#### COMMITTEE ON NATURAL RESOURCES

### **Disclosure Form**

# As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

# Explosion of Federal Regulations Threatening Jobs and Economic Survival in the West March 12, 2012

\* \* \* \* \*

1.	Name: J.J. Goicoechea, D.V.M.
2.	Name of Organization(s) You are Representing at the Hearing:
	Nevada Cattlemen's Association National Cattlemen's Beef Association Public Land Council
3.	Business Address:
	Nevada Cattlemen's Association, P.O. Box 310, Elko, NV 89803 NCBA - 9110 East Nichols Avenue, Suite 300, Centennial, CO 80112 PLC – 1301 Pennsylvania Ave. NW Suite 300, Washington, DC 20004
4.	Business Email Address:
	[Information redacted for privacy]
5.	Business Phone Number:

For Individuals:

1. Name:

2. Address:

3. Email Address:

4. Phone Number:

For Witnesses Representing Organizations:

[Information redacted for privacy]

Name/Organization J.J. Goicoechea, DVM. President Nevada Cattlemen's Association Title/Date of Hearing. Explosion of Federal Regulations Threatening Jobs and Economic Survival in the West 03/22/2012

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.

Lifelong rancher in Nevada. Hold a Doctorate of Veterinary Medicine from Colorado State University.

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

Licensed and practicing veterinarian in Nevada and Oregon.

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.

I am the owner/operator of the mobile veterinary practice of Eureka Veterinary Service and co-owner of Goicoechea Ranches, a family ranching operation in east central Nevada.

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

None

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

None

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

Our ranching operation has personally been involved in attempts to repair and/or replace damanged and burned out pipelines and water improvements. Serving as the President of Nevada Cattlemen's Association and practicing as a mobile large animal veterinarian has provided me the opportunity to gather similar information from members and clients respectively.

Name/Organization J.J. Goicoechea, DVM. President Nevada Cattlemen's Association Title/Date of Hearing Explosion of Federal Regulations Threatening Jobs and Economic Survival in the West 03/22/2012

<u>In addition, for witnesses representing organizations:</u>

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

I currently serve as President of the Nevada Cattlemen's Association.

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

None

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

None

j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization.

None

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

See attachments

Department of the Treasury Internal Revenue Service

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

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

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

OMB No. 1545-0047 Open to Public Inspection

Α	For the	2010 calendar year, or tax year beginning NOV 1, 2010 and ending	SEP 30, 2011	
В	Check if	C Name of organization	D Employer identifi	cation number
	applicable	x		
	Addres change	NEVADA CATTLEMEN'S ASSOCIATION		
	Name change		88-6	004337
Г	Initial return		uite <b>E</b> Telephone numbe	 r
F	Termin		775-	738-9214
F	Ameno		G Gross receipts \$	485,817.
F	Application		H(a) Is this a group re	
	pendin	F Name and address of principal officer: MEGHAN BROWN	for affiliates?	Yes X No
		285 TENTH ST., ELKO, NV 89801	<b>H(b)</b> Are all affiliates inc	
$\overline{}$	Tay.eye		<b>─</b>	list. (see instructions)
		e: N/A	H(c) Group exemptio	
				A State of legal domicile: NV
		Summary	car or formation: 1333 p	7 Otate of legal dofficile. 24 V
_	T 4	Briefly describe the organization's mission or most significant activities: TO ASSIS	T CATTLE AND	HORSE
Activities & Governance	1 ' ;	GROWERS IN THE STATE OF NEVADA BY GIVING GRO	IIP REPRESENTA	
nar	2	Check this box if the organization discontinued its operations or disposed of n		
Ver	3		ı	0
ဇ္ပ	3			0
ళ	4	Number of independent voting members of the governing body (Part VI, line 1b)	*	2
ţį.	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		0
₹	6	Total number of volunteers (estimate if necessary)		0.
Ā		Total unrelated business revenue from Part VIII, column (C), line 12		0.
_	a	Net unrelated business taxable income from Form 990-T, line 34		
		Ocabilla di casa and accepta (Darta) (III. Bara dia)	Prior Year 72,168.	Current Year 78,495.
ne	8	Contributions and grants (Part VIII, line 1h)	33,371.	40,523.
Revenue	9	Program service revenue (Part VIII, line 2g)	4,310.	5,402.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	53,204.	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	163,053.	61,307.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	163,033.	185,727.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	I	Benefits paid to or for members (Part IX, column (A), line 4)	70,686.	
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		68,916.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
꼾	b	Total fundraising expenses (Part IX, column (D), line 25)	00 004	00 615
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	92,284.	90,615.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	162,970.	159,531.
	19	Revenue less expenses. Subtract line 18 from line 12	83.	26,196.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)	338,245.	334,238.
at A	21	Total liabilities (Part X, line 26)	119,911.	89,708.
Ž	22	Net assets or fund balances. Subtract line 21 from line 20	218,334.	244,530.
	art II	Signature Block		
		lties of perjury, I declare that I have examined this return, including accompanying schedules and sta		y knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
		Cignature of officer	Doto	
Sig	ın	Signature of officer	Date	
He	re	MEGHAN BROWN, EXECUTIVE DIRECTOR		
		Type or print name and title	I Data	LÍ DTIN
_		Print/Type preparer's name Preparer's signature	Date Check L	PTIN
Pai		TERI GAGE	self-employ	ed
	parer	Firm's name KAFOURY, ARMSTRONG & CO.	Firm's EIN	
Use	Only	Firm's address 975 FIFTH STREET	_	
		ELKO, NV 89801	Phone no. 7	75-738-5134
Ма	y the IF	S discuss this return with the preparer shown above? (see instructions)		X Yes No

