						
С	Rental income or (loss)						
d	Net rental income or		🕨				
7a	Gross amount from sales of	(i) Securities	(ii) Other				
	assets other than inventory						
b	Less: cost or other basis	[					
	and sales expenses .						
с	Gain or (loss) .			and the state of			
d	Net gain or (loss)		🕨				and a second
8a	Gross income from fu events (not including \$	undraising					
	of contributions report See Part IV, line 18	ed on line 1c).	а				
Ь	Less: direct expenses	s	b				
c	Net income or (loss) I	from fundraisir	ng events 🛛 . 🕨				
9a	Gross income from g						
	See Part IV, line 19 .		a				
Ь	Less: direct expenses	s	b				
c	Net income or (loss) f		ctivities 🕨				
10a	Gross sales of ir						
	returns and allowanc	es	а				
Ь	Less: cost of goods s	sold	b				
c	Net income or (loss)		nventory 🕨				
	Miscellaneous F		Business Code				
11a				and the second se	A CONTRACTOR OF CO		
Ь			•				
c		****	54 7 <b></b>				
1 -			•·				···•

218131

3711

	Section 501(c)(3) and 5 All other organizations must complete co	01(c)(4) organization	s must complete all	columns.	and (D)
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) (A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
<u>10, 0</u>	Grants and other assistance to governments and		expenses	general expenses	expenses
•	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				
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	95524	95524		
8	Pension plan contributions (include section 401(k)	00027	00021	······	
•	and section 403(b) employer contributions)				
9	Other employee benefits				<u> </u>
10	Payroll taxes				
11	Fees for services (non-employees):				~~~~
а	Management				
b	Legal	18662	18662		
С	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
ġ	Other		4740		
12	Advertising and promotion	1718	1718		
13 14	Office expenses	1571	1571		
14 15	Royalties	1371	1071		
16		12396	12396		
17	Travel	40844			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	9616	9616		
20	Interest			•	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	[			
23	Insurance	1020	1020		
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.)				
_	Momharchine	1000	1000		
a b	Dea-tian-	3500			
c		0000	0000		
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	187679	187679		
26	Joint costs. Check here ► _ if following				
	SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column				
	(B) joint costs from a combined educational	1			

Part X	Balance Sheet			
		(A)		(B)
		Beginning of year		End of year
1	Cash-non-interest-bearing	34456	1	112891
2	Savings and temporary cash investments	400000	2	350000
3	Piedges and grants receivable, net		3	
4	Accounts receivable, net		4	20504
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of		6 - 16 - 1	
	Schedule L		5	
6	Receivables from other disgualified 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		ar de se	
n	employees' beneficiary organizations (see instructions)		6	
7	Notes and loans receivable, net		7	
× 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or		-	
104	other basis. Complete Part VI of Schedule D <b>10a</b>			
Ь	Less: accumulated depreciation 10b		10c	
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		13	
	· •		14	······
14	Intangible assets		14	
15 16	Total assets. Add lines 1 through 15 (must equal line 34)	434456	10	48339
		434400	17	1848
17	Accounts payable and accrued expenses		18	1040
18			19	
19			19 20	
20	Tax-exempt bond liabilities		20	
<u>6</u> 21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
22	Payables to current and former officers, directors, trustees, key			
21 22	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		25	
26	Total liabilities. Add lines 17 through 25		26	1848
n	Organizations that follow SFAS 117, check here ► □ and complete			
Net Assets or Fund Balances E E E E E E E E E E E E E E E E E E E	lines 27 through 29, and lines 33 and 34.			
Lei 27	Unrestricted net assets	434456	<u>+</u>	4649(
28	Temporarily restricted net assets		28	
몇 <b>2</b> 9	Permanently restricted net assets		29	
2	Organizations that do not follow SFAS 117, check here <b>&gt;</b> [] and			
5	complete lines 30 through 34.			
ชั่ 30	Capital stock or trust principal, or current funds		30	
စ္တိ   31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ຊັ່  32	Retained earnings, endowment, accumulated income, or other funds .		32	
5 00	Total net assets or fund balances	434456	33	46490
9 33	Total liabilities and net assets/fund balances			

Form 99	ao (2010)		Page <b>12</b>
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	218131
2	Total expenses (must equal Part IX, column (A), line 25)	2	187679
3	Revenue less expenses. Subtract line 2 from line 1	3	30452
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4	434456
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
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	464908
Pari	XII         Financial Statements and Reporting           Check if Schedule O contains a response to any question in this Part XII		[]
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	kplain in	Yes No
2а Ь	Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant?		2a ✓ 2b ✓

	were the organization's financial statements audited by an independent accountant?	ZD
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:	

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
 b If "Yes." did the organization undergo the required audit or audits? If the organization did not undergo the

**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

Form 990 (2010)

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SCHEDULE O	Council and a line of the second of a second of a second	OMB No. 1545-0047
(Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-E2	2010
Department of the Treasury Internal Revenue Service	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.	Open to Public Inspection
Name of the organization	Employe	er identification number
Public Lands Council		84-0583125
Form 990, Part VI, Secti	on B, Line 11b: A copy of the Form 990 was provided to the organization's governing I	body for review and
approval prior to it's fili	ng.	
Form 990, Part VI, Secti	on C, Line 19: The organization makes its governing documents and financial stateme	ents available to the public
upon request.		
****		
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		*******
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	*******	
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 51056K Schedul

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

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		1	1		Chart				\$ <u>%.55</u> .7~.3%~6		<i>5 124 116</i> 3 No. 1545-1150	2~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
orm	99(	)-EZ		(exce	n 501(c), 527, or 4947 ot black lung benefit	Exempt Fr (a)(1) of the Intern trust or private fo	al Revenue	e Code		L L	2008	
		he Treasury	512(1	Sponsoring organizations (b)(13) must file Form 990 assets less t ► The organization may	All other organization than \$2,500,000 at the	s with gross receip end of the year mathic return to satisf	its less than ay use this in state repr	1 \$1,000,000 form. acting requires	and total	a first start and started	n to Publi spection	IC.
	al Revenue			, or tax year beginnir			08. and e		Septemi		,20 09	
	neck if app	:	Please	C Name of organization							ication number	
	ddress ch Iame chan	•	use IRS label or	Public Lands Cou	ıncil			·····	84		0583125	
	iame chan itial return		print or type.		or P.O. box, if mail is n	ot delivered to stre	et address)		1 '			
	ermination		See Specific	9785 Maroon Circ	r country, and ZIP + 4			360	( 303		771-3500	
	mended re oplication		Instruc- tions.	Centennial, CO 8	•				F Group Numbe	Exemptio ar		
			Lawrence	ations and 4947(a)(1)		able trusts mus	t attach	G Acc			Cash 🔽 Acc	rual
				npleted Schedule A (				1	er (specify)	_		
		N/A	×.								anization is <b>not</b>	
	Vebsite			*****							ule B (Form 990	),
				niy one)— 🛛 501(c) (					-EZ, or 990-			-
				on is not a section 509 ization chooses to file				eipts are no	irmaily <b>not</b> n	nore than	\$25,000. A retu	irn is
·····	······································	***		ne 9 to determine gross	*****			stead of For	rm 990-EZ	▶ \$	217,	172
				enses, and Chang			******	******	*****	ons for	Part I.)	
	1	Contributio	ons, gifts	s, grants, and similar	amounts received					1	4	755
				revenue including g						2		
ĺ			•	s and assessments					•••	3		094
		Investmen					1	• • • •	• • • •	4		323
				om sale of assets of er basis and sales e		•				06.98		
				sale of assets other	•			) (attach sc	:heduie)	5c		
Revenue		•		ivities (complete applicabl			•					*****
Š				ot including \$								
ř		reported o										
				enses other than fur oss) from special ev				line Gal		6c		
ĺ				ventory, less return				ine oa) .				
	b	Less: cost	t of aoo	nds sold			7b					
				oss) from sales of ir			ne 7a)	· · · · ·		7c		
	8	Other reve							)	8		
	9			Add lines 1, 2, 3, 4,						9	217	172
ĺ	10			ar amounts paid (ati					1	10 11		
s	11 12			or for members . ompensation, and e						12	132	2680
Expenses	13	-		and other paymen					1	13		
ğ	14			, utilities, and maint					1	14	39	620
Шļ	15	Printing, p	oublicat	tions, postage, and	shipping.		<u>.</u>			15		237
	16			(describe ) Trave						16		<u>8140</u>
_	17			Add lines 10 throu						17 18		5677 3505
sets	18 10		•	t) for the year (Subt								
Assets	19			ind balances at beg re reported on prior						19	501	1736
Net	20	Other cha	anges in	n net assets <b>o</b> r fund	I balances (attach	explanation)				20		
ĺ	21			nd balances at end						21		3231
$\mathbb{R}^{2}$	irt II	Balance		ts. If Total assets o		(B) are \$2,500	,000 or m					<u> </u>
<b>.</b>	<u> </u>		`	See the instructions	,				Seginning of y	ear 06 22	(B) End of year	3231
22 23				vestments , .				4		23	4/、	
د∠				• • • • • • • •					·	24		
24	Ouic	•							5039	06 25	473	3231
24 25	Tota	ii assets										
	Tota	d liabilities	(descri	ibe ► alances (line 27 of					21	70 26 36 27		3231

Form 990-EZ (2008)					Page 2
Part III Statement of Program Service Accom	plishments (See the instr	uctions for Part I	II.)		Expenses
What is the organization's primary exempt purpose? P	romote grazing on federa	l lands for livesto	ck industrv	(Reg	uired for 501(c)(3)
Describe what was achieved in carrying out the organization	tion's exempt purposes. In	a clear and cons	ing manpar	and	(4) organizations
describe the services provided, the number of persons ber	we fited or other relevant info	rmation for each p	rooram title	ontic	4947(a)(1) trusts; anal for others.)
28	*******				
**********					
(Grants \$ ) If this amount inclu	udes foreign grants, check	<u>here</u>	<u>, &gt; []</u>	28a	
29					
(Grants \$ ) If this amount inclu				29a	
				204	
30					
(Grants \$ ) If this amount inclu				30a	
31 Other program services (attach schedule)					
(Grants \$ ) If this amount inclu	udes foreign grants, check	here	<u>. &gt; 🗋</u>	31a	
32 Total program service expenses (add lines 28a th	rough 31a)		<b>&gt;</b>	32	
Part IV List of Officers, Directors, Trustees, and Key	Employees. List each one eve	n if not compensate	d. (See the ins	structio	ons for Part IV.)
	(b) Title and average	(c) Compensation	(d) Contributio	ns to	(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred comper		account and other allowances
Skye Krebs			delution of hpor	10th Ion	
***************************************	President / Part-time	0		0	0
73654 Hwy 74, Ione, OR 97843		×		<u> </u>	<u> </u>
John Falen	Vice Pres / Part-time			~	
POB 132, Orovada, NV 89425		0		0	0
Brice Lee	Secretary/Treasurer				
940 County Road #119, Hesperus, CO 81326	Part-time	0		0	0
Jeff Eisenberg					
1301 Pennsylvania Ave, Washington, DC 20004	20 hrs	92730		0	0
	201113				<u>+</u>
			<b> </b>		
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Form	390-EZ (2008)		I	Page 3
Par				
			Yes	s No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		1
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35:		1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	351	2	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		<b>↓</b>
	Enter amount of political expenditures, direct or indirect, as described in the instructions.           Image: Did the organization file Form 1120-POL for this year?	0 371	<u>)</u>	<b>√</b>
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38	3	1
	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
	initiation rees and capital contributions included on line 9			
	Gloss receipts, included on the 9, for public use of club lacaties			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶			
ь	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40	b	
с	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	_		
d	Enter amount of tax on line 40c reimbursed by the organization	-	(a) 39330	0.00
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40	e	1
41	List the states with which a copy of this return is filed.  None			
	The books are in care of ► American Sheep Industry Association       Telephone no. ► (30)         Located at ► 9785 Maroon Circle, Suite 360, Centennial, CO       ZIP + 4 ►		771-3 2-269	******
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Ye	s No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42		TV
	If "Yes," enter the name of the foreign country: ►			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
с	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42	c	1
	If "Yes," enter the name of the foreign country: ►			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year			▶□
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	4		s No √
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			

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Form 990-EZ (2008)

1

Page 4

Form 990-EZ (2008)

Section 501(c)(3)			501(c)(3)	organizations	must	answer	questions 4	6–49	
and complete the	tables for lines	50 and 51.						-•	·

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		Yes	No
	candidates for public office? If "Yes," complete Schedule C, Part I	46		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	48		
	Did the organization make any transfers to an exempt non-charitable related organization?	49a		ļ
	If "Yes," was the related organization(s) a section 527 organization?	49b		L

**b** If "Yes," was the related organization(s) a section 527 organization?

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over \$100,000 ►				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	(a) Name and address of each independent contractor pai	d more than \$100,000	(b) Type of se	rvice (c) Compensation
***********				
******				
		*****		
***********				
Total numb	per of other independent contractors each reco	eiving over \$100,000		
	Under penalties of perjury, I declare that I have examine	this return, including accompanying	schedules and stateme	ents, and to the best of my knowledge
	and belief, it is true, correct, and complete. Declaration	of preparer (other than officer) is bas	ed on all information o	which preparer has any knowledge.
Sign	· · · · · · · · · · · · · · · · · · ·			
Here	Signature of officer		Date	
	Brice Lee, Secretary/Treasurer			
	Y Type or print name and title.			
Paid	Preparer's signature	Date	Check if Prosection Self-	eparer's Identifying Number (See instructions)
Preparer's	Firm's name (or yours	***************************************	EIN	► [
Use Only	if self-employed), address, and ZIP + 4		Phone n	o, 🕨 ( )
May the IF	RS discuss this return with the preparer shown	above? See instructions .		► 🗆 Yes 🗌 No
				Form <b>990-EZ</b> (2008)

 Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46–49

 and complete the tables for lines 50 and 51.

 46
 Yes No

 and complete for public office? If "Yes," complete Schedule C, Part I
 Yes No

	bandidates for public endor in freet complete constants of the state of the	•	•	•	
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II			•	
			-	~ .	

48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . 49a Did the organization make any transfers to an exempt non-charitable related organization?

**b** If "Yes," was the related organization(s) a section 527 organization?

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
***********				
Total number of other employees paid over \$100,000 ►			]	

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	(a) Name and address of each independent contractor paid more than \$	5100,000	<b>(b)</b> Ty	/pe of se	rvice (c) Compensation
*******	···				
***********					
<b></b>	***				
Total numb	per of other independent contractors each receiving over	\$100,000 ►			
	Under penalties of perjury, I decirre that I have examined this return, and belief, it is the price price of the complete. Declaration of preparer	nciuding accompanying s	chedules and	d statem	ents, and to the best of my knowledge
	and belief, it is due, correct and complete. Declaration of preparer	other than onicely is base		mauon	bi which preparer has any knowlodge.
Sign	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			<b>D</b> -4-	
Here	Signature of officer			Date	5/4/10
	Mice Lee, Secretary/Treasurer				<u> </u>
	Type or print name and title.	Date	Check if		reparer's Identifying Number (See instructions)
Paid	Preparer's signature		self- employed		
Preparer's	Firm's name (or yours	I	Toubiolog	EIN	► 1
Use Only	if self-employed), address, and ZIP + 4			Phone r	ס. ► ( )
May the IF	RS discuss this return with the preparer shown above? S	ee instructions			🕨 🗌 Yes 🗌 No
					Form 990-EZ (2008)

											3/28 4/6
		1			Short Form				I	OMB No.	1545-1150
g	9	D-EZ		Return of Organiz	zation Exemp	t From In	le Code			20	09
men	t of the	Treasury	► 5	(except blac Sponsoring organizations of dono 12(b)(13) must tile Form 990. All ot assets less than \$1 ► The organization may have to	her organizations with group 250,000 at the end of the	oning organization ss receipts less th vear may use this	ns as defined han \$500,000 s form.	l in section and total	0		o Public ection
l Re	venue S	Service			October 1		nd ending		mber	30	,20 10
	if appl	1	Please	or tax year beginning C Name of organization	October 1	, 2000, 0.	ind entaining			tification	
	ass cha		use IRS	Public Lands Council					84-	0583125	
ime	e chang	ge	label or print or	Number and street (or P.O. box,	if mail is not delivered to s	treet address)	Room/suite	E Teleph	one nun	nber	
	return inated		type. See	9785 Maroon Circle			360		303	771-350	)
	nđed re	turn	Specific Instruc-	City or town, state or country, an	d ZIP + 4			F Group		ption	
		pending	tions.	Centennial, CO 80112-2692					oer 🕨		
• S	Sectio	on 501(c)(3)	organiz a con	ations and 4947(a)(1) nonexon Appleted Schedule A (Form 99	empt charitable trusts 30 or 990-EZ).	must attach	Othe	er (specify)	•		
								ick ► 🗹 if uired to atta			
	osite		obcolici	nly one) — 📝 501(c) ( 5) 🖣	(insert no) 740476	a)(1) or 527		-EZ, or 990			, 500,
		npt status (		zation is not a section 509(a)(3)		n and its arees				e than \$2	5,000. A
ner	ck 🕨	L_I IT TO DEZ or Form	e organi: n oon re	turn is not required, but if the	organization chooses t	o file a return, t	be sure to fi	ile a comple	ete retu	rn.	-,
л И	lines	5h 6h and	7h to line	9 to determine gross receipts:	if \$500,000 or more, file	Form 990 instea	d of Form 9	90-EZ 🕨 🕨	\$		206,105
		Revenu	ie. Exp	enses, and Changes in	Net Assets or Fi	und Balance	es (See th	ne instruc	tions	for Par	t I.)
	1	Contributi	ons, aif	ts, grants, and similar amo	unts received			[	1		7956
	2	Program s	ervice	evenue including governm	ent fees and contrac	cts			2		
	3	Membersh	nip dues	and assessments					3		194292
	4	Investmer				1			4		3857
				m sale of assets other that		1 1					
	b	Less: cost	or othe	er basis and sales expense	S	<u>5b</u>			5c		
	c	Gain or (IC	iss) fror	n sale of assets other than tivities (complete applicable parts	Inventory (Subtract )	ne ob irom in ount is from <b>dami</b>	ne bay . ing. check he	ere 🕨 🗖 🕴			
				ot including \$							
	а	reported (	enue (n on line 1	),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	01 0011101	6a					
				nses other than fundraising							
	c	Net incom	ne or (lo	ss) from special events an	d activities (Subtract	line 6b from [	ine 6a) .		6c		
	7a	Gross sal	es of in	ventory, less returns and a	ilowances	<u>7a</u>					
		Less: cos	t of goo	ds sold							
	с	Gross pro	fit or (ic	oss) from sales of inventory	(Subtract line 7b from the	om line 7a)			7c		
	8	Other rev							8		206105
	9	Total rev	enue. A	dd lines 1, 2, 3, 4, 5c, 6c,	7c, and 8	<u></u>	<u> </u>	<u> P</u>	9 10		200103
1	10			ar amounts paid (attach sc					11		
	11			or for members					12		88220
	12 13			and other payments to in					13		43415
	13 14			, utilities, and maintenance					14		22391
1	15	Printing, I	oublicat	tions, postage, and shippir	ng				15		1908
1	16	Other exp	penses	(describe 🕨 Travel/Meeting	ngs 61879, Office Exp	3447, Gifts/Do	nations 23	620 )	16		88946
	17	Total exp	oenses.	Add lines 10 through 16	<u>.</u>	<u></u>	<u> </u>	<u> </u>	17		244880
1	18	Excess o	r (defici	t) for the year (Subtract line	e 17 from line 9)				18		(38775)
.	19	Net asse	ts or fu	nd balances at beginning	of year (from line 2	7, column (A))	) (must ag	gree with			170001
1				re reported on prior year's					19		473231
	20	Other cha	anges it	n net assets or fund baland	es (attach explanatio	20)	•••	 ►	20 21		434456
	21 	Net asse	is or fui	nd balances at end of year. ets. If Total assets on line	25 column (B) are	1.250.000 or	more. file	Form 990	inster	d of For	
e	rt II	Dalan	JE 3116	(See the instructions for	r Part II.)	,200,000 01	(A)	Beginning o	fyear	(B) (	End of year
2	<u>م</u>	ach covinc	is and	investments					73231	22	434456
ŝ	19	and and bu	ildinas							23	
4				ibe►						24	
•	To	otal assets	;				[	4	73231		434456
5										00	
5 6	Тс	otal liabilit	i <b>es</b> (des	scribe ► balances (line 27 of colu⊓			)		73231	26	434456