Pa	rt III Statement of Program Service Accomplishments
_	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission: TO ASSIST CATTLE AND HORSE GROWERS IN THE STATE OF NEVADA BY GIVING
	GROUP REPRESENTATION AND CONSIDERATION TO PROBLEMS OF INTEREST TO
	CATTLEMEN
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
4	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.
4	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4d	Other program services. (Describe in Schedule O.)
<u></u>	(Expenses \$ including grants of \$ ) (Revenue \$ )
40	Total program service expenses

## Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
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, 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			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			- 22
Ü	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		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	40		Х
	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, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
ŭ	Part VI	11a	х	
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		Х
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		Х
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		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? 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
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			x
4-	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		
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		Х
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		Х
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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			\ <sub>3,7</sub>
00	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that	20b		
	operate one or more hospitals must attach audited financial statements (see instructions)	<b>ZU</b> D		

## Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the	١		
	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? <i>If</i> "Yes," <i>complete</i> Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
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? If "Yes," complete Schedule L, Part III	27		Х
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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
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
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			Х
20	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		^
32	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<b></b>
•	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		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
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?		х	
	Note. All Form 990 filers are required to complete Schedule O	38	1 4	ı

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

	Check if Schedule O contains a response to any question in this Part V									
			Yes	No						
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable									
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable									
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming									
	(gambling) winnings to prize winners?	1c								
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a2									
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?									
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)									
За	Ba Did the organization have unrelated business gross income of \$1,000 or more during the year?									
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Х							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			ĺ						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X						
b	If "Yes," enter the name of the foreign country: ►									
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.									
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			7.7						
	any contributions that were not tax deductible?	6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
_	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).			Х						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a								
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
·	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?									
А	to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		X						
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 <del>f</del>								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting									
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the organization make any taxable distributions under section 4966?	9a								
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities									
11	Section 501(c)(12) organizations. Enter:									
	Gross income from members or shareholders									
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
40	amounts due or received from them.)	40								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
h	Note. See the instructions for additional information the organization must report on Schedule O.									
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans									
_	Enter the amount of reserves on hand 13c									
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		_ <del>-</del> _						
	, provide the prov									

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

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.		•	
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a	)		
b	Enter the number of voting members included in line 1a, above, who are independent 1b	<u> </u>		
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		X
	Does the organization have members, stockholders, or other persons who may elect one or more members of the	<u> </u>		
	governing body?	7a		х
h	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 the year	1.5		
Ū	by the following:			
а	The governing body?	8a	х	
	Each committee with authority to act on behalf of the governing body?	8b	X	
		OD	21	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
<u>Soc</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		
360	tion b. Folicies (This Section B requests information about policies not required by the internal nevertice code.)		Vaa	No
100	Does the examination have lead charters branches ar efficience?	10a	Yes	No X
	Does the organization have local chapters, branches, or affiliates?  If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		
D		106		1
44.	and branches to ensure their operations are consistent with those of the organization?	10b 11a	Х	<del> </del>
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	па	21	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-		х
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	401		1
	to conflicts?	12b		<b>-</b>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-		1
40	in Schedule O how this is done	12c		Х
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		
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?			v
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		$\vdash$
40	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v
	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		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NV			
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	e tor		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	ınd fina	ncial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	ation:	_	
	MEGHAN BROWN - 775-738-9214			
	285 TENTH ST., ELKO, NV 89801			