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Form 9	990-EZ (2009)					Page Z
Par						Expenses
What	t is the organization's primary exempt purpose?	Promote grazing on federal I	ands for livestock i	ndustry.		red for section
Desc	ribe what was achieved in carrying out the org	anization's exempt purpos	es. In a clear an	d concise		(3) and 501(c)(4) zations and section
man	ner, describe the services provided, the number of	f persons benefited, and o	ther relevant inform	mation for		a)(1) trusts; optional
	program title.				for oth	
28	·					······································
20				*****		
	***************************************					
		includes foreign grants, abs	all hara		28a	
	(Grants \$ ) If this amount	includes foreign grants, che	CK Here		204	
2 <del>9</del>			*****	*****		
	***************************************			***********		
	(Grants \$ ) If this amount	includes foreign grants, che	eck here	<u>. Þ Li</u>	29a	······································
30	*****		*****			
	(Grants \$ ) If this amount	includes foreign grants, che	eck here	. 🕨 🗌	30a	
31	Other program services (attach schedule)					
	(Grants \$ ) If this amount	includes foreign grants, ch	eck here	. 🕨 🗖	31a	
32	Total program service expenses (add lines 28a	through 31a)		🕨	32	
	t IV List of Officers, Directors, Trustees, and Key	y Employees. List each one ev	en if not compensation	ted. (See the	instruc	ctions for Part IV.)
		(b) Title and average	(c) Compensation	(d) Contributio	ons to	(e) Expense
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred compe	t plans & insation	account and other allowances
Clau	e Krebs					
	54 Hwy 74, Ione, OR 97843	President / Part-time	0		0	0
******			<b>`</b>			
*****	n Falen	Vice Pres / Part-time	0		0	0
	3 132, Orovada, NV 89425		U			<u> </u>
	e Lee	Secretary/Treasurer / P.T.			~	
	County Road #119, Hesperus, CO 81326		0		0	0
~~~~~	Eisenberg	Exec Director / 20 hrs				_
130	1 Pennsylvania Ave, Washington, DC 20004		82,582		0	0
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			ş	.1	Fo	m 990-F7 (2009)

	-EZ (2009)		P	age <b>3</b>
art	<b>Other Information</b> (Note the statement requirements in the instructions for Part V.)	I	Yes	No
3	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	105	V
1	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
5	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
ô	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
7a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
Ь	Did the organization file Form 1120-POL for this year?	37b	en antaria	
Ba	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	90799	1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
9	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
0a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶; section 4912 ▶; section 4955 ▶;			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	40b	213.245	
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		1
1	List the states with which a copy of this return is filed.  None			
2a	The organization's books are in care of ► American Sheep Industry Association Telephone no. ►	303-77	1-350	0
	Located at  9785 Maroon Circle, Suite 360, Centennial, CO ZIP + 4	80112	-2692	2
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		[ <u>.</u>	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b	1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -	
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<u> </u>
_	If "Yes," enter the name of the foreign country:			. –
13	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	•	▶ □
14	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		Yes	No
	•		1	
	Form 990-EZ	44		

form 99	0-EZ (2009)					Р	age <b>4</b>
Part `	VI Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	ection 4947(a)(1) none> 7(a)(1) nonexempt charit d 51.	<b>xempt charitabl</b> table trusts must	e trusts only. A answer questio	ll sec ns 46	tion 3-491	2
46	Did the organization engage in direct or indirect					Yes	No
	candidates for public office? If "Yes," complete S				46		<b> </b>
47	Did the organization engage in lobbying activities				47		<u> </u>
4 <b>8</b>	Is the organization a school as described in section				48 49a	ļ	├
49a	Did the organization make any transfers to an exe If "Yes," was the related organization a section 5	•		• • • • •	49a 49b		<u> </u>
ь 50	Complete this table for the organization's five hig employees) who each received more than \$100,0	phest compensated employ	yees (other than o	fficers, directors, t f there is none, en	truste	es an lone.'	ıd key '
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e ac	) Exper count i r allow:	nse and
None							
				 	<u> </u>		
 	Total number of other employees paid over \$100			<u></u>			
51	Complete this table for the organization's five \$100,000 of compensation from the organizatio	highest compensated inde	ependent contract None."	- ors who each rec	eived	l mor	e tha
	(a) Name and address of each independent contractor	paid more than \$100,000	(b) Ty	pe of service	(c) Ca	ompen	sation
None				1			
b	Total number of other independent contractors	each receiving over \$100,0		1			
	Under penalties of perjury, I declare that I have examin and belief, it is true, correct, and complete. Declaration	ned this return, including accompa n of preparer (other than officer) is	nying schedules and st based on all informatic	atements, and to the b n of which preparer ha	est of n s any k	ny kno nowlet	wiedge Ige.

	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	1 The Mr.		3/19/11				
пеге	Signature of officer	t	Date				
	Brice Lee, Secretary/Treasurer			· · · · · · · · · · · · · · · · · · ·			
	Type or print name and title						
Paid	Preparer's signature	Date	Check if self- employed ►	Preparer's Identifying number (See instructions)			
Preparer's	Firm's name (or		Eit				
Use Only	yours if self-employed), address, and ZIP + 4		Ph	one no. 🕨			
May the IR	S discuss this return with the preparer shown	above? See instructions .		🕨 🗌 Yes 🗌 No			
<u></u>				Form <b>990-EZ</b> (2009)			

Form	99	90		Ret	urn of (	Organi	zation E	Exemp	t Fron	n Ind	com	е Та	x	0	<u>MB No. 154</u> 9 の介介	<u>5-0047</u>
				Under s	section 501(		947(a)(1) of th			Code (e	except	black l	ung			0
		he Treasury		The ere	anization ma		efit trust or p se a copy of th			te renor	tina rec	wireme	nts		pen to P Inspecti	
		e Service			x year begin			/2008		nd end			11/30/2		inspeci	UII
	heck if ap		Please	a second a second s	ne of organization	كالرهابة فالمتهوجة فالمحاجل ويست		Contraction of the local division of the loc	a contraction of the second	100 C	_			ntification	number	
<b>—</b>	ddress (		use IRS		g Business As		ATCATILLA		JUUIATIC	<u></u>		37-0264	•			
	ame ch	=	label or print or			(or P.O. hox if	mail is not delive	ered to street	address)	Room			phone nu	mber		
H	nitial retu	-	type. See		DUTH 600 E	•	Thui is not delive		uuu,	10B			55-574			
	erminati		Specific		or town, state o		ZIP + 4				Y	001/0	00 07 1		4	
	mended		Instruc- tions.	1 .	LAKE CITY			UT	8410	021961	1 (	G Gros	s receipts	\$		262,373
		on pending	F N	lame and	d address of p	orincipal offi	cer:			н	ł(a) ls thi	is a grou	p return f	or affiliates?	γ Υ¢	s X No
		. –					ive, South W	eber. UT	84405	·			es includ		ΠYe	s No
<u> </u>		npt status				nsert no.)	4947(a		527		• •			. (see instru	uctions)	
										_			otion num	hor 🕨		
		: 🕨 utał					tion Othe		Ι.	. Year o					legal domic	
		ganization:		prporation	Trust	Associa				_ rear o	Tornau	on. 1	967	W State of	legal donie	ile: UT
P	art l	Sui	nmary	<u> </u>	animation!a.	minalan or	most signific	ont activiti	oc: Prov	vido ico	SUOS m	anado	ment a	nd educa	tion for l	ltah
	1	•		the orga	anization's r	hission or	most significa	antactiviti		nue isa		anaye	ineni a			
a		rancher	5													
Activities & Governance																
/ern	2	Check ti	his hoy		if the organ	ization dis	continued its	operation	s or dispo	osed of	fmore	than 2	5% of i	ts assets		
õ	3						oody (Part VI							3		6
s S	4						e governing							4		6
/itie	5				-									5		2
Activ	6						sary)							6		60
4	7a	Total gro	oss unre	elated b	usiness rev	enue from	Part VIII, line	12, colun	nn (C)				. 17	/a		0
	b	Net unre	elated bu	usiness	taxable inc	ome from I	orm 990-T,	line 34 .		<u></u>			· · · ·	′b		0
												Prior Ye		10	Current Y	
a	8			_									65,5			60,355
nuə	9	•				-							50,4	-92		<u>44,816</u> 3
Revenue	10						es 3, 4, and 7						150,8	1		157,199
_	11						6d, 8c, 9c, 10 equal Part VII						266,8			262,373
	12 13						umn (A), line						200,0	0		0
	14						mn (A), line 4							0		0
	15						efits (Part IX,						154,9			161,627
Expenses	16a			•	•	•	n (A), line 11e							0		0
neq	b				•		D), line 25)			0						
ũ	17	Other ex	xpenses	(Part I)	K, column (/	4), lines 11	a-11d, 11f-2	24f)		. L			104,4			104,093
	18						Part IX, colu						259,4			265,720
	19	Revenu	e less e	xpenses	s. Subtract I	ine 18 fron	n line 12	<u></u>						35		-3,347
Net Assets or Fund Balances					40)					-	Beg	ginning o		76	End of Ye	45,789
sset Balai	20												48,8	314		3,574
let A Ind	21 22						from line 20						45,5			42,215
and the second second	rt II		nature				ITOITI III 20	<u>· · · ·</u>	<i>.</i>	·····						,
1 4		Unde	er penalties	s of periur	v. I declare that	t I have exami	ned this return, ir	ncluding acco	mpanying so	chedules	and stat	tements,	and to th	e best of m	y knowledge	;
		and	belief, it is	true, corre	ect, and comple	ete. Declaratio	n of preparer (oth	ner than office	er) is based o	on all info	ormation	of which	n prepare	r has any kr	iowledge.	
												1				
Sig	n												Date			
Hei			Signature						6	EXECL						
			BRENT						C							
		Pren	arer's	ning name				Date		Che	eck if				entifying nu	nber
Paid	d	signa							40/00/10	self-		ъГ		ee instruction		
	_ parer'	s	•	r voure					/13/2010	l emp	ployed			0016709		
	Only		's name (o If-employed	-			ADAY AND					EIN		7-045823		
		addr	ess, and Z	IP + 4			LVD., OREM					Phone n		301) 224-		
Мау	the II	RS discu	ss this re	eturn wi	ith the prepa	arer shown	above? (see	e instructio	ons)			• •			X Yes	No No

Form	990 (2008)	UTAH CATTLEMEN'S ASSOCIATION	87-0264518	Page <b>2</b>
Pa	rt III	Statement of Program Service Accomplishments (see instructions)		
1		escribe the organization's mission:		
•		ssues management and education for Utah ranchers.		
	1101140			
2	Did the d	organization undertake any significant program services during the year which were not listed o	n	
-	the prior	Form 990 or 990-EZ?	Yes	X No
		describe these new services on Schedule O.		
3		organization cease conducting, or make significant changes in how it conducts, any program		
v	services	?	Yes	X No
		describe these changes on Schedule O.		
4	Describe	the exempt purpose achievements for each of the organization's three largest program service	es by expenses.	
•	Section	501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the a	mount of grants a	and
	allocatio	ns to others, the total expenses, and revenue, if any, for each program service reported.		
				•
4a	(Code:	) (Expenses \$122,051 including grants of \$0 ) (Revenu	e \$	0)
4a	Reef pro	ducer education and information		
	Deerpie			
46	(Codo)	) (Expenses \$143,669 including grants of \$0) (Revenue	e \$	0)
40		ntation of the cattle industry	• •	/
	Replese			
				***********
40	(Code:	) (Expenses \$0 including grants of \$0 ) (Revenue	ie \$	0)
40	Code.			'
	<u>0</u> #	regram convices. (Describe in Schedule O.)		
4d		rogram services. (Describe in Schedule O.) ses \$ 0 including grants of \$ 0 ) (Revenue \$	0)	
	(Expension			
<u>4e</u>	i otal p	rogram service expenses ► \$ 265,720 (Must equal Part IX, Line 25, co		000

•.

Par	t V Checklist of Required Schedules			
			Yes	No
1				v
2		2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			
	Part II	4		
5				
	and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		<u>    X    </u>
7				
		7		Χ
8				
		8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
				v
	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>    X    </u>
11				v
		11		
12		12		x
13				
D.		o complete Schedule B, Schedule C Contributors?         2         X           in direct or indirect political campaign activities on behalf of or in opposition to in (Pres," complete Schedule C, Part II.         3         X           ions. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice d proxy tax? If "Yes," complete Schedule C, Part II.         4         4           ion any door advised funds or any accounts where donors have the right to tition or investment of amounts in such funds or accounts? If "Yes," complete or hold a conservation easement, including easements to preserve open space, d areas, or historic structures? If "Yos," complete Schedule D, Part II.         7         X           or local character in the statement for the year for which it is complete Schedule D, applicable         9         X           in amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, applicable         7         X           in advited financial statement for the year for which it is complete Schedule D, an office, employees, or agents outside of the U.S.?         10         X           in Part X, column (A), line 3, more than \$5,000 of garants or assistance to any organization an ethied States? If "Yes," complete Schedule F, Part I         14         X           iore than \$15,000 on Part XU, column (A), line 12? If "Yes," complete Schedule G, Part II         16         X           in Part X, column (A), line 21? If "Yes," complete Schedule G, Part II <td< td=""><td>х</td></td<>	х	
15	omplete Schedule A       1         ich de organization engage in direct or indirect political campaign activities on behalf of rin opposition to andidates for public office? If "Yes," complete Schedule C, Part I       3         action 50 (c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II       4         did the organization maintain any donor advised funds or any accounts where donors have the right to rovide advice on the distribution or investment of amounts in such funds or an accounts where donors have the right to rovide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I       5         id the organization maintain any donor advised of arth, historic traceures, or hole a conservation easement, including easements to preserve open space, the onytica cell counseling, dott management, credit repair, or debt negotiation services? If "Yes," amplete Schedule D, Part II       7         id the organization rocoive or hold a conservation easement, including easements to preserve open space, to provide credit counseling, dott management, credit repair, or debt negotiation services? If "Yes,"       9         id the organization rocoive an amount in Part X, line 21; serve as a custodian for amounts not listed in Part orphete Schedule D, Part II       11         id the organization rocoive an audited financial statement for the year for which it is complete Schedule D, art V, VI, VI, VI, X, or X as appleable       11         id the organization rocoive an audited financial statement for hey ear for which it is complete Schedule D, art V, VI, VI, VI, X, or X as appleable       11<			
10		15		X
16				
		16		Х
17		17		Х
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		
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			
22		22		X
23				v
		23		<u>X</u>
24a				
		242		x
		240		<u> </u>
C		24c		x
Ч				
_04	disgualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
-	person from a prior year? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	ļ	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	27		<u>    X    </u>

87-0264518 Page 3

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UTAH CATTLEMEN'S ASSOCIATION

Form 9	UTAH CATTLEMEN'S ASSOCIATION	87-0264518	P	age <b>4</b>
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	employee), or an indirect business relationship through ownership of more than 35% in another entity		n na Againtí	i Danishi
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,	20 CM	문문	음음: C
	Part IV.	<u>28a</u>		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	<b>28b</b>		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a	20-		
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV			X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .	. 29		
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> .	. 30		х
•				
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?			
32	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 Regulation	3		
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	. 33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
• •	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	. 35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	ed		
	organization? If "Yes," complete Schedule R, Part V, line 2	. 36		ļ
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	000	X_

Form 9	90 (2008) UTAH CATTLEMEN'S ASSOCIATION	87-02645	518	Pa	age <b>J</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			Van	No
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	0			
	U.S. Information Returns. Enter -0- if not applicable	0			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			23	
С	gaming (gambling) winnings to prize winners?	. 1	c	x	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
2a	Statements, filed for the calendar year ending with or within the year covered by this return . 2a	2		한 문	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2	b	Х	
N	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see				
	instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			933	
	this return?	3	a		<u>X</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	. 3	b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		a		Х
	account)?	1	ra	84. W	
b	If "Yes," enter the name of the foreign country:	(1997) (1997) (1997)			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
<b>F</b> -	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5	ia		х
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5	5b		Х
с С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity				
C	Regarding Prohibited Tax Shelter Transaction?	5	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6	ia 🛔		X
b	If "Yes." did the organization include with every solicitation an express statement that such contributions or				
	gifts were not tax deductible?	6	3b	1991. 1991. 199	0.5 450
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than		े 7		X
	\$75?		7a 7b		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	· · ⊢'			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	o T		1996	
d	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal				
е	benefit contract?	7	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	🗌	7f		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	🗖	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as				
	required?		7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section				
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring		8	영감가의	19.27.2%
	organization, have excess business holdings at any time during the year?	· ·	0		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	2	9a		
a	Did the organization make any taxable distributions under section 4966?		9b		1
b					
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12				
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources			1333 1893	
	against amounts due or received from them.).		9495 1	1999	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	· ·  1	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b				

Form 9		-0264518		Page 6
Par	t VI Governance, Management, and Disclosure (Sections A, B, and C request information about p	olicies r	not	
	required by the Internal Revenue Code.)			
Sect	ion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	6		
b	Enter the number of voting members that are independent	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	- 2013년		
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	_7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		왕성역 ·	
а	The governing body?	<u>8a</u>	<u> </u>	
b	Each committee with authority to act on behalf of the governing body?	8b	X	ļ
9a	Does the organization have local chapters, branches, or affiliates?	. 9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		<b> </b>
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations	40		
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	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? <i>If "Yes," provide the names and addresses in Schedule O</i> .	. 11	x	
Cast		<u>·                                      </u>		
Sect	ion B. Policies		Yes	No
40-	Dece the exception have a written conflict of interact policy? If "No " go to line 12	12a	103	X
12a	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Are officers, directors or trustees, and key employees required to disclose annually interests that could give	120		<u> </u>
b	rise to conflicts?	12b		x
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		<u> </u>
C	describe in Schedule O how this is done	12c		x
13	Does the organization have a written whistleblower policy?			X
14	Does the organization have a written document retention and destruction policy?		x	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by			
10	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
а	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers or key employees of the organization?	15b	X	<u> </u>
~	Describe the process in Schedule O. (see instructions).	125303	Na Ar	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sect	ion 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 X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of in	erest		
	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			
	organization:  BRENT TANNER 801-355-	5748		

150 SOUTH 600 EAST #10B, SALT LAK	(E CITY, UT 84102-1961

Form 990 (2008)	UTAH CATTLEMEN'S ASSOCIATION	87-0264518	Page <b>7</b>
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compe	ensated	
	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)	(B)			(0				(D)	(E)	(F)
Name and Title	Average hours per week	P or director	C Institutional trustee		The Key employee	the Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization
		rustee	al trustee		yee	mpensated				and related organizations
Dave Elison President	10.			x				0	0	0
Calvin Crandall 1st Vice President	5.			х				0	0	0
Joe Fuhriman 2nd Vice President	5.			х				0	0	0
Dustin Guerney 2nd Vice President	5.			x				0	0	0
Jim Keyes 2nd Vice President	5.			x				0	0	0
Brent Tanner Executive Vice Pres	50.			x				91,844	0	0
	0.							0	0	0
	0.							0	0	0
	0.							0	0	0
	0.							0	0	0
	0.							0	0	0
	0.							0	0	0
	0.							0	0	0
	. 0.							0	0	0
	. 0.							0	0	0
	0.							C	0	0
	0							C	0	

Form 990 (2008) UTAH CATTL	EMEN'S ASSOCIATI	ON								87-0264		Page <b>8</b>
Part VII Section A. Office	ers, Directors, Tru		ploy	/ees			ghest	Con				
(A)		(B)				C)			(D)	(E)	(F)	
Name and title		Average hours per week	or director		(chec Officer	k all tr Key employee	Appl Highest compensated employee	y) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estima amoun othe compens from t organiz and rela organiza	t of r ation he ation ated
		0.							0	0		0
		0.							0	0		0
		0.							0	0		0
		0.							0	0		0
		0.							0	0		0
		0.							0	0		0
		0.							0	0		0
		0.							0	0		0
		0.							0	0		0
		0.							0	0		0
		0.		 		ļ			0	0		. 0
		0.							0	0		0
		0.							0 91,844	0		<u>0</u> 0
1bTotal	ls (including those	in 1a) who rece	<u>.</u> eivec	i mo	re tha	an \$	 100,00			1		
organization ►	0									·		
3 Did the organization list a employee on line 1a? If "	Yes," complete Sc	hedule J for suc	ch in	divid	ual .	•		•		••••	Yes 3	No X
4 For any individual listed of the organization and rela individual	ted organizations (	greater than \$15	50,00	1pen )0? / 	sauc f "Ye 	es," c	comple	ete S	Schedule J for s	uch 👘	4	X
5 Did any person listed on services rendered to the	line 1a receive or a organization? If "Y	accrue compens <i>'es," complete</i> S	satio Schei	n fro dule	m ar <i>J for</i>	ny ur Suci	nrelate h pers	d or on	ganization for	· · · · ·	5	X
Section B. Independent Con	tractors								· · · · · · · · · · · · · · · · · · ·	- \$400.000 of		
1 Complete this table for ye compensation from the c		npensated inde	peno	dent	cont	racto	ors tha	it re	ceived more tha	in \$100,000 of		
	(A) Name and business a	address							(B) Description of ser	vices	(C) Compensati	
												<u>0</u> 0
												0
												0
				- <u></u> -		<del></del>				gapa.v		0

2	Total number of independent contrac	tors (i	ncluding those in 1) who rece	eived more than \$100,000 in		
	compensation from the organization		0		1.5	

Form 99	90 (2008	3) UTAH CATTLEMEN'S ASSOCIATION					87-0264	518 Page <b>9</b>
Par		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
gifts, grants lar amounts	1a		<u>1a</u>	0	1			
gra	b		1b	60,355				
fts, an	C .		1c					
	d	F	1d 1e	0				
sin	e	Government grants (contributions) All other contributions, gifts, grants, and	16					가 있는 것이다. 같이 1948년 - 1949년 - 1949년 1949년 - 1949년 - 1949년 1949년 - 1949년 -
her	f		1f	0				
l otl	q	Noncash contributions included in lines 1a-		0				
Contributions, gifts, grants and other similar amounts	9 h	Total. Add lines 1a–1f			60,355			
			<u> </u>	Business Code				
Program Service Revenue	2a	Meetings and conventions			44,816			
Rev	b				0			
/ice	с				0			
Sen	d				0			
an	е				0			
rogr	f	All other program service revenue			0			
<u>م</u>	g	Total. Add lines 2a–2f			44,816			
	3	Investment income (including dividends, int						
		other similar amounts) .			3			
	4	Income from investment of tax-exempt bond		1	0			
	5	Royalties	Real	(ii) Personal	0			
	6		150	(II) Personal				
	6a b	Gross Rents	150					
	c b	Rental income or (loss)	150	0				
	d	Net rental income or (loss)			150			
	7a		curities	(ii) Other				
		assets other than inventory .	0	0				
	b	Less: cost or other basis						
		and sales expenses	0	0				1947년 1943년 1947년 1947년 1949년 - 1947년 19
	c	Gain or (loss) .	0	0			्राम्ब्राव्यसम्बद्ध	
	d	Net gain or (loss)		<u></u> ►	0			
ð	8a	Gross income from fundraising						
ň		events (not including \$0						
eve eve		of contributions reported on line 1c).						
Other Revenue	_	See Part IV, line 18		0				
the	b	Less: direct expenses			0		1997 - Angelander an a' Angelander a' Angel	Mall Weiger and Longer
δ		Net income or (loss) from fundraising event	lS	–	U			
	9a	Gross income from gaming activities. See Part IV, line 19.	а	0				
	b	Less: direct expenses		0				
	c c	Net income or (loss) from gaming activities		►	0			
		Gross sales of inventory, less						
		returns and allowances	а	0		17 - 11 학생 · 발송할		
	b	Less: cost of goods sold	<b>b</b>	0				소리한 승규는
	c	Net income or (loss) from sales of inventor			0			
		Miscellaneous Revenue		Business Code	1 1 <u>1</u>		학 수정물은 전철을 들고	and the second
	11a	Office share reimbursement			/ 150,753			
	b	Other income			6,296			
	C .				0			
	d			L	157,049			
	12	<b>Total</b> . Add lines 11a–11d <b>Total Revenue</b> . Add lines 1h, 2g, 3, 4, 5, 6			107,049		<u> </u>	
	12	9c, 10c, and 11e			262,373	0		o 0
				· · · · · · · · · · · · · · · · · · ·				

Form 990 (2008) Part IX

#### UTAH CATTLEMEN'S ASSOCIATION

87-0264518 Page 10

Statement of Functional Expenses

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

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	0			
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	0		jensky se soon op de seelen se soon op de seelen seelen se soon op de seelen se soon op de seelen se soon op d Se soon se soon s	
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	91,844	91,844		
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	<u> </u>		
7	Other salaries and wages	52,736	52,736		
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	0 5,736	5,736	·····	
9	Other employee benefits		11,311		
10	Payroll taxes	11,311	11,311		
11	Fees for services (non-employees):	0			
a	Management	0			
b		6,876	6,876		
c		0,870	0,070		
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0		and a state of the second state	
T	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	226	226		
13	Office expenses	0	220		
14	Information technology	0			
15		14,160	14,160		
16 17	Occupancy	6,983	6,983		
18	Payments of travel or entertainment expenses	0,000	0,000		
10	for any federal, state, or local public officials	o			
19	Conferences, conventions, and meetings	26,704	26,704		
20		0			
21	Payments to affiliates	16,615	16,615	0	0
22	Depreciation, depletion, and amortization	0	0	0	) 0
23		19,904	19,904		
24	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together	4			
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
а	Telephone	647	647		
b	Postage	1,115	1,115		
С	Promotions	4,730	4,730		
d	Dues and subscriptions	310	310		
е	Miscellaneous	5,823	5,823		
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	265,720	265,720	(	)0
26	Joint Costs. Check here ► if following	1			
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined	:			
	educational campaign and fundraising				
	solicitation				Form <b>990</b> (2008)

		(A) Beginning of year		(B) End of year
		47,805	1	44,771
1	Cash-non-interest-bearing	1,071	2	1,018
2	Savings and temporary cash investments	1,071	3	(
3	Pledges and grants receivable, net	0	4	
	Accounts receivable, net			
5	employees, or other related parties. Complete Part II of Schedule L .	0	5	
	Receivables from other disqualified persons (as defined under section	¥		
6	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
	Part II of Schedule L.	0	6	
	Notes and loans receivable, net	0	7	
7 8			8	
7 8 9	Prepaid expenses and deferred charges		9	
-	Land, buildings, and equipment: cost basis 10a 7,491			
10a		이 가슴 상태적		
b	Part VI of Schedule D	0	10c	storeed at each of a second of the
44	Investments-publicly traded securities	0	11	
11	Investments-other securities. See Part IV, line 11	0	12	(
1	Investments-program-related. See Part IV, line 11.	0	13	
13	Intangible assets	¥	14	
14	Other assets. See Part IV, line 11.	0	15	
15	Total assets. Add lines 1 through 15 (must equal line 34)	48,876	16	45,78
16	Accounts payable and accrued expenses	3,314	17	3,57
17	Grants payable	0,011	18	
18			19	
19	Deferred revenue	0	20	
20	Escrow account liability. Complete Part IV of Schedule D.	• •	21	
21 22 22	Payables to current and former officers, directors, trustees, key			
22	employees, highest compensated employees, and disqualified			사람은 말을 알 수 있다.
5	persons. Complete Part II of Schedule L	0	22	
	Secured mortgages and notes payable to unrelated third parties	0		<b>k</b>
23	Unsecured notes and loans payable	0		
24 25	Other liabilities. Complete Part X of Schedule D	0		
25	Total liabilities. Add lines 17 through 25	3,314	26	3,57
20				
0	Organizations that follow SFAS 117, check here ► and			
2	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets		27	
วั  28	Temporarily restricted net assets		28	
2 29	Permanently restricted net assets		29	
27 28 29 30 30 31 32 33	Organizations that do not follow SFAS 117, check here▶ and complete lines 30 through 34.			
2 30	Capital stock or trust principal, or current funds		30	
2 31	Paid-in or capital surplus, or land, building, or equipment fund .		31	
32	Retained earnings, endowment, accumulated income, or other funds .	45,562		42,21
33	Total net assets or fund balances	45,562		42,21
34	Total liabilities and net assets/fund balances	48,876	34	45,78
Part XI	Financial Statements and Reporting			
				Yes No
1 A	ccounting method used to prepare the Form 990: X Cash			
	Vere the organization's financial statements compiled or reviewed by an indep			.   2a   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?

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

Х

2c

3a

3b

Form 990 (2008)

		Į.	i			
SCH	EDULE D	1				OMB No. 1545-0047
(For	m 990)	Suppler	nental Financial Stateme	nts		2008
	nent of the Treasury		rm 990. To be completed by organizations ,'' to Form 990, Part IV, line 6, 7, 8, 9, 10, 11			Open to Public Inspection
	Revenue Service of the organization				ployer identifi	
	-	S ASSOCIATION		87-	0264518	
Par	Organiz	vations Maintaining Don	or Advised Funds or Other Similar			ts. Complete if
T GI			o Form 990, Part IV, line 6.			• •
	the orge		(a) Donor advised funds		(b) Funds and	l other accounts
1	Total number a	t end of year				
2		tributions to (during year)				
3		nts from (during year) .				
4		e at end of year				
5			lonor advisors in writing that the assets h	eld in do	nor advised	
-	funds are the o	rganization's property, subje	ct to the organization's exclusive legal co	ntrol?.		Yes No
6	Did the organiz	ation inform all grantees, do	nors, and donor advisors in writing that g	rant fund	s may be	
			or the benefit of the donor or donor advise			
	impermissible	private benefit?				Yes No
Par	Conser	vation Easements. Comp	plete if the organization answered "Ye	s" to Fo	rm 990, Pa	rt IV, line 7.
1			by the organization (check all that apply			
1		on of land for public use (e.g			historically i	nportant land area
					-	•
	Protection	of natural habitat		on or cer	tified historic	structure
		on of open space			_	
2	•	_	ld a qualified conservation contribution in	the form	n of a consei	rvation easement
	on the last day	of the tax year.		Г	station in the second	
				ļ		at the End of the Year
а					2a	······································
b			sements		2b	
С			ertified historic structure included in (a).		<u>2c</u>	
d	Number of con	servation easements include	d in (c) acquired after 8/17/06	· · · · ·	2d	
3			ed, transferred, released, extinguished, or	terminat	led by the of	ganization
	during the taxa		the second to be added as the			
4			conservation easement is located			
5			regarding the periodic monitoring, inspec			
_			s it holds?			
6			ing, inspecting, and enforcing easements			
7	Amount of exp	enses incurred in monitoring	, inspecting, and enforcing easements du	iring the y	year 🕨 \$	
8	Does each cor	servation easement reported	d on line 2(d) above satisfy the requireme	ents of se	ction	

	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.

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

1a	If the organization elected, as permitted under SFAS 116, 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.

## If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, b 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
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 relating to these items:
а	Revenues included in Form 990, Part VIII, line 1
b	Assets included in Form 990, Part X

\_\_\_\_\_

No

UTAH CATTLEMEN'S ASSOCIATION

87-0264518

	ule D (Form 990) 2008						011	- 1 - (-		Page 2
Part	III Organizations Maintaining	Collections of	Art, His	torical	l reasures, o	or Oth	er Similar Ass	ets (Co	ontinu	ea)
3	Using the organization's accession an items (check all that apply):	id other records	, check ar	ny of the	following tha	t are a	significant use o	f its co	llectio	n
а	Public exhibition		d Loan or exchange programs							
b	Scholarly research		е 🗌	Other						
с	Preservation for future generati	ons								
4	Provide a description of the organizati Part XIV.		and expla	ain how 1	they further th	ne orga	nization's exemp	ot purp	ose in	
5										
Part		ial Arrangeme	ents. Cor	nplete i	f organizatio			Form	990,	
1a	Is the organization an agent, trustee, included on Form 990, Part X?	custodian or oth	ner interm	ediary fo	r contribution			T Ye	es 🗌	No
b	If "Yes," explain the arrangement in P									
							An	nount		
С	Beginning balance									
d	Additions during the year									
e	Distributions during the year									0
f	Ending balance							<u> </u>		
2a b	Did the organization include an amound If "Yes," explain the arrangement in P	art XIV.						¥€	s X	No
Part	V Endowment Funds. Comple		1		(c) Two years		2 απ IV, IINE TU. (d) Three years back	(0) E0	ur years	back
4-		(a) Current year	(b) Pric	or year	(c) two years	Dack	d) Thee years back	(e) FO		Dack
1a 5	Beginning of year balance Contributions									
b c	Investment earnings or losses .									
d	Grants or scholarships									
e	Other expenditures for facilities				-					
-	and programs						지 않는 것은 것은 것이다. 			
f	Administrative expenses									
g	End of year balance	0								
2	Provide the estimated percentage of t	he year end bal	lance held	l as:						
а	Board designated or quasi-endowmer	nt 🕨	%							
b	Permanent endowment	%								
С	Term endowment	-				مراجع احمر	ininterned for the			`
3a	Are there endowment funds not in the	possession of	the organ	ization tr	hat are heid a	ina aan	ninistered for the	ſ	Yes	No
	organization by: (i) unrelated organizations							3a(i)	-103	
	<ul><li>(i) unrelated organizations</li><li>(ii) related organizations</li></ul>							3a(ii)		
b	If "Yes" to 3a(ii), are the related organ							3b		÷
4	Describe in Part XIV the intended use									
Part						t X, lin	e 10.			
	Description of investment	(a) Cost or o (investn	ther basis	<b>(b)</b> Co	est or other s (other)		epreciation	<b>(d)</b> Bo	ook value	9
1a	Land		0		0					0
b	Buildings		0		0		0			0
с	Leasehold improvements		0		0		0			0
d	Equipment		0		7,491		7,491			0
e	Other		0		0		0			0
Tota	I. Add lines 1a-1e. (Column (d) should	equal Form 99	0, Part X,	column	(B), line 10(c)	).)	🕨			0

Schedule D (Form 990) 2008

	UTAH CATTLEMEN'S ASSOCIA	FION	87-0264518	
Schedule D (For			•	Page 3
Part VII	Investments—Other Securities	. See Form 990, Part X,	line 12.	
	(a) Description of security or ategory (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
Financial deriva	atives and other financial products	0		
	l equity interests .	0		
Other		0		
		0		
		0		
		0		
		0		
		0		
		0		
		0		
		0		
Total (Column (b)	) should equal Form 990, Part X, col. (B) line 12.)	0		
Part VIII	Investments—Program Related		and the second se	<u> 2011 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997</u>
	(a) Description of investment type	(b) Book value	(c) Method of valuat	
		~	Cost or end-of-year mark	
		0		
		0		
		0		
		0		
		0		
		0		
		0		
		0		
		0		
Total. (Column (b)	) should equal Form 990, Part X, col. (B) line 13.)	0		
Part IX	Other Assets. See Form 990, Pa	art X, line 15.		
	(a	) Description		(b) Book value
				0
				0
				0
				0
	······································			0
				<u>0</u> 0
				0
				0
		······································		0
Total. (Colu	mn (b) should equal Form 990, Part X,	col. (B) line 15.)		0
Part X	Other Liabilities. See Form 990	, Part X, line 25.	· · · · · · · · · · · · · · · · · · ·	
	(a) Description of liability	(b) Amount		
Federal inco	ome taxes		0	
			0	
			0	
			<u> </u>	
			0	
			0	

0 0 0

(

Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.) 0 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.

UTAH CATTLEMEN'S ASSOCIATION

87-02645	518
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	ule D (Form 990) 2008		Page 4
Par	<b>XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme</b>	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	262,373
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	265,720
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-3,347
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	0
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-3,347
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per F	Return
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		n e la Relief Vinte
е	Add lines <b>2a</b> through <b>2d</b>	20	e <u>0</u>
3	Subtract line <b>2e</b> from line <b>1</b>	3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	194	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4	c 0
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)		
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expense		and the second se
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		
b	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)         20         21         21         21           Other (Describe in Part XIV)         2         2         2         2         2	- 1	
	Add lines 2a through 2d.		e 0
e		20	
3	Subtract line <b>2e</b> from line <b>1</b>		
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	- 18	
b	Other (Describe in Part XIV)		40 •
С	Add lines <b>4a</b> and <b>4b</b>		
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	0
Par	t XIV Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 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.		

				1						,						
	~	20						_	· - ·			<b>%</b>			OMB No. 15	45-0047
Form	93	90				of Organ (c), 527, or 49							na		20	<b>)9</b>
		· <del>.</del>				bene	fit trust or	private for	undation)					C	pen to	
Interna	al Revenu	he Treasury le Service				ay have to use								2040	Inspec	tion
			endar yea Please		x year begin e of organizati		12/ H CATTLE	1/2009		and er	nding	D Employ	1/30/2 ver ide		number	
	heck if ap ddress o		use IRS label or		g Business As			WENS A	5500IATI			87-02645		interior		
H	ame cha	ř I	print or			(or P.O. box if n	nail is not deli	vered to stre	et ąddress)	Ro	om/suite	E Telepho		mber		
🔲 in	itial retu	ım	type. See		OUTH 600				·,	10	В	(801) 355	5-574	8		
H	erminate		Specific Instruc-			or country, and z	ZIP + 4		0.4	40040	<b>C</b> 4	G Cross	ocointe	e		075 604
	mended						07:	UT		10219		G Gross r			<u> </u>	275,601 Yes X No
	pplicatio	on pending				principal office Peachwood		Wohor I	1T 94405			his a group r e all affiliates				Yes No
<u> </u>		npt status:				insert no.)		(a)( <b>1</b> ) or	527		1 ' '	"No," attach a				
		:  utah			3) - (	insen no.)					4	oup exemption	-		,	
		rganization:		rporation	Trust	Associatio		her <b>&gt;</b>		L Yea	r of forma				of legal dom	nicile: UT
_	art I	-	nmary	-poration								100	07			
	1			the orga	anization's	mission or n	nost signifi	cant activ	ities: Pro	ovide i	ssues	nanagem	ent a	nd educ	ation for	Utah
		ranchers														
Activities & Governance																
erná				·												
Go	2					nization disc governing bo								ts net as	ssets.	6
ş	3 4													4		6
vitie	5	Number of independent voting members of the governing body (Part VI, line 1b) Total number of employees (Part V, line 2a)									5		2			
Acti	6											6		60		
	7a					enue from F								'a		0
	b	Net unre	lated bu	usiness	taxable inc	come from Fo	orm 990-T	<u>, line 34 .</u>		<u> </u>	<u></u>			'b		0
											<u> </u>	Prior Year			Current	
e	8					, line 1h) .							60,3 44,8			70,200 45,684
Revenue	-				•	I, line 2g) . mn (A), lines					<u> </u>		44,0	3		<u>+0,004</u> 0
Re	11					A), lines 5, 6							157,1	-		159,717
	12		•			(must equal F						the second s	262,3			275,601
	13	Grants a	nd simil	lar amo	unts paid (	Part IX, colu	mn (A), lin	es 1–3) .		•				0		0
	14					Part IX, colun								0		0
s	15			•		ployee bene	•						161,6			170,472
Expenses	16a			-		t IX, column		-						0		0
EXĎ	17 17					X, column (E A), lines 11a							104,0	03		105,136
	17 18					must equal f							265,7			275,608
	19					line 18 from							-3,3			-7
or Ces											Begin	ning of Curr			End of V	
sets	20	Total ass	sets (Pa	rt X, line	e 16)					•			45,7			45,878
Net Assets or Fund Balances	21												3,5			3,670
	22				nces. Subt	ract line 21 f	rom line 20	0	<u></u>	• •			42,2	15		42,208
Pa		Under	nature	of periury	. I declare that	it I have examine	ed this return.	including ac	companying	schedu	es and si	atements, ar	nd to th	e best of r	ny knowledg	ge
		and be	elief, it is t	rue, corre	ct, and compl	ete. Declaration	of preparer (c	other than off	icer) is based	d on all i	nformatio	on of which p	reparei	has any k	nowledge.	
												1				
Sig	n		Signature	of officer								I Da	to			
Her	e		BRENT		-R				and the	FXFC					•	
			Type or pr									DIREOT				
		Prepa	arer's	2Λ		1		Date	Э		heck if				dentifying n	umber
Paid		signat	ture	ZVI	non	DH1		cen .	9/28/2011		elf- nployed	▶		ee instructio	-	
	parer's	S Firm's	s name (or	yours		AS D HALL				L <u> </u>		EIN	······	7-04582		
Use	Only		-employed			D OREM BL			58			Phone no.				
Mov	the IF		ess, and Zl			arer shown a						F HOLE NO.	- (0		X Yes	s 🗌 No
<u> </u>						· · · · · · · · · · · · · · · · · · ·				• •				•••		<b>990</b> (2009)
HTA)	-	y Act and I	гарегис	JIK REAL	AGUOTI ACT N	lotice, see th	e separate	matructio								JJJ (2009)

<b>F</b> arm	990 (2009) UTAH CATTLEMEN'S ASSOCIATION	87-0264518	Page <b>2</b>
	art III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission:		
•	Provide issues management and education for Utah ranchers.		
2	Did the organization undertake any significant program services during the year which were not listed on	Yes	X No
	the prior Form 990 or 990-EZ?		
•	Did the organization cease conducting, or make significant changes in how it conducts, any program		
3	services?	Yes	X 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 amo allocations to others, the total expenses, and revenue, if any, for each program service reported.	unt of grants a	and
12	(Code:) (Expenses \$ 136,289 including grants of \$0 ) (Revenue \$		0)
4a	Beef producer education and information		'
4b	(Code:) (Expenses \$ 139,319 including grants of \$0 ) (Revenue \$	;	0)
	Representation of the cattle industry		
	· · · · · · · · · · · · · · · · · · ·		
4c	(Code:) (Expenses \$0 including grants of \$0 ) (Revenue \$	\$	0)
	· · · · · · · · · · · · · · · · · · ·		
4d	Other program services. (Describe in Schedule O.)	_	
	(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$	0)	
4e	Total program service expenses  275,608		

Form 9	990 (2009) UTAH CATTLEMEN'S ASSOCIATION 87-02645	18	Р	age 3
Par	t IV Checklist of Required Schedules		Vee	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		x
•	complete Schedule A	2		X
2	Did the organization required to complete Schedule B,	. 4		
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
A	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			
4	Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice			
5	and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
-	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		2	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	•		
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	10		x
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VII, IX, or X as applicable</i>	11	х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	• •		
•	Schedule D, Part VI.			
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
٠	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that			
	addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10		
	Schedule D, Parts XI, XII, and XIII.	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax Yes No			
40	year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	13		X
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
14a h	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
U	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I.	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			$\square$
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			T
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I.	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	ļ	<u>  X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Form 990 (2009)

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Form	990 (2009) UTAH CATTLEMEN'S ASSOCIATION	87-0264518	F	age <b>4</b>
Par	t IV Checklist of Required Schedules (continued)			<b>-</b>