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

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

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average		Position					Reportable	Reportable	Estimated
	hours per	(cl				арр	ly)	compensation	compensation	amount of
	week (describe hours for related organizations in Schedule O)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
RON CERRI										
PRESIDENT	5.00			Х				0.	0.	0
J. J. GOICOECHEA										
PRESIDENT ELECT	3.00			X				0.	0.	0
RON TORRELL							7			
1ST VICE PRESIDENT	3.00			X				0.	0.	0
JON GRIGGS										
2ND VICE PRESIDENT	3.00		7	X				0.	0.	0
MEGHAN BROWN					ľ					
EXECUTIVE DIRECTOR	40.00		М					0.	37,515.	0
		4								

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Section A. Officers, Directors, Tr		lipic	усс			nign	ι <del>c</del> sι			$\overline{}$		
(A)	(B) (C) Average Position							(D)	(E)			(F)
Name and title	Average	Ι.						Reportable	Reportable		Esti	mated
	hours per	(ct	neck	all t	ınat	app	iy)	compensation	compensation			ount of
	week	JO:						from	from related			ther
	(describe	lirect				_		the	organizations			ensation
	hours for related	e or (	stee			sate		organization	(W-2/1099-MIS	(C)		m the
	organizations	ruste	l trus		e e	npeu		(W-2/1099-MISC)			•	nization
	in Schedule	lual t	tiona		oldr	st cor						related
	0)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	om 6				organ	izations
	<u> </u>	_	_		<u> </u>	1 0	_			$\dashv$		
						1				$\rightarrow$		
		H			$\vdash$	$\vdash$				$\longrightarrow$		
										$\rightarrow$		
1b Sub-total	L						7	0.	37,51	5.		0.
c Total from continuation sheets to Part V								0.		0.		0.
								0.	37,51			0.
d Total (add lines 1b and 1c)									-			<u>.</u>
2 Total number of individuals (including but r	not limited to tr	iose	liste	ed ar	OOV	e) wr	no re	eceived more than \$100	,000 in reportable	3		0
compensation from the organization			$\leftarrow$	7								
										п	'	res No
3 Did the organization list any former officer.			, key	em/	plo	yee,	or h	nighest compensated er	nployee on			
line 1a? If "Yes," complete Schedule J for s	such individual	<i>_</i>									3	X
4 For any individual listed on line 1a, is the si	um of reportab	le co	ompe	ensa	atior	n and	d oth	her compensation from	the organization			
and related organizations greater than \$15	0,000? If "Yes,	" coi	mple	ete S	Sche	edule	e J f	for such individual			4	X
5 Did any person listed on line 1a receive or	accrue comper	nsati	ion f	rom	any	y unr	elat					
rendered to the organization? If "Yes," con								J			5	Х
Section B. Independent Contractors	p			,								
Complete this table for your five highest co	mponeated in	dono	ndo	nt c	onti	racto	ore t	hat received more than	\$100,000 of com	nonce	ation fro	om.
the organization. NONE	inpensated in	Jepe	riuc	iii C	OHL	iacic	וטונ	Hat received more than	ψ100,000 OI COIII	pense	ation in	)III
The organization								(D)			(0)	
<b>(A)</b> Name and business	addross							<b>(B)</b> Description of s	onvices	C	(C) ompens	
	address						-	Description of s	lei vices		Jilipelik	Sation
							_					
							T					
							_					
							一					
2 Total number of independent contractors (	including but n	ot lir	mite	d to	tho	امو اند	sted	l ahove) who received m	ore than			
\$100,000 in compensation from the organi	-	OL III	ı ııı.e	u 10		0	Jieu	above, who received it	ioro triair			
φτου,σου in compensation from the organi	ZaliUII 🚩					<u> </u>						00 (2242)