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizati	ons		
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	. 23		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	<b>24a</b>		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?			
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 transact	ion		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	,		
	prior year, and 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			
20	disgualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
21	substantial contributor, or a grant selection committee member, or to a person related to such an individual	?		
	If "Yes," complete Schedule L, Part III	27	1	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
-	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<b>28a</b>		Х
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
U U	Schedule L, Part IV	<b>28</b> b		x
~	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
U	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV.	<b>28</b> c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	· · <b></b>		
30	conservation contributions? If "Yes," complete Schedule M	30		x
24	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
31	Part I			x
20	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			$\vdash$
32	If "Yes," complete Schedule N, Part II	32		x
~~	Did the organization own 100% of an entity disregarded as separate from the organization under Regulation			
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.			x
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
34	III, IV, and V, line 1	34	x	
	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
35		25		
	Schedule R, Part V, line 2			X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable relation of the section o			
	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	חי		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	0-		
	VI		<b> </b>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	<u>X</u>	

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Form 9	990 (2009) UTAH CATTLEMEN'S ASSOCIATION	87-0264518	B Page <b>5</b>
Par			
r ar	otatomono rogarang otior ino range and range and		Yes No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		
	U.S. Information Returns. Enter -0- if not applicable	0	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportab	le	
	gaming (gambling) winnings to prize winners?	<b>1</b> c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		
	Statements, filed for the calendar year ending with or within the year covered by this return .	2	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	<b>2b</b>	X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see		
	instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by		
	this return? $\ldots$ $\ldots$ $\ldots$ $\ldots$ $\ldots$ $\ldots$ $\ldots$ $\ldots$ $\ldots$	<u>3a</u>	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other author	ity	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		
	account)?	<u>4a</u>	
b	If "Yes," enter the name of the foreign country: <b>b</b>		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		
	and Financial Accounts.	_	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5b</u>	+ + ^
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	Fa	
-	Prohibited Tax Shelter Transaction?	<u>5</u> C	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6-	
-	organization solicit any contributions that were not tax deductible?	<u>6a</u>	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ch	
_	gifts were not tax deductible?	<u>6b</u>	
7	Organizations that may receive deductible contributions under section 170(c).		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	70	X
	and services provided to the payor?		+ + ^
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		
С	required to file Form 8282?	<b>7</b> c	
ы	If "Yes," indicate the number of Forms 8282 filed during the year		
a	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a persona		
е	benefit contract?	<b>7e</b>	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
9 h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as		
		<b>7</b> h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		
-	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		
	organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
а	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
10	Section 501(c)(7) organizations. Enter:		
а	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
а	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources		
	against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041	? <b>12</b> a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		

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Form 9		264518	Р	age <b>6</b>
Par	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b belo	w, and		
	for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chan	ges in		
	Schedule O. See instructions.			
Sect	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body	<u>1</u>		
b	Enter the number of voting members that are independent	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
-	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6	Х	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
14	of the governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
U	the year by the following:			
-	The governing body?	8a	Х	0.0000000000000000000000000000000000000
a b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
9	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		х
Soct	on B. Policies (This Section B requests information about policies not required by the Internal			
	nue Code.)			
11010			Yes	No
10-2	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
D.	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
••		11		x
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> .	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
D	rise to conflicts?	12b		
~	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
С	describe in Schedule O how this is done.	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
10	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
~	The organization's CEO, Executive Director, or top management official.	15a	Х	
a b	Other officers or key employees of the organization	15b	X	
D	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			
IVa	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
b	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Soot	ion C. Disclosure			L
<u>Sect</u> 17	List the states with which a copy of this Form 990 is required to be filed			
17	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	only)		
10	available for public inspection. Indicate how you make these available. Check all that apply.			
40	Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inte	rest		
19	policy, and financial statements available to the public.	301		
22	State the name, physical address, and telephone number of the person who possesses the books and records of	the		
20				
	organization:  BRENT TANNER 801-355-57 150 SOUTH 600 EAST #10B, SALT LAKE CITY, UT 84102-1961			
	100 300 TH 000 EAST #100, SALT LAKE OTT, 01 04102-1901			

# Form 990 (2009) UTAH CATTLEMEN'S ASSOCIATION

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

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)		(C)				(D)	(E)	(F)	
Name and Title	Average		on (c			that ap		Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Dave Elison President	10.	X		х				0	0	0
Calvin Crandal 1st Vice President	5.	x		х				0	0	0
Joe Fuhriman 2nd Vice President	5.	x		x				0	0	0
Dustin Guerney 2nd Vice President	5.	x		x				0	. 0	0
Jim Keyes 2nd Vice President	5.	x		x				0	0	0
Brent Tanner Executive Vice Pres.	50.	x		x	x	x		95,167	0	0
								۰.		

Form 9	90 (2009) UTAH CATTLEMEN'S ASSOCIAT	ON								87-0264	
Par	t VII Section A. Officers, Directors, Tru	ustees, Key En	ploy	ees,	and	l Hig	ghest	Co	npensated Em	ployees (contir	nued)
	(A)	(B)			-	C)			(D)	(E)	(F)
	Name and title	Average hours per week	P Individual trustee or director		(chec Officer	k Key employee	Highest compensated		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
	······										
			<u> </u>								
											·····
41			<b>_</b>					Ļ	05 107		
<u>1b</u> 2	Total		 se lis	ted a	 above 0	e) w		. ► ceive	95,167 ed more than \$1	00,000 in	) 0
3	Did the organization list any <b>former</b> officer, employee on line 1a? <i>If "Yes," complete Sci</i>					-		-	st compensated		Yes No 3 X
4	For any individual listed on line 1a, is the su the organization and related organizations g individual										4 X
5	Did any person listed on line 1a receive or a services rendered to the organization? If "Yo										5 X
Sect	ion B. Independent Contractors								, ,		
1	Complete this table for your five highest cor compensation from the organization.	npensated inde	pend	lent	contr	acto	ors tha	at re	ceived more tha	n \$100,000 of	
	(A) Name and business a	ddress							(B) Description of ser	vices C	(C) ompensation
											0
											0
											0
2	Total number of independent contractors (ir			ed to	tho	se lis			e) who received		0
	more than \$100,000 in compensation from	the organization	<u>1</u> 🕨				0				

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Form 99	0 (2009	UTAH CATTLEMEN'S ASSOCIATION		:		87-02645	18 Page <b>9</b>
Part	VIII	Statement of Revenue					
				(A) Total revenue	<b>(B)</b> Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
			7		revenue		512, 513, or 514
nts Its		Federated campaigns 1a					
grai		Membership dues					
am ts,		Fundraising events					
gif ilar		Related organizations					
sim,		Government grants (contributions) 1e	0			100 C	
Contributions, gifts, grants and other similar amounts	f	All other contributions, gifts, grants, and					
trib oth		similar amounts not included above					
in di	-	Noncash contributions included in lines 1a-1f: \$	•	70,200			
	h	Total. Add lines 1a–1f	Business Code	10,200			
Program Service Revenue	22	Meetings and conventions	Buointee cour	45,684			
Seve	b						
ce F				0			
ivi	d			0			
E S	е			0			
ogra	f	All other program service revenue		0			
P.	g	Total. Add lines 2a-2f	<u></u> . ►	45,684			
	3	Investment income (including dividends, interest, a	nd				
		other similar amounts)					
	4	Income from investment of tax-exempt bond procee	eds ト	0			
	5	Royalties	<u> </u>	0			
		(i) Real	(ii) Personal				
	6a	Gross Rents					
		Less: rental expenses					
			0	1			
	d -	Net rental income or (loss)		0			
	7a	Gross amount from sales of (i) Securities	(ii) Other				
	<b>L</b>	assets other than inventory	<u> </u>				
	a		o o				
	~						
		Net gain or (loss)	·]	0			
		Gross income from fundraising			1000		
ani		events (not including \$0					
/eu		of contributions reported on line 1c).					
Re		See Part IV, line 18	0				
Other Revenue	b	Less: direct expenses b					
đ		Net income or (loss) from fundraising events	<u> •</u>	0			
	9a	Gross income from gaming activities.					
		See Part IV, line 19					
		Less: direct expenses b					
		Net income or (loss) from gaming activities	· <u>· · · · · · · · · · · · · · · · · · </u>	0			
	10a	Gross sales of inventory, less					
	<b>L</b>	returns and allowances					
		Net income or (loss) from sales of inventory		0			
	<u>ر</u>	Miscellaneous Revenue	Business Code	1			
	11a	Officer share reimbursement		152,181			
		Other income		7,536			
	c			0			
	d	All other revenue		0			
	е	Total. Add lines 11a–11d		159,717			
	12	Total revenue. See instructions.		275,601	0	0	0

Form 990 (2009) Part IX

# UTAH CATTLEMEN'S ASSOCIATION

**Statement of Functional Expenses** 

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

	All other organizations must complete column				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21.	0			
2	Grants and other assistance to individuals in				
-	the U.S. See Part IV, line 22	0			
2	Grants and other assistance to governments,	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
3	-				
	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	95,167			
6	Compensation not included above, to disqualified	× .		84.1 C	
	persons (as defined under section 4958(f)(1)) and		·.		
	persons described in section 4958(c)(3)(B)	l o	en e		
7	Other salaries and wages	57,571			· .
8	Pension plan contributions (include section 401(k)	011011			
U	and section 403(b) employer contributions).	0			
~		5,736			·
9	Other employee benefits				
10	Payroll taxes	11,998			
11	Fees for services (non-employees):				
а	Management	0			
b	Legal				
С	Accounting	1,569	5		
d		0			
Ē	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
-	Other	0			
g		3,392		· · · · · ·	
12	Advertising and promotion				
13	Office expenses	1,674			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	14,160			
17	Travel	5,364			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	24,534			
20		0			
21	Payments to affiliates	24,440			
		24,440		0	0
22	Depreciation, depletion, and amortization	v		<u> </u>	<u> </u>
23		21,072			
24	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together			-	
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
а	Other taxes and licenses	61			
b	Dues and subscriptions	500			
С	Miscellaneous	6,060			
d	Telephone	710			
e	Postage	1,600		1	
-	All other expenses	.,			
25	Total functional expenses. Add lines 1 through 24f	275,608	· 0	0	0
		210,000		l	
26	Joint costs. Check here ► if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising				
	solicitation				
	in the second				Form 990 (2009)
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Form 990 (2009) UTAH CATTLEMEN'S ASSOCIATION

Pa	art X	Balance Sheet					· · · · · · · · · · · · · · · · · · ·
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			44,771	1	44,860
	2	Savings and temporary cash investments	1,018	2	1,018		
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net	. Q	4	0		
	5	Receivables from current and former officers,					
	_	employees, and highest compensated employ Schedule L	0	5			
	6	Receivables from other disqualified persons (a		-			
	U	4958(f)(1)) and persons described in section 4 Part II of Schedule L.	l958(c)(3)(B). Com	plete	, 0	6	
ম	7	Notes and loans receivable, net			0	7	0
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges		9			
	10a	Land, buildings, and equipment: cost or	10a	7,491			
		other basis. Complete Part VI of Schedule D		·			
	b		10b	7,491	0	10c	0
	11	Investments—publicly traded securities	0		0		
	12	Investments—other securities. See Part IV, lir	0	12	0		
	13	Investments-program-related. See Part IV, li	0		0		
	14	Intangible assets			0	14	0
	15	Other assets. See Part IV, line 11.			0		0
	16	Total assets. Add lines 1 through 15 (must ed	45,789	16	45,878		
	17	Accounts payable and accrued expenses			3,574		3,670
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities	0	20			
Ś	21	Escrow or custodial account liability. Complete				21	
itie	22	Payables to current and former officers, direct					
Liabilities		employees, highest compensated employees,					
Ľ		persons. Complete Part II of Schedule L			0	22	
	23	Secured mortgages and notes payable to unre			0	23	0
	24	Unsecured notes and loans payable to unrela			- 0	24	0
	25	Other liabilities. Complete Part X of Schedule			0	25	0
	26	Total liabilities. Add lines 17 through 25.			3,574	26	3,670
ses		Organizations that follow SFAS 117, check complete lines 27 through 29, and lines 33	here			- 12	
anc	27	Unrestricted net assets				27	
3al	28	Temporarily restricted net assets				28	
p	29	Permanently restricted net assets				29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 and complete lines 30 through 34.					
ŝts	30	Capital stock or trust principal, or current fund	<b>S</b>			30	
SS	31	Paid-in or capital surplus, or land, building, or		31			
t A	32	Retained earnings, endowment, accumulated			42,215		42,208
Ne	33	Total net assets or fund balances			42,215	1	42,208
	34	Total liabilities and net assets/fund balances.			45,789		45,878
		Total nubilities and not assets/faile balances .	· · · · · · ·			<u> </u>	Form <b>990</b> (2009)

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Form 9	990 (2009) UTAH CATTLEMEN'S ASSOCIATION	87-0264518	P	age <b>12</b>
Part	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: 🔀 Cash 🛛 Accrual 💭 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Х	
b	Were the organization's financial statements audited by an independent accountant?	. 2b		Х
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	<u>2</u> c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
•••	the Single Audit Act and OMB Circular A-133?	. 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		

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	4	1 <sup>°</sup>			(		
SCH	EDULE D	· · · · ·					OMB No. 1545-0047
	n 990)	Suppler		୭ଲ <b>∩</b> ႖			
				ion answered "Ye 5, 7, 8, 9, 10, 11, o			Open to Public
	ent of the Treasury		Form 990.	<ul> <li>See separate</li> </ul>			Inspection
	Revenue Service of the organization					Employer	identification number
UTAH	I CATTLEMEN'S	S ASSOCIATION					87-0264518
Part	l Organiz	ations Maintaining Don	or Advised	Funds or Oth	er Similar Fund	s or Ac	counts. Complete if
	the orga	nization answered "Yes" t				(b) Eu	nds and other accounts
		t and of year	(;	a) Donor advised fund	18	(0) FU	
1 2		t end of year ributions to (during year)	· · · · · · · · · · · · · · · · · · ·				
3		its from (during year) .					
4		e at end of year					
5	Did the organiz	ation inform all donors and o	lonor adviso	rs in writing that	the assets held in	donor ad	lvised
	funds are the o	rganization's property, subje	ct to the orga	anization's exclus	sive legal control?		Yes No
6	Did the organiz	ation inform all grantees, do	nors, and do	nor advisors in w	riting that grant fu	nds can	be
		haritable purposes and not for					
D . (		ring impermissible private be					
Part		vation Easements. Com				0111 92	
1		conservation easements held				n histori	cally important land area
	=	on of land for public use (e.g	., recreation				• •
		of natural habitat			Preservation of a	a certified	historic structure
_		on of open space			- (1		f
2		2a through 2d if the organiz	ation held a	qualified conserv	ation contribution	In the to	m or a conservation
	easement on tr	ne last day of the tax year.					Held at the End of the Tax Year
а	Total number o	f conservation easements.				2a	Tield at the Lind of the Tax Todi
b		estricted by conservation ea				2b	
c		servation easements on a ce				2c	
d	Number of con	servation easements include	d in (c) acqu	iired after 8/17/0	6	2d	
3	Number of con	servation easements modifie	ed, transferre	d, released, exti	nguished, or termi	nated by	the organization
	during the tax y						
4	Number of stat	es where property subject to	conservation	n easement is lo	cated		of
5		nization have a written policy enforcement of the conserva					
6		teer hours devoted to monitor					
Ū					· · · · · · · · · · · · · · · · · · ·		
7	Amount of exp	enses incurred in monitoring	, inspecting,	and enforcing co	onservation easem	ents dur	ing the year
	▶ \$		·				
8		servation easement reported	• •	•			
-	170(h)(4)(B)(i)	and section 170(h)(4)(B)(ii)?	· · · · · ·		nto in ito rovonu-		
9	in Part XIV, de	scribe how the organization and include, if applicable, th	eports consi	footpote to the o	rus in its revenue a	anu exp∈ cial etat∉	ements that describes
		n's accounting for conservat			iganization s inan	Cial State	
Part	illi Organiz	ations Maintaining Collect	ons of Art, I	Historical Treas	ures, or Other Si	milar As	sets.
	Complet	e if the organization answere	ed "Yes" to F	orm 990, Part IV	, line 8.		
1a	If the organizat	ion elected, as permitted un	der SFAS 11	6, not to report i	n its revenue state	ment an	d balance sheet works of
	art, historical tr	easures, or other similar ass e, in Part XIV, the text of the	ets held for p	public exhibition,	education, or rese	earch in 1	items
b	If the organizat	ion elected, as permitted un	der SFAS 11	6. to report in its	revenue statemer	nt and ba	lance sheet works of art.
5	historical treas	ures, or other similar assets	held for publ	ic exhibition, edu	ication, or researc	h in furth	erance of public
	service, provid	e the following amounts rela	ting to these	items:			
	(i) Revenues i	ncluded in Form 990, Part V	II, line 1				► \$ ► \$
	(ii) Assets inclu	ided in Form 990, Part X					▶ \$
2		ion received or held works o				s for fina	ncial gain, provide the
		Ints required to be reported u					▶ ¢
a b	Assota include	laea in Form 990, Part VIII, I d in Form 990, Part X	пет				► \$ ► \$
b	Assets Incinde						► \$

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

UTAH CATTLEMEN'S ASSOCIATION

. 87-0264518

Page **2** 

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Sched	ule D (Form 990) 2009	5									age <b>2</b>
Pari	III Organizations Maintaining Co	llections of	Art, H	isto	rical Trea	asures,	or Oth	er Similar A	ssets (co	ontinu	ed)
3	Using the organization's acquisition, acc		ther rea	cords	s, check a	ny of the	followi	ng that are a	significant		
	use of its collection items (check all that	apply):	г	_							
а	Public exhibition		d		Loan or e	exchange	progra	ms			
b	Scholarly research		e		Other						
С	Preservation for future generation	s									
4	Provide a description of the organization Part XIV.	's collections	and ex	plain	n how they	further t	he orga	inization's exe	empt pu <b>rp</b>	ose in	
5	During the year, did the organization sol	icit or receive	donatio	ons d	of art, histo	orical tre	asures,	or other simil			
	assets to be sold to raise funds rather th										No
Part	IV Escrow and Custodial Arrang IV, line 9, or reported an amount					ization a	answer	ed "Yes" to	Form 990	), Parl	t
1a	Is the organization an agent, trustee, cut	stodian or othe	er inter	med	liary for co	ntributio	ns or ot	her assets no	ot	_	
	included on Form 990, Part X?								Ye	s	No
b	If "Yes," explain the arrangement in Part	XIV and com	plete th	ne fo	llowing tak	ble:					
									Amount		
С	Beginning balance										
d	Additions during the year										
е	Distributions during the year										
f	Ending balance			• •		• • •	. <u>1f</u>	1			0
2a	Did the organization include an amount		Part X,	, line	21?				L Ye	s X	No
b	If "Yes," explain the arrangement in Part <b>Endowment Funds.</b> Complete		ization	000	eworod "	Voe" to F	Form Q	00 Part IV	lino 10		
Part		) Current year		Prior y		) Two years		(d) Three years b		ur years	hack
10		j Conent year	(0)	FILOLY		J WO year				ui yours	DUOK
1a b	Beginning of year balance				10000	and the second second					
c	Net investment earnings, gains,										
U	and losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
Ũ	and programs					100					
f	Administrative expenses										
g	End of year balance	0			0					(5471)	
2	Provide the estimated percentage of the	year end bala	ance he	eld a	IS:						
а	Board designated or quasi-endowment			%							
b	Permanent endowment	%									
С	Term endowment										
3a	Are there endowment funds not in the po	ossession of t	he orga	aniza	ation that a	are held a	and adr	ninistered for	the		
	organization by:								· · · · · · · · · · · · · · · · · · ·	Yes	No
	(i) unrelated organizations								. <u>3a(i)</u>		
	(ii) related organizations										
b	If "Yes" to 3a(ii), are the related organization								. <u>3b</u>		
4	Describe in Part XIV the intended uses of						( ) / P				<b>.</b>
Part	VI Investments—Land, Building										
	Description of investment	(a) Cost or oth (investme			(b) Cost or basis (oth			ccumulated preciation	(d) Bo	ok value	•
1a	Land			0		0					0
b	Buildings			0		0		0			0
С	Leasehold improvements			0		0		0			0
d	Equipment			0		7,491		7,491			0
е	Other	1		0		0		0			0
Tota	. Add lines 1a through 1e. (Column (d) m	ust equal For	m 990,	Part	t X, colum	n (B), lin	e 10(c).	)	1		0

Schedule D (Form 990) 2009

# 87-0264518

Schedule D (Form 990) 2009			age 3				
Part VII Investments—Other Securities.	See Form 990, Part X,	line 12.					
<ul> <li>(a) Description of security or category (including name of security)</li> </ul>	(b) Book value	(c) Method of valuation: Cost or end-of-year market value					
Financial derivatives	0						
Closely-held equity interests	0						
Other	0						
	0						
	0						
	0						
	0						
	0						
	0						
	0						
	0						
	0						
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	0						
Part VIII Investments—Program Related.	See Form 990, Part X,						
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value					
	0	۰					
	0						
	0						
	0						
	0						
	<u>, 0</u>						
	0						
	0						
	0						
	0						
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	0						
Part IX Other Assets. See Form 990, Par							
(a) [	Description	(b) Book value					
			0				
			0				
			0				
	·····		0				
			0				
			0				
		· · · · · · · · · · · · · · · · · · ·	0				
			0				
Total. (Column (b) must equal Form 990, Part X, col	L (B) line 15 )	►	0				
Part X Other Liabilities. See Form 990,		<u> </u>					
1 (a) Description of liability	(b) Amount						

1. (a) Description of liability	(b) Amount	
Federal income taxes	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
Total, (Column (b) must equal Form 990, Part X, col. (B) line 25.)	0	

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.

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	LEMEN'S ASSOCIATION

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87-0264518

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Sched	ule D (Form 990) 2009			Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial	Sta	tements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		0
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		0
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		0
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		0
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9.	10		0
Par			Return	
1 1	Total revenue, gains, and other support per audited financial statements	1	1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		·	
2	Net unrealized gains on investments	141		
a				
b				
C	Recoveries of prior year grants			
d	Other (Describe in Part XIV.)			
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1	10000	3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIV.)			
С	Add lines <b>4a</b> and <b>4b</b>	. L	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	0
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expense	es p	er 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			
b	Prior year adjustments			
č	Other losses	-1		
d	Other (Describe in Part XIV.)			
e	Add lines 2a through 2d.		2e	0
_	Subtract line <b>2e</b> from line <b>1</b>	F	3	0
3			3	<u> </u>
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.)			0
C	Add lines <b>4a</b> and <b>4b</b>		4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	0
Par	t XIV Supplemental Information		,, · · · · · · · · · · · · · · · · · ·	
and 2	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 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 part to provide any additional information.	4b. /	Also complet	e 
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# SCHEDULE O (Form 990)

Department of the Treasury

# Supplemental Information to Form 990

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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

Internal Revenue Service	Attacil to Follin 550.	E	fication number
Name of the organization	<b>۹</b> ۲		incauon number
UTAH CATTLEMEN'	S ASSOCIATION	87-0264518	······································
Form 990 Part VI Se	ction B Line 11 The organization did not provide a copy of this Form 990 to		
all members of the g	overning body before the form was filed.		
Form 990 Part VI Se	ction B Line 11A The Form 990 is reviewed by the Executive Director befor	e	
it is filed.			
Form 990 Part VI Se	ction C Line 19 Financial Statements are published in the Utah Cattleman		
newsletter and are k	ept in the office. The governing documents and financial statements are		
made available to the	e public upon written reguest.		
	«		

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	Complete if the accordance and when a form 000 Bott IV. Jine 33, 34, 35, 67, 37					50(0)Z
Department of the Treasury Internal Revenue Service	Complete It the organization answer	vered res to rorm say, ran uy inne . See separate instructions.	in IV, line 33, 34, 35 ructions.	, 36, OF 37.	O	Open to Public Inspection
Name of the organization UTAH CATTI EMEN'S ASSOCIATION	SSOCIATION				Employer identification number 87-0264518	n number
Part I Identificat	Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)	anization answered "Yes	s" on Form 990,	Part IV, line 33.)		
Nar	(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
				0	0	
				0	0	
				0	0	
				0	0	
				0	0	
				0	0	
Part II had one of	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 vear.)	omplete if the organization to tax vear.)	on answered "Ye	is" to Form 990, I	Part IV, line 34 be	cause it
Narr	(a) (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
UTAH BEEF COUNCIL	31-1713043 SALT I AKE CITY UT 84102	PROMOTE BEEF INDUSUT	L L	501 (c) (5)		Not applicable

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Declarate that one or more related organizations treated as a partnership during the tax year.         Since of tax year.<								
Image: control to the contro	re related orga	nizations treate	ed as a partnership	during the tax	year.)			
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$		(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under	(f) Share of total inco				() General or managing partner?
$\left  \begin{array}{c c c c c c c c c c c c c c c c c c c $			512-514)					
$\left  \begin{array}{c c c c c c c c c c c c c c c c c c c $					0	0	0	
$\left  \begin{array}{c c c c c c c c c c c c c c c c c c c $					0	0	0	
$ \left  \begin{array}{c c c c c c c c c c c c c c c c c c c $					0	0	0	
$\left  \begin{array}{c c c c c c c c c c c c c c c c c c c $					0	0	0	
$ \left  \begin{array}{c c c c c c c c c c c c c c c c c c c $					0	0	0	
izations     Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part       izations     Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part       inizations     treated organizations treated as a corporation or trust during the tax year.)       (b)     (b)       (c)     (c)       (b)     (c)       (c)     (c)    <					0	0	0	
nizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part         more related organizations treated as a corporation or trust during the tax year.)         (b)       (b)         (c)       (b)         (c)       (c)					0	0	0	
Tube       (b)       (c)       (c)       (d)       (e)       (f)       (g)       (h)         Primary activity       Legal domicile       Direct controlling       Type of entity       Share of total income       Share of total income       Percentage       Percentage         Imary activity       Legal domicile       Direct controlling       Type of entity       (c corp. 5 corp.       Share of total income       Percentage       Percentage         Imary activity       Imary activity       Imary activity       C corp. 5 corp.       Imary activity       Percentage       Percentage         Imary activity       Imary activity       Imary activity       Imary activity       Imary activity       Percentage       Percentage         Imary activity       Imary activity       Imary activity       Imary activity       Imary activity       Percentage         Imary activity       Imary activity       Imary activity       Imary activity       Imary activity       Imary activity         Imary activity       Imary activity       Imary activity       Imary activity       Imary activity       Imary activity         Imary activity       Imary activity       Imary activity       Imary activity       Imary activity       Imary activity       Imary activity         Imary activity	<b>Organization</b>	s Taxable as ;	a Corporation or 1 tions treated as a c	<b>Frust</b> (Complete corporation or tr	e if the organiz rust during the	zation answered "Y tax year.)	es" to Form 990, F	Part
	ization	(b) Primary activ		(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
0 0 0 0 0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1						
0 0 0 0 0	3 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8							
0 0 0 0								
0 0 0		1						
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0								
	1 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							

NO	
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UTAH CATTLEMEN'S ASSOCIATION	
<b>JEN'S</b>	
AH CA <sup>-</sup>	
UTA	
2009	
nm 990) 2009	
(Form S	
Schedule R	

87-0264518

Page **3** 

0 C 0 0 0 0 Schedule R (Form 990) 2009 å × 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. Amount involved Yes ٥ <del>4</del> <del>1</del> <u>ဗ</u> 9 3 7 <u>9</u> 희 ø <u>9</u> ŧ <u>1</u>g ŧ ₹ Ŧ Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.) Transaction 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? type (a-r) <u>e</u> . . . . . · · · · · · · · · . . . . · · · · · · · · . • • • • • • • • · · · · · · · · • . . . · · · · · : . • Performance of services or membership or fundraising solicitations for other organization(s). Sharing of facilities, equipment, mailing lists, or other assets . . . . . . . . . . . Lease of facilities, equipment, or other assets from other organization(s) . . . . . . . . . Performance of services or membership or fundraising solicitations by other organization(s) . . . • Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity. . • . . • : Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Name of other organization • • • Sharing of paid employees . . . . . . . . . . . . . . . . . · · · Reimbursement paid to other organization for expenses . . . . . • Gift, grant, or capital contribution from other organization(s). . Loans or loan guarantees by other organization(s) . . . . Other transfer of cash or property from other organization(s) Other transfer of cash or property to other organization(s). Gift, grant, or capital contribution to other organization(s) . Reimbursement paid by other organization for expenses . Loans or loan guarantees to or for other organization(s) Purchase of assets from other organization(s) . . . • Sale of assets to other organization(s) . Exchange of assets. Part V σ Ε 0 Ø م υ σ 0 5 ء .\_ c ٩ <u>۔</u> × 2 (3) <u></u> 2 £ (2) 9

Schedule R (Form 990) 2009 UTAH CATTLEMEN'S ASSOCIATION	IATION					87-0264518	Page 4	4
Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)	<b>artnership</b> (Complete	if the organizatio	n answered	"Yes" to Form 9	90, Part IV, II	ine 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.	partnership through whicl instructions regarding exc	h the organization clusion for certain i	conducted m nvestment pa	iore than five perce artnerships.	nt of its activi	ities (measured by	total asset	s.
(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	
				0		0		
				0		0		(
						0		1
				0		0		
				0		0		1
				0		0		
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Schedule R (Form 990) 2009 0

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	99	วัก	Return of Organization Exempt From	Inco	ome	Тах		OMB No. 1545-0047
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue				ing	
Deser			benefit trust or private foundation)					Open to Public
Intern	al Revenu	he Treasury 19 Service	► The organization may have to use a copy of this return to satisfy sta					Inspection
-				ind en	ding		/30/201	
		.pp.ioc.o.	C Name of organization UTAH CATTLEMEN'S ASSOCIATION					ication number
	ddress o		Doing Business As	lite		87-02645 E Telepho		~
	ame cha	•	Number and street (or P.O. box if mail is not delivered to street address) Room/su	ute		•		31
	itial retu		150 SOUTH 600 EAST [10B			<u>(801) 355</u>	-5748	
	erminate mended		City or town, state or country, and ZIP + 4 SALT LAKE CITY UT 841	02196	31	G Gross re	eceipts \$	274,071
		T	F Name and address of principal officer:			nis a group re	eturn for a	ffiliates? Yes X No
	,,		BRENT TANNER 7872 SOUTH PEACHWOOD DRIVE, SOUTH W	/ЕВЕ́н	H(b) Are	all affiliates	included?	Yes No
<u> </u>	ax-exem	pt status:		527		No," attach a		
	/ebsite		beef@aol.com		H(c) Gro	oup exemptio	n number	•
• • • • •						ation: 196		
		ganization:		Liteat		196	/	State of legal domicile: UT
<sup>®</sup> P	art l		<b>nmary</b> escribe the organization's mission or most significant activities: <u> </u>	Provid		les manar	nomont	and education
	1	•	-		16 1991		Jeinein	
è			ranchers.					
Activíties & Governance								
veri	2	Check th	his box F if the organization discontinued its operations or disposed of mor	re than	25% 0	fits net asse		
ŝ	3		of voting members of the governing body (Part VI, line 1a)				3	6
8 8	4		of independent voting members of the governing body (Part VI, line				4	6
vitio	5		mber of individuals employed in calendar year 2010 (Part V, line 2a				5	2
Acti	6		mber of volunteers (estimate if necessary)				6	60
	7a		related business revenue from Part VIII, column (C), line 12.				7a	(
	b	Net unre	lated business taxable income from Form 990-T, line 34				(	
				_		Prior Year		Current Year
e	8		tions and grants (Part VIII, line 1h)	_			70,200	61,599
Revenue	9		service revenue (Part VIII, line 2g)				45,684	45,039
Rev	10		ent income (Part VIII, column (A), lines 3, 4, and 7d)				0	407.400
	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).				59,717 75.601	<u> </u>
·	12 13		enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12).			Z	<u>75,601</u> 0	274,07
	13		nd similar amounts paid (Part IX, column (A), lines 1–3)				0	(
	14		other compensation, employee benefits (Part IX, column (A), line 4).			1	70,472	172,308
Expenses	16a		onal fundraising fees (Part IX, column (A), line 11e)				0	
ben	b		Idraising expenses (Part IX, column (D), line 25) ►	· of				
Щ	17		penses (Part IX, column (A), lines 11a–11d, 11f–24f)			1	05,136	103,670
	18		penses. Add lines 13–17 (must equal Part IX, column (A), line 25).			2	75,608	275,975
	19		e less expenses. Subtract line 18 from line 12				-7	-1,904
Net Assets or Fund Balances						Beginning of Current Year		End of Year
ssets Salari	20		sets (Part X, line 16)				45,878	78,548
et As nd E	21		pilities (Part X, line 26)	·			3,670	38,244
			ets or fund balances. Subtract line 21 from line 20	•			42,208	40,304
Pa	rt II 🐁	Sig	nature Block			the heat of		
Unde and b	r penalti elief it i	es of perjury s frue corre	/, I declare that I have examined this return, including accompanying schedules and stat ct, and complete. Declaration of preparer (other than officer) is based on all information	nements	s, and to ch prepa	rer has any l	ny knowledge	eage e.
								<u></u>
Sig			Signature of officer			Date	•	
Her	e			EXEC	UTIVE	E DIRECT	OR	
			Type or print name and title					
		Print	/Type preparer's name Preparer's signature		Date	e	Charle	PTIN
Pai			JGLAS D HALLADAY	$\gamma/\gamma$	6/	28/2012	Check self-emp	if P00167097
	parer	5		P	<u>1012</u>	Firm's EIN		
Use	e Only			_				
			s address ► 1113 SO OREM BLVD., OREM, UT-84058			Phone no.		224-4200
Mav	the IF	S discus	s this return with the preparer shown above? (see instructions).					. XYes No

For Paperwork Reduction Act Notice, see the separate instructions. (HTA)

Form §	990 (2010)	UTAH CATTLEMEN'S ASSOCIATION	87-0264518	Page <b>2</b>
Pa	rt III	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III		
1		escribe the organization's mission: issues management and education for Utah ranchers.		
2	the prior	organization undertake any significant program services during the year which were not listed Form 990 or 990-EZ?		X No
3	Did the or services	organization cease conducting, or make significant changes in how it conducts, any program		X No
4	Describe Section	describe these changes on Schedule O. the exempt purpose achievements for each of the organization's three largest program serv 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the ns to others, the total expenses, and revenue, if any, for each program service reported.		d
4a	(Code: Beef pro	) (Expenses \$ 145,347 including grants of \$ 0 ) (Rev ducer education and information.	/enue \$	<u>0</u> )
4b	(Code:	) (Expenses \$ 130,628 including grants of \$ 0_) (Rev	 /enue \$	
40		ntation of the cattle industry.		
4c	(Code:	) (Expenses \$0 including grants of \$0 ) (Rev	 /enue \$	<u>0</u> _)
4d	Other pr (Expens	ogram services. (Describe in Schedule O.) es \$ 0 including grants of \$ 0 ) (Revenue \$	0)	
4e		by contracting grants of $\phi$ or $\phi$	~~	

Form 990 (2010)	UTAH CATTLEMEN'S ASSOCIATION
0111 000 (2010)	

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

	990 (2010) UTAH CATTLEMEN'S ASSOCIATION 87-02	<u>54518</u>	P	age <b>4</b>
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
- 14	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
Ŭ	to defease any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
zJa	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	200		
U	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		
20	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	200		
26	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		х
07		20		<u> </u>
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?	07		
	If "Yes," complete Schedule L, Part III	27		<u> </u>
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		<u> </u>
С	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 X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		<u>    X     </u>
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		<u> </u>
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		<u>    X     </u>
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	Χ	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		<u>X</u>
а	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	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? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
			000	

Form 9	90 (2010) UTAH CATTLEMEN'S ASSOCIATION	87-0264518	Р	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V.			$\square$
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
v	gaming (gambling) winnings to prize winners?	1c	Х	1999/2018/00-2224
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
Lu	Statements, filed for the calendar year ending with or within the year covered by this return . 2a	2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	19579049374539
~	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	99939-00792002	Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			[
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
14	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country			
Ň	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Account	is.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		272379496948	Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
~	gifts were not tax deductible?	6b		ĺ
7	Organizations that may receive deductible contributions under section 170(c).			
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
ŭ	and services provided to the payor?	7a	0048400446496	Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
•	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	CARLOA OF LOOP TO	Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as require	d? <b>7g</b>		
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 109			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	<mark>9b</mark>		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	District Market	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>		and the second second
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	<u>14a</u>		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>

Form 9	90 (2010)		0264518	Pa	age <b>6</b>
Par	t VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below			
		for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or cha	nges in		
		Schedule O. See instructions.		г	<u> </u>
		Check if Schedule O contains a response to any question in this Part VI		<u> </u>	X
Sect	ion A.	Governing Body and Management			
				Yes	No
1a		ne number of voting members of the governing body at the end of the tax year <b>1a</b>	6		
b		ne number of voting members included in line 1a, above, who are independent [1b]	6		
2	Did any	officer, director, trustee, or key employee have a family relationship or a business relationship with			
		er officer, director, trustee, or key employee?	. 2		X
3	Did the	organization delegate control over management duties customarily performed by or under the direct			
		sion of officers, directors or trustees, or key employees to a management company or other person? .			<u>X</u>
4		organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5		organization become aware during the year of a significant diversion of the organization's assets?	. 5		X
6		ne organization have members or stockholders?	. 6	X	
7a		ne organization have members, stockholders, or other persons who may elect one or more members			
		joverning body?	<u>7a</u>	X	
b		v decisions of the governing body subject to approval by members, stockholders, or other persons?	_7b	X	
8		organization contemporaneously document the meetings held or written actions undertaken during			
		r by the following:			
а		verning body?	<u>8a</u>	X	
b		ommittee with authority to act on behalf of the governing body?	. <u>8b</u>	X	
9		any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			.,
		organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
Sect	ion B. I	Policies (This Section B requests information about policies not required by the Internal Revenue	Code.)	V-I	
			40	Yes	No
		ne organization have local chapters, branches, or affiliates?	10a		<u>X</u>
b		" does the organization have written policies and procedures governing the activities of such chapters,	4.01-		
		s, and branches to ensure their operations are consistent with those of the organization?	10b		<del></del>
11a		e organization provided a copy of this Form 990 to all members of its governing body before filing the	44-		v
	form?.		<u>11a</u>		<u> </u>
		be in Schedule O the process, if any, used by the organization to review this Form 990.	400		X
12a		ne organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	<u>12a</u>		<u> </u>
b		cers, directors or trustees, and key employees required to disclose annually interests that could give	126		
_		conflicts?	12b		
C		ne organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i> e <i>in Schedule O how this is done</i>	12c		
40			13		X
13		ne organization have a written whistleblower policy?	14	X	
14		process for determining compensation of the following persons include a review and approval by			
15		ndent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
-		anization's CEO, Executive Director, or top management official.	15a	X	
a b		fficers or key employees of the organization			
U		to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a		organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
iva		axable entity during the year?	. 16a		Х
b		" has the organization adopted a written policy or procedure requiring the organization to evaluate			
5		cipation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	•	anization's exempt status with respect to such arrangements?	16b	1999/00/2019	961969635
Sect		Disclosure		LL	
17		states with which a copy of this Form 990 is required to be filed			<del>-</del>
18		6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	onlv)		
		le for public inspection. Indicate how you make these available. Check all that apply.			
		<i>n</i> website Another's website X Upon request			
19		be in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inte	erest		
		and financial statements available to the public.			
20		ne name, physical address, and telephone number of the person who possesses the books and records of	the		
_ 2		ation: BRENT TANNER 801-355-			
	Ţ,	150 SOUTH 600 EAST #10B, SALT LAKE CITY, UT 84102-1961			

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Form 990 (2010)	UTAH CATTLEMEN'S ASSOCIATION	87-0264518	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest	Compensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response to any question in this Part VII .		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employ	yees	
<b>1a</b> Complete organization's	his table for all persons required to be listed. Report compensation for the calendar ye tax year.	ar ending with or within the	

• 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	Posit	ion (		C) k all	that ap	ply)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) DAVE ELIASON PRESIDENT	10.	x		x				0	0	0
(2) WALLACE SCHULTHESS 1ST VICE PRESIDENT	5.	x		x				0	0	0
(3) JOE FUHRIMAN 2ND VICE PRESIDENT	5.	x		x				0	0	0
(4) DANIEL REEDER 2ND VICE PRESIDENT	5.	x		x				0	0	0
(5) JIM KEYES 2ND VICE PRESIDENT	5.	x		x				0	0	0
(6) BRENT TANNER EXECUTIVE VICE PRESIDENT	50.	x		x				96,388	0	0
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)	ц <u>аннани,</u> илтенни,									

Form	990 (2010) UTAH CATTLEMEN'S	ASSOCIATION								87-026	4518 Pag	je <b>8</b>
P	art VII Section A. Officers, Direc	tors, Trustees, Key	Emplo	yee	s, a	nd	High	est	Compensated	Employees (co	ntinued)	
	(A)	(B)				C)		-1.3	(D)	(E)	(F)	
	Name and title	Average hours per			cnec		that ap		Reportable compensation	Reportable compensation	Estimated amount of	
		week (describe hours for related organizations in Schedule O)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensatio from the organizatior and related organization	ו 
(17)							<u> </u>					
(18)												
(19)												
(20)												
(21)										-		
(22)												
(23)												
(24)												
(25)												
(26)												
(27)												
(28)												
1b	Sub-total								96,388	0		0
С	Total from continuation sheets to P	•							0			0
d	Total (add lines 1b and 1c) Total number of individuals (including	· · · · · · · · · ·	<u>.</u>	<u></u>	•	<u></u>	· · ·	•	96,388	0	<u> </u>	0
2	Total number of individuals (including reportable compensation from the org		e listec		ove 0	) wł	no rec	ceiv	red more than \$	100,000 in		
3	Did the organization list any <b>former</b> of employee on line 1a? <i>If "Yes," comple</i>	-	•		• •			-			Yes 1 3	No X
4	For any individual listed on line 1a, is the organization and related organizat	ions greater than \$15	0,000?	lf "	Yes	;," C	omple	əte				
5	individual	e or accrue compens		om	any	un un	relate	ed o				X
- C	for services rendered to the organizati	on? If "Yes," complete	e Sche	dule	) J f	or s	uch p	oers	son		5	<u>X</u>
	tion B. Independent Contractors Complete this table for your five highe	st compensated inder	oenden	t co	ntra	acto	rs tha	at re	eceived more the	an \$100.000 of		
· 	compensation from the organization.											
<u></u>	(/ Name and bus								(B) Description of ser	vices	(C) Compensation	
												 0
					• •							0
												0
							]					0
2	Total number of independent contractor more than \$100,000 in compensation			to t	nos	e lis	sted a	וסמו	/e) who receive	D I		

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Form 9						87-02645	18 Page <b>9</b>
Par	<u>: VIII</u>	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	g	Membership dues       1         Fundraising events       1         Related organizations       1         Government grants (contributions)       1         All other contributions, gifts, grants, and similar amounts not included above       1         Noncash contributions included in lines 1a-1f:       3	<b>f</b> 0 6 0				
Program Service Revenue	h 2a b c d e f g	Total. Add lines 1a–1f          Meetings and Conventions          All other program service revenue          Total. Add lines 2a–2f	Business Code	61,599 45,039 0 0 0 0 0 45,039			
	3 4 5 6a b c d	Investment income (including dividends, intered other similar amounts)		<u>3</u> 0 0			
	7a b c	Gross amount from sales of (i) Securities assets other than inventory . Less: cost or other basis	(ii) Other 0 0 0 0 0 0				
Other Revenue	8a b	Gross income from fundraising events (not including \$0 of contributions reported on line 1c). See Part IV, line 18	a <u>0</u> 0 <u>0</u>				
	9a b	Net income or (loss) from fundraising events . Gross income from gaming activities. See Part IV, line 19	a 0 o 0				
	10a b	Gross sales of inventory, less returns and allowances		0			
	11a b c d	Miscellaneous Revenue Officer Share Reimbursement Other Income All other revenue	Business Code	153,235 14,195 0 0			
	a e 12	All other revenue .       .		167,430 274,071		0	0 Form <b>990</b> (2010)

Form	9	90	(201	10)
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Form 990 (2010) Part IX

# UTAH CATTLEMEN'S ASSOCIATION

Statement of Functional Expenses

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

	All other organizations must complete column (A		au to complete con		(D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> 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,	00.000	00.000		
	trustees, and key employees	96,388	96,388		
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	0		
7	Other salaries and wages	58,041	58,041		
8	Pension plan contributions (include section 401(k)				
U		о	0		
_	and section 403(b) employer contributions)				
9	Other employee benefits	5,736	5,736		
10	Payroll taxes	12,140	12,140		
11	Fees for services (non-employees):				
а	Management	0	0		
b	Legal	0	0		
č		3,390	3,390		
	-	0,000	0,000		
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17		0	and the second	
f	Investment management fees	0	0		
g	Other	0	0	·····	
12	Advertising and promotion	2,292	2,292		
13	Office expenses ,	1,244	1,244		
14	Information technology	0			
15	Royalties	0			
16		14,755	14,755		
17		5,400	5,400		
18	Payments of travel or entertainment expenses	_	_		
	for any federal, state, or local public officials	0	0		
19	Conferences, conventions, and meetings	27,726	27,726		
20	Interest	0	0		
21	Payments to affiliates	16,432	16,432		
22	Depreciation, depletion, and amortization	0	0	0	0
23		24,207	24,207		
23	Other expenses. Itemize expenses not covered	21,201	21,201		
24					
	above (List miscellaneous expenses in line 24f. If				
	line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O.)				
а	OTHER TAXES AND LICENSES	58	58		
b	DUES AND SUBSCRIPTIONS	0	0		
с	MISCELLANEOUS	6,625	6,625		
d	TELEPHONE	651	651		
e	POSTAGE	890	890		
	All other expenses	0000	0		
25 f		275,975	275,975	0	0
_25_	Total functional expenses. Add lines 1 through 24f.	275,975	275,975	0	<u> </u>
26	Joint costs. Check here ► if following				
	SOP 98-2 (ASC 958-720). Complete this line				
	only if the organization reported in column				
	(B) joint costs from a combined educational				
	campaign and fundraising solicitation				
	oumpaign and renarations concitations and a start				Eorm 990 (2010)

Form 990 (2010)

UTAH CATTLEMEN'S ASSOCIATION

Page **11** 

Pa	rt X	Balance Sheet	····		
			(A) Beginning of year		(B) End of year
	-			1	75,026
	1	Cash—non-interest-bearing			3,522
	2	Savings and temporary cash investments			0
	3	Pledges and grants receivable, net			0
	4	Accounts receivable, net	. [	4	U
	5	Receivables from current and former officers, directors, trustees, key		A CONTRACTOR	
		employees, and highest compensated employees. Complete Part II of		-	
	-	Schedule L	•	5	Additional and the second second
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributin	design and the same provide the second se		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
Assets		employees' beneficiary organizations (see instructions)		6	
SS	7	Notes and loans receivable, net			0
<	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	•	9	
	10a	Land, buildings, and equipment: cost or			
			491		A LEAD A CONTRACT OF A REAL OF A REA
	b	Less: accumulated depreciation 10b 7,	491 <u>C</u>		0
	11	Investments—publicly traded securities	C	11	0
	12	Investments-other securities. See Part IV, line 11.	0	12	0
	13	Investments-program-related. See Part IV, line 11	. 0	13	0
	14	Intangible assets		14	0
	15	Other assets. See Part IV, line 11		15	0
1	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	78,548
	17	Accounts payable and accrued expenses		17	3,826
1	18	Grants payable	· · · · · · · · · · · · · · · · · · ·	18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
- 1	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	34,418
	22	Payables to current and former officers, directors, trustees, key			
ig		employees, highest compensated employees, and disqualified			
Lia		persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties			0
1	24	Unsecured notes and loans payable to unrelated third parties			0
	25	Other liabilities. Complete Part X of Schedule D.			0
	26	Total liabilities. Add lines 17 through 25			38,244
	20				
ις I		Organizations that follow SFAS 117, check here	[14] M. K. Katalan, "A strain of the stra		
<u>ວ</u> []		complete lines 27 through 29, and lines 33 and 34.			
lar	27	Unrestricted net assets		27	· · · · · · · · · · · · · · · · · · ·
<u>в</u>	28	Temporarily restricted net assets		28	
2	29	Permanently restricted net assets	•	29	
요		Organizations that do not follow SFAS 117, check here ► X			
2		and complete lines 30 through 34.			
\$	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund.		31	
I	32	Retained earnings, endowment, accumulated income, or other funds.		1	40,304
Nei	32 33	Total net assets or fund balances			40,304
	33 34	Total liabilities and net assets/fund balances			78,548
	J4				Farm <b>990</b> (0010)

Form §	990 (2010) UTAH CATTLEMEN'S ASSOCIATION	87-(	0264518	Pag	e <b>12</b>
Part	XI Reconciliation of Net Assets			_	
	Check if Schedule O contains a response to any question in this Part XI			. [	Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1		274	,071
2	Total expenses (must equal Part IX, column (A), line 25)	2		275	,975
3	Revenue less expenses. Subtract line 2 from line 1.	3		-1,	,904
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		42	,208
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
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		40	<u>,304</u>
Part	XII Financial Statements and Reporting			г	1
	Check if Schedule O contains a response to any question in this Part XII	• • •	<u> </u>	·	
			and the second second	Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			<u> </u>	
b	Were the organization's financial statements audited by an independent accountant?		. <u>2</u> b		<u>X</u>
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		0		
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .		2c	<u>X</u>	
	If the organization changed either its oversight process or selection process during the tax year, explain in	1			
	Schedule O.				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were				
	issued on a separate basis, consolidated basis, or both:	• • •			
	X Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		<u>3a</u>		<u>X</u>
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		

(For Departm	EDULE D m 990) nent of the Treasury Revenue Service of the organization	Complete if the second seco	the organizat Part IV, line 6	ion answered , 7, 8, 9, 10, 1 <sup>.</sup>	I Statements "Yes," to Form 990, 1, or 12. rate instructions.	Employer identi	OMB No. 1545-0047 2010 Open to Public Inspection fication number
	•	S ASSOCIATION					7-0264518
Part		ations Maintaining Dong	or Advised	Funds or C	ther Similar Fund		
		nization answered "Yes" to					
				) Donor advised		(b) Funds a	nd other accounts
1	Total number at	tend of year					
2		ributions to (during year)					
3		nts from (during year)..					
4		e at end of year					
5		ation inform all donors and d					
6	Did the organization used only for ch	rganization's property, subjec ation inform all grantees, dor naritable purposes and not fo ring impermissible private be	nors, and dor r the benefit	nor advisors i of the donor	n writing that grant f	unds can be for any other	Yes No
Parl		vation Easements. Comp					art IV. line 7.
1		conservation easements held					
1		of land for public use (e.g., recr				an historically	important land area
		of natural habitat		[	Preservation of		
	Preservatio	on of open space		·			
2		2a through 2d if the organiza	ntion held a c	ualified cons	ervation contributior	n in the form of	a conservation
	easement on th	e last day of the tax year.					
	<b>-</b> · · · ·	f					at the End of the Tax Year
a L		f conservation easements .				2a 2b	······
b C		estricted by conservation eas servation easements on a ce				2D 2C	
d		servation easements include					
•		e listed in the National Regis				2d	
3	Number of cons	servation easements modifie	d, transferred	d, released, e	extinguished, or term	inated by the o	organization
_	during the tax y						
4		es where property subject to				handling of	
5	Does the organ	ization have a written policy enforcement of the conserva	regarding the	e penouic mo nte it holde?	mioning, inspection,	nandling of	
6		teer hours devoted to monito					
Ŭ			ing, nopool	ing, and onio			
7	Amount of expe	enses incurred in monitoring,	inspecting, a	and enforcing	conservation easer	nents during th	ne year
	▶ \$					<b>.</b>	
8		servation easement reported		•	•		
9	170(n)(4)(B)(I) 8 In Part XIV des	and section 170(h)(4)(B)(ii)? scribe how the organization re	 enorts conse	rvation ease	ments in its revenue	and expense :	. [] Yes [] No
Ŭ		and include, if applicable, the					
	the organization	n's accounting for conservation	on easement	s.	-		
Part		ations Maintaining Collection				imilar Assets.	
1a	If the organizati	ion elected, as permitted und	er SFAS 116	6 (ASC 958),	not to report in its re	venue stateme	ent and balance sheet
		storical treasures, or other sir					
		e, provide, in Part XIV, the te					
b		ion elected, as permitted und					
		storical treasures, or other sir				on, or research	in turnerance
		e, provide the following amound					1
	(ii) Assets include	ncluded in Form 990, Part VII ded in Form 990, Part X..	ı, ııne I			• •	
2	If the organizati	ion received or held works of	art historica	l treasures o	or other similar asset	ts for financial	aain, provide the
-		nts required to be reported u					3000 provido 110
а		ided in Form 990, Part VIII, li					
b	Assets included	in Form 990, Part X .				► \$	
		ion Act Notico, soo the Instruc	Hana fan Fan				Schedule D (Form 990) 2010

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

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 times (check all that apply): <ul> <li>a</li> <li>Public exhibition</li> <li>d</li> <li>Loan or exchange programs</li> <li>b</li> <li>Scholafly research</li> <li>e</li> <li>Other</li> </ul> <li>b</li> <li>Scholafly research</li> <li>e</li> <li>Other</li> <li>Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.</li> <li>5</li> <li>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?</li> <li>is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not             <ul> <li>Included on Form 990, Part X2.</li> <li>b</li> <li>if "Yes," explain the arrangement in Part XIV and complete the following table:</li> <li>if a baginning balance.</li> <li>if the organization include an amount on Form 990, Part X, line 21?</li> <li>b</li> <li>if "Yes," explain the arrangement in Part XIV.</li> </ul> </li> <li>a Did the organization include an amount on Form 990, Part X, line 21?</li> <li>if d'agent addition include an amount on Form 990, Part X, line 21?</li> <li>if a difficultion during the year.</li> <li>if addition include an amount on Form 990, Part X, line 21?</li> <li>if the organization inclu</li>		UTAH CATTLEMEN'S	ASSOCIATION				87-0	264518			
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       d       Lean or exchange programs         b       Scholarly research       e       Other       Other         c       Preservation of future generations       Other       Other       Other         5       During the year, did the organization's collections and explain how they further the organization's exempt purpose in Park XV.       Second and Custom and explain how they further the organization's exempt purpose in Park XV.         5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization answered "Yees" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a       Is the organization angement in Part XIV and complete the following table:       Imagement in Part XIV.         c       Beginning balance.       Imagement in Part XIV.       Imagement in Part XIV.         Part V       Endowment Funds. Complete if the organization answered "Yees" to Form 990, Part X, line 21?       Imagement in Part XIV.         c       Beginning of year balance.       Imagement in Part XIV.       Imagement in Part XIV.         Prest V       Endowment Funds. Complete if the organization answered "Yees" to Form 990,	Sched	ule D (Form 990) 2010									Page <b>2</b>
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       d       Lean or exchange programs         b       Scholarly research       e       Other       Other         c       Preservation of future generations       Other       Other       Other         5       During the year, did the organization's collections and explain how they further the organization's exempt purpose in Park XV.       Second and Custom and explain how they further the organization's exempt purpose in Park XV.         5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization answered "Yees" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a       Is the organization angement in Part XIV and complete the following table:       Imagement in Part XIV.         c       Beginning balance.       Imagement in Part XIV.       Imagement in Part XIV.         Part V       Endowment Funds. Complete if the organization answered "Yees" to Form 990, Part X, line 21?       Imagement in Part XIV.         c       Beginning of year balance.       Imagement in Part XIV.       Imagement in Part XIV.         Prest V       Endowment Funds. Complete if the organization answered "Yees" to Form 990,	Pari	Organizations Maintaining C	Collections of A	rt. Histor	ical Trea	asures, or C	Other S	imilar Assets	(contin	ued)	
a       Public exhibition       d       Lean or exchange programs         b       Scholarly research       0       Other       Other         c       Prevelate a description of future generations       Other       Other       Other         5       During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XV.       During the year, did the organization solicit or raceive donations of art, historical treesures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?       Ives       Ives <td></td> <td>Using the organization's acquisition, a</td> <td>ccession, and othe</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		Using the organization's acquisition, a	ccession, and othe								
b       Scholarly research       e       Other         c       Preservation for future generations       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?	_		at apply).	a [_]	Loop	or ovehen ac	program	22			
c       Provide a description of future generations         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XV.         5       During the year, did the organization's collections 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       Yes       Yes         7       Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part X, line 21.         1a       Is the organization an equent, trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X, line 21.         1a       Is the organization include an amount on Form 990, Part X, line 21.         1b       If "Yes," explain the arrangement in Part XIV and complete the following table:         1c       1d         1a       Is the organization include an amount on Form 990, Part X, line 21?         2a       Did the organization include an amount on Form 990, Part X, line 21?         2a       Did the organization include an amount on Form 990, Part X, line 21?         2a       Did the organization include an amount on Form 990, Part X, line 21?         2a       Not in the arrangement in Part XIV.         2a       Did the organization include an amount on Form 990, Part X, line 21?         2a       Did the organization answer	а					-	program	ns			
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 raceive 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 scollection?	b	Scholarly research		e 🔄	Other						
Part XIV.         5       During the year, did the organization oslicit or naceive 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?       Image: The second and the sold to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part IN, line 92, 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, line 21.       Image: The second and the arrangement in Part XIV and complete the following table:         c       Beginning balance.       1d       Image: The second and the arrangement in Part XIV and complete the following table:         c       Distributions during the year.       1d       Image: The second and the arrangement in Part XIV.         2a       Did the organization include an amount on Form 990, Part X, line 21?       X       Yes Image: The second and the second the second the secondowment the second andowment the second and	С	Preservation for future generation	ons								
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?       Yes	4		on's collections an	nd explain	how they	further the o	organiza	tion's exempt p	urpose ii	ו	
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.         1       Is the organization agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?.       Imagent, 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 XIV and complete the following table:       Imagent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21?         c       Beginning balance .       Imagent, trustee, custodian or Form 990, Part X, line 21?       Imagent, trustee, custodian or Form 990, Part X, line 21?         a       Did the organization include an amount on Form 990, Part X, line 21?       Imagent, trustee, custodian or Form 990, Part X, line 21?       Imagent, trustee, custodian or form 990, Part X, line 21?         Part V       Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.         Part V       Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.         a Beginning of year balance.       Imagent assets and losses.       Imagent assets asset (e) Form 990, Part IV, line 10.         a Granis or scholarships.       Imagent assets asset (e) Form 990, Part X, line 21.       Imagent assets asset (e) Form 990, Part X, line 21.         g End of year balance.       Imagent assets ass	5								T Ye	es 🗌	No
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 include on Form 990, Part X?       Image: Contributions during the year       Image: Contributio	Part								 990, Pa	rt	
1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Image: Control of Contente Control of Control of C											
included on Form 990, Part X?       Yes       Yes       I         b       if "Yes," explain the arrangement in Part XIV and complete the following table:       Additions during the year.       10         c       Beginning balance.       11       11         2a       Did those during the year.       11         2a       Did those statistics include an amount on Form 990, Part X, line 21?       Xes         b       if "Yes," explain the arrangement in Part XIV.       (e) Twe years back (f) Three years back (f) Three years back (f) Four years back (f) Three years back (f) Thre	1a					ntributions o	r other a	assets not			
c       Beginning balance.       Image: constraint of the set		•			-				Ye	∋s X	No
c       Beginning balance       1c         d       Additions during the year       1d         e       Distributions during the year       1d         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21?       X         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       Beginning of year balance       (a) Current year         b       Contributions       (a) Current year       (b) Prior years back       (d) Three years back         a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (a) Three years back         a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (a) Three years back         a       Grants or scholarships       (b) Prior year       (c) Two years back       (a) Three years back         a       Grants or scholarships       (b) Prior year       (c) Two years back       (a) Three years back         a       Grants or scholarships       (c) Two years back       (a) Three years back       (a) Three years back         Board designated or quasi-endowment       (c)	b										
d       Additions during the year       1d         e       Distributions during the year       1d         2a       Did the organization include an amount on Form 990, Part X, line 21?       1f         2a       Did the organization include an amount on Form 990, Part X, line 21?       X         Yes       N       Enclong balance       X         Yes       If       Yes       N         Part V       Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.         Part V       Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.         a       Beginning of year balance       (a) Current year         b       Contributions       (b) Prior year       (c) Two years back       (d) Tree years back       (e) Four years back         a       Net investment earnings, gains, and losses       Image of facilities       Image of facilities       Image of facilities         and programs       Image of facilities       Image of facilities       Image of facilities       Image of facilities         a       Administrative expenditures for facilities       Image of facilities       Image of facilities       Image of facilities         a       Board designated or quasi-endowment       Image of facilities       Image of facilities       Image of facilities </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Amount</td> <td></td> <td></td>									Amount		
e       Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21?       X       Yes       N         f       Frives," explain the arrangement in Part XIV.       Part V       Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Pfor year       (c) Two years back       (e) Four years ba	С	Beginning balance					1c				
f       Ending balance       If         2a       Did the organization include an amount on Form 990, Part X, line 21?       X       Yes       N         b       If "Yes," explain the arrangement in Part XIV.       Image: Complete if the organization answered "Yes" to Form 990, Part IV, line 10.       Image: Complete if the organization answered "Yes" to Form 990, Part IV, line 10.         1a       Beginning of year balance       Image: Complete if the organization answered "Yes" to Form 990, Part IV, line 10.       Image: Complete if the organization answered "Yes" to Form 990, Part IV, line 10.         a       Beginning of year balance       Image: Complete if the organization answered "Yes" to Form 990, Part IV, line 10.       Image: Complete if Complete if the organization answered "Yes" to Form 990, Part IV, line 10.         a       Beginning of year balance       Image: Complete if Compl	d	Additions during the year					1d				
2a       Did the organization include an amount on Form 990, Part X, line 21? X Yes       X         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.         1a       Beginning of year balance	е	Distributions during the year									
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.         1a       Beginning of year balance	f	Ending balance					1f				0
Part V       Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.         1a       Beginning of year balance	2a	Did the organization include an amour	nt on Form 990, Pa	art X, line 2	217				XY	es 🗌	No
1a       Beginning of year balance	b	If "Yes," explain the arrangement in Pa	art XIV.								
1a       Beginning of year balance	Part	V Endowment Funds. Comple	te if the organization	ation ansv	wered "\	/es" to Form	n 990, F	Part IV, line 10			
b       Contributions			(a) Current year	(b) Prio	r year	(c) Two years	back	(d) Three years back	: (e) Fo	our years	back
b       Contributions	1a	Beginning of year balance									
c       Net investment earnings, gains, and losses	b										
and losses       and loss and los and los and loss and loss an	с										
d       Grants or scholarships       Image: School of Sc											
e       Other expenditures for facilities and programs	d										
f       Administrative expenses	е	Other expenditures for facilities									
g       End of year balance		and programs									
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      %         3a       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.      %         1a       Land.      %      %         6       0      %      %         7       Leasehold improvements.      %      %         6       0      %      %         7       0       0      %         8       Buildings.      %      %         9       0       0      %      %         9<	f	Administrative expenses									
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: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>iii) related organizations</li> <li>iii) related organizations</li> <li>iii) related organizations listed as required on Schedule R?</li> <li>3a(ii)</li> <li>3a(ii)</li> <li>3b</li> <li>iiii)</li> </ul> 3a(ii)     3a(ii)     3a(ii)     3a(ii)     3b     3c     3b     3c     3b     3c     3b     3c     3b     3c     3c     3b     3c     3c<	g	End of year balance	0		0		0				
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: <ul> <li>(i) unrelated organizations.</li> <li>(ii) related organizations.</li> <li>(iii) related organizations.</li> <li>(ii) related organizations.</li> <li>(iii) related organizations listed as required on Schedule R?</li> <li>(iii) Scot or other part XIV the intended uses of the organization's endowment funds.</li> </ul> Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.           1a         Land.         0         0         0           b         Buildings.         0         0         0 <ld>c             <li>Leasehold improvements.</li> <li>(i) 0</li> <li>(i) 7,4</li></ld>	2	Provide the estimated percentage of the	ne year end balan	ce held as	:						
c       Term endowment       %         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?</li> <li>4 Describe in Part XIV the intended uses of the organization's endowment funds.</li> </ul> <ul> <li>(a) Cost or other basis (b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value (investment)</li> <li>(i) Buildings</li> <li>(d) Book value</li> <li>(f) Book value</li> </ul>	а	Board designated or quasi-endowmen	t 🕨	%							
3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li></ul>	b	Permanent endowment	%.								
Organization by:       Yes       Yes       Yes       N         (i)       unrelated organizations       3a(i)	С	Term endowment	%								
(i)       unrelated organizations       3a(i)         (ii)       related organizations       3a(ii)         (ii)       related organizations       3a(ii)         b       If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?       3a(ii)         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       0       0       0       0         b       Buildings       0       0       0       0         c       Leasehold improvements       0       0       0       0         d       Equipment       0       0       0       0       0         e       Other       0       0       0       0       0       0       0	3a	Are there endowment funds not in the	possession of the	organizat	ion that a	are held and a	adminis	tered for the		·1	
(ii) related organizations		organization by:							r	Yes	No
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.       0       0       0       0         b       Buildings.       0       0       0       0         c       Leasehold improvements.       0       0       0       0         d       Equipment.       0       7,491       7,491         e       Other       0       0       0       0		(i) unrelated organizations									
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.       0       0       0       0         b       Buildings.       0       0       0       0         c       Leasehold improvements.       0       0       0       0         d       Equipment.       0       7,491       7,491         e       Other       0       0       0       0									3a(ii)		
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.       0       0       0       0         b       Buildings.       0       0       0       0         c       Leasehold improvements.       0       0       0       0         d       Equipment.       0       7,491       7,491         e       Other.       0       0       0	b	If "Yes" to 3a(ii), are the related organi	zations listed as r	equired or	n Schedu	le R?			3b		
Description of investment(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1aLand0000bBuildings0000cLeasehold improvements0000dEquipment07,4917,491eOther0000											
Image: constraint of the strength         Image: constraint of the strenge         Image: constraint of the strenge <td>Part</td> <td>VI Land, Buildings, and Equip</td> <td>ment. See Form</td> <td><u>n 990, Pa</u></td> <td><u>rt X, line</u></td> <td>10.</td> <td></td> <td></td> <td></td> <td></td> <td></td>	Part	VI Land, Buildings, and Equip	ment. See Form	<u>n 990, Pa</u>	<u>rt X, line</u>	10.					
b       Buildings		Description of investment			• •				(d) B	ook valu	e
b       Buildings	1a	Land		0		0					0
c         Leasehold improvements         0         0         0           d         Equipment         0         7,491         7,491           e         Other         0         0         0         0         0	-			0		0		0			0
d         Equipment         0         7,491         7,491           e         Other         0         0         0         0		-		0		0		0			0
e Other	· · · ·	•				7,491		7,491			0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶											0
		. Add lines 1a through 1e. (Column (d)	must equal Form	990, Part 2	X, columi	n (B), line 10	(c).)	•			0

Schedule D (Form 990) 2010

# Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

Check if Investment         Check if Investment         Check if Investment         Check if Asset         Cenck if CostOther         Regining         Ending         Begining         Ending         Ending	i i						1 1	7,491	0	7,491	0	0	0
Other         Assett         Assett<	Leasehold	Leasehold	Leasehold			Check if			Beginning	Ending	Dienneale/	Bacinning	Endina
$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	Buildings ments	ments	ments	Equip	ment	Asset			Depreciation	Depreciation	Adjustments	Balance	Balance
					×			7,491		7,491		0	0
								0				0	0
								0	0			0	0
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				<u> </u>				0	0			0	0
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UTAH CATTLEMEN'S ASSOCIATION

87-0264518

UTAH CATTLEMEN'S ASSOCI	ATION	87-026451	
Schedule D (Form 990) 2010		X II 40	Page 3
Part VII Investments—Other Securitie	s. See Form 990, Part		
<ul> <li>(a) Description of security or category (including name of security)</li> </ul>	(b) Book value	(c) Method of Cost or end-of-year	
	······································	0	
(1) Financial derivatives		0	
(3) Other		0	
(A)		0	
(B)	······································	0	Annesimmeter ( , , , , , , , , , , , , , , , , , ,
(C)		0	
(D)		0	
(E)		0	
(F)		0	
(G)		0	
<u>(H)</u>		0	
()		0	
Total, (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments—Program Relate	ed. See Form 990, Part	X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of	
		Cost or end-of-year	r market value
(1)		0	
(2)		0	
		0	······
(4)		0	·····
(5)		0	
(6)	· · · · · · · · · · · · · · · · · · ·	0	
	······································	0	
(8)		0	
(9) (10)		0	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		0	
Part IX Other Assets. See Form 990, F	Part X line 15		
	) Description		(b) Book value
(1)	, , , , , , , , , , , , , , , , , , , ,		0
(2)			0
(3)			0
(4)			0
(5)			0
(6)			0
(7)			0
(8)			0
(9)	· · · · · · · · · · · · · · · · · · ·	······································	0
(10)			0
Total. (Column (b) must equal Form 990, Part X, c		<u></u> .>	·  0
Part X Other Liabilities. See Form 99	0, Part X, line 25.		
1. (a) Description of liability	(b) Amount	and the state of the state o	
(1) Federal income taxes		0	
(2)		0	
(3)			
(4)			
(5)			
(6)	<u></u>		
(7)			
(8)			
(9)	· · · · · · · · · · · · · · · · · · ·		
(10)	11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		
(11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			
2. FIN 48 (ASC 740) Footnote. In Part XIV, provide	the text of the features t	o the organization's financial stat	ements that reports the
Z ENNAGLASSI ZAULEDOULOIE ILLEZU ALV. OLOVIOE		u nu urganizativni s illanulai Stat	

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).

UTAH CATTLEMEN'S	ASSOCIATION
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87-	02645	18
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Sched	ule D (Form 990) 2010		Page <b>4</b>
Par			
1	Total revenue (Form 990, Part VIII, column (A), line 12).	1	
2	Total expenses (Form 990, Part IX, column (A), line 25).	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1.	3	0
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6		6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8.	9	0
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	0
100 C 100	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1.	3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV.)		
с	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		0
Par	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	s 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:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV.)		-
С	Add lines 4a and 4b		0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	0
Par	t XIV Supplemental Information		
Com	plete 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 2	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	
	part to provide any additional information.		
-			
Part	IV Line 2a Contributions to a scholarship fund were being temporarily held at the end		
of the	a final year		
	e fiscal year.		
			_
			<b>.</b>

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SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or	990-EZ	омв No. 1545-0047 20 <b>10</b>
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questior Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.	ns on	Open to Public Inspection
Name of the organization			fication number
UTAH CATTLEMEN'S	SASSOCIATION	87-0264518	
Form 990 Part VI Sec	tion B Line 11 The organization did not provide a copy of this Form 990 to	)	
all members of the go	verning body before the form was filed.		
Form 990 Part VI Sec	tion B Line 11A The Form 990 is reviewed by the Executive Director befor	e	
it is filed.			
Form 990 Part VI Sec	tion C Line 19 Financial statements are published in the Utah Cattleman		
newsletter and are ke	pt in the office. The governing documents and financial statements are		
made available to the	public upon written request.		

SCHEDULE R (Form 990)	Related Organiz	anizations ar	ations and Unrelated Partnerships	d Partner	ships		OMB NG	<u>2(0)</u>	1
Department of the Treasury Internal Revenue Service	<ul> <li>Complete if the organization</li> <li>Attach to</li> </ul>	<ul> <li>Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.</li> <li>Attach to Form 990.</li> </ul>	ss" to Form 990, Part IV, line ► See separate instructions.	ie 33, 34, 35, 36, or is.	37.		Open Insp	Open to Public Inspection	
Name of the organization UTAH CATTLEMEN'S ASSOCIATION						Emp 87-0	Employer identific 87-0264518	Employer identification number 37-0264518	F
Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990,	Entities (Complet	e if the organization	answered "Yes"	to Form 990, I	Part IV, line 33.)				
(a) Name, address, and EIN of disregarded entity	arded entity		(b) Primary activity Leg	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity	I
						0	0		I
[2]						0	0		(   
(3)									1
<u></u> (4)									I
[5]									1
[6]									I
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.)	Exempt Organizations du	ations (Complete if ring the tax year.)	the organization	answered "Ye	s" to Form 990,	Part IV, line 3	34 because	e it had	1
(a) Name, address, and EIN of related organization	ation	(b) Primary activity	(c) Legal domicile (state or foreign country)	e Exempt Code section	ection Public charity status (if section 501(c)(3))		(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	3)
								Yes No	1 1
(1) UTAH BEEF COUNCIL 31-1713043 150 SOUTH 600 EAST, SALT LAKE CITY, UT 84102 (2)	34102	PROMOTE BEEF INDUUT	JUUT	501 (c) (5)		Not ap	Not applicable	×	(
(3)									
(4)									1
(5)									8
[6]									1
[7]									I
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ructions for Form 99	0.	-	-		Sc	hedule R (F	Schedule R (Form 990) 2010	<b> </b> 0

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Page <b>2</b> t	(K) Percentage ownership	8	× ×	0	%	%	%	%		(h) Percentage ownership	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	%	%	%	%	%	%
87-0264518 Part IV, line 34	C S S S S	Yes No							n 990, Part	(g) Share of end-of-year assets	0	0	0	0	0	0	0
<b>Partnership</b> (Complete if the organization answered "Yes" to Form 990, Part IV, line d as a partnership during the tax year.)	(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	C		0	0	0	0	0	<b>Corporation or Trust</b> (Complete if the organization answered "Yes" to Form 990, ions treated as a corporation or trust during the tax year.)		0	0	0	0	0	0	0
/ered "Yes" to	h) ortionate ations?	Yes No							ation answere tax vear.)	(f) Share of total income							
anization answ ear.)	g) end-of-year sets	c		0	0	0	0	C	if the organization if the organization is the fit of t	(e) Type of entity (C corp, S corp, or trust)							
vlete if the org uring the tax y	(f) Share of total income Sh	c		0	0	0	0	c	<b>ist</b> (Complete rporation or tri	(d) Direct controlling entity							
<b>ship</b> (Comp artnership dı	Share of t			-					ation or Tru ated as a cou	(c) Legal domicile (state or foreign country)							
	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)								identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization ans) IV line 34 because it had one or more related organizations treated as a corporation or trust during the tax vear.)	(b) Primary activity							
UTAH CATTLEMEN'S ASSOCIATION Related Organizations Taxable are or more related organizations tre	(d) Direct controlling entity								zations Taxat more related or		3 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8 8 8 8 9 1 1 1					
ATTLEME d Organiz	(c) Legal domicile (state or foreign country)					-			ed Organi	l organization					6 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		
Decomposition of Related Organizations Taxable as a because it had one or more related organizations treated	(b) Primary activity								Identification of Related Organizations Taxable as a IV line 34 because it had one or more related organizat	(a) Name, address, and EIN of related organization							
Schedule R (Form 890) 2010 Part III because i	(a) Name, address, and EIN of related organization	[1]	(2)	(3)	(4)	(5)	[6]		Part IV Identifica	Name, addre		(2)	(3)		(5)	(ē)	.(7)

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

			-
Note	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	:	Yes No
-	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?	n Parts II–IV?	
9	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity.		1a ×
.q	Gift, grant, or capital contribution to other organization(s)	· · · ·	1b ×
U	Gift. grant. or capital contribution from other organization(s).		1c ×
· 7	Looks or four instantiates to or for other organization(s)		1d ×
3		•	
Ð	Loans or loan guarantees by other organization(s).	· · · ·	1e X
┶	Sale of assets to other organization(s).	· · · ·	1f X
0	Purchase of assets from other organization(s).		1g ×
<u>ب</u>	Exchange of assets	• • • •	1h X
	0		1i X
.—	Lease of facilities, equipment, or other assets from other organization(s)		1j X
. <del>x</del>	Performance of services or membership or fundraising solicitations for other organization(s).		1k ×
-	Performance of services or membership or fundraising solicitations by other organization(s)	• • • •	<b>1</b>
E	Sharing of facilities, equipment, mailing lists, or other assets		1m X
5	Sharing of paid employees.	· · · ·	1n ×
0	Reimbursement paid to other organization for expenses.	· · · ·	10 X
d	Reimbursement paid by other organization for expenses	· · ·	1p   X
σ	Other transfer of cash or property to other organization(s).	• • • • •	
<b>L</b>	Other transfer of cash or property from other organization(s).		1r 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.	elationships and tran	saction thresholds.
		(c)	(d)
	Name of other organization type (a-r)	Amount involved	Method of determining amount involved
		C	
(2)		0	
(3)		0	
(4)		0	
(2)		0	
(9)		0	
		Sched	Schedule R (Form 990) 2010

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Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or cross revenue) that was not a related organization. See instructions recarding exclusion for certain investment nartnerships.

Name, address, and ElN of entity     Primary activity     (c)     (d)     (e)       Name, address, and ElN of entity     Primary activity     Legal domicile     Are all partners     Shar       Name, address, and ElN of entity     Primary activity     Legal domicile     Are all partners     Shar       Name, address, and ElN of entity     Primary activity     Legal domicile     Are all partners     Shar       Name, address, and ElN of entity     Primary activity     Legal domicile     Are all partners     Shar	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?	artners on )(3) fions?	(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?	) al or ging ter?
			Yes	°N N		Yes	No		Yes	No
(1)					0			0		
(2)					0			0		1
(3)					0			0		
(4)					0			0		
(5)					0			0		
(6)					0			0		
(7)					0			0		
(8)					0			0		
(6)					0			0		
(10)					0			0		
(11)					0			0		
(12)					0	0		0		
(13)					0	0		0		
(14)					0	0		0		
(15)					0	0		0		
(16)					)	0		0		
		-					S	Schedule R (Form 990) 2010	rm 990	) 2010