Pa	rt VII	I Statement of Revenue					
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
grants nounts	b	Federated campaigns 1a Membership dues 1b	78,495.				
Contributions, gifts, grants and other similar amounts	C	•					
	d	Related organizations 1d Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and					
	•	similar amounts not included above					
ntri d o	g						
a C	h	Total. Add lines 1a-1f	<b>&gt;</b>	78,495.			
			Business Code				
<u>c</u> e	2 a	NEVADA CATTLEMEN'S CON	999999	40,523.	40,523.		
Program Service Revenue	b						
m S	С						
grai	d						
Pro	e	All other program comice revenue					
	' '	All other program service revenue		40,523.			
	3	Investment income (including dividends, inter					
	_	other similar amounts)	′	5,402.	5,402.		
	4	Income from investment of tax-exempt bond			1		
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross Rents					
	b						
	C	· /					
		Net rental income or (loss)  Gross amount from sales of (i) Securities	(ii) Other				
	ı a	assets other than inventory	(ii) Other				
	b	Less: cost or other basis					
		and sales expenses					
	С	Gain or (loss)					
		Net gain or (loss)	<b>•</b>				
<u>e</u>	8 a	Gross income from fundraising events (not					
Other Revenue		including \$ of					
Re		contributions reported on line 1c). See	211 057				
her			311,057.				
ŏ		Less: direct expensesb  Net income or (loss) from fundraising events		10,967.			10,967.
		Gross income from gaming activities. See		20/30/10			20,307
		Part IV, line 19					
	b	Less: direct expenses b					
	10 a	Gross sales of inventory, less returns					
		and allowances and					
		Less: cost of goods sold b					
	С	Net income or (loss) from sales of inventory .					
	11 -	Miscellaneous Revenue  MISCELLANEOUS REVENUE	Business Code 99999	50,340.	50,340.		
	11 a b			JU, JEU•	JU, JEU•		
	C						
		All other revenue					
		Total. Add lines 11a-11d		50,340.			
	40	Total revenue See instructions		185 727.	96 265.	0.	10 967

#### Part IX | Statement of Functional Expenses

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

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

	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
•	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
•	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified				
O	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	62,982.			
8	Pension plan contributions (include section 401(k)	02,002.		▼	
3	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	5,934.			
11	Fees for services (non-employees):	3,752.			
'' a	Management				
b	Legal	58.			
c	Accounting	4,200.			
d	Lobbying	, 1			
e	Professional fundraising services. See Part IV, line 17		_		
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	5,451.			
14	Information technology				
15	Royalties				
16	Occupancy	14,993.			
17	Travel	6,757.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	13,811.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	528.			
23	Insurance	690.			
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 0.)	16 070			
а	MISCELLANEOUS EXPENSE	16,878.			
b	PRINTING, PUBLICATIONS,	11,957.			
С	TELEPHONE	4,920.			
d	UNREALIZED LOSS ON INVE SCHOLARSHIP EXPENSE	4,607. 4,201.			
e		1,564.			
f	All other expenses	1,564.			
25	Total functional expenses. Add lines 1 through 24f	103,001.			
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				
	solicitation				Co 000 (0010)

Balance Sheet Part X (A) (B) Beginning of year End of year 153,180. 158,095. 1 Cash - non-interest-bearing 1 171,912. 171,481. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 2,996. 8,816. 4 Accounts receivable, net 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 7 Notes and loans receivable, net 7 40. 30. 8 Inventories for sale or use 8 1,451.Prepaid expenses and deferred charges 3,584. 9 9 10a Land, buildings, and equipment: cost or other 28,632. basis. Complete Part VI of Schedule D \_\_\_\_\_\_ 10a 28,447. 713. 185. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 338,245. 334,238. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 Accounts payable and accrued expenses 4,435. 1,378. 17 17 18 18 Grants payable 115,476. 88,330. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Liabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L ..... 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities. Complete Part X of Schedule D 25 25 119,911. 89,708. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here 

X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 224,960. 198,159. 27 27 Unrestricted net assets Temporarily restricted net assets 20,175. 19,570. 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 218,334. 244,530. Total net assets or fund balances 33 33 338,245. 334,238. 34

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Total liabilities and net assets/fund balances ....

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

orn	1990 (2010) NEVADA CATTLEMEN'S ASSOCIATION	88-6004	337	Pag	ge <b>12</b>
Pa	rt 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			<u> 27.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			31.
3	Revenue less expenses. Subtract line 2 from line 1	3			96.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	218	3,3	34.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			<u>    0                                </u>
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	244	4,5	<u> 30.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				Ш
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
b	Were the organization's financial statements audited by an independent accountant?		2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle 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 requ	ired audit			

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#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

➤ Attach to Form 990. ➤ See separate instructions.

2010
Open to Public Inspection

Name of the organization

NEVADA CATTLEMEN'S ASSOCIATION

Employer identification number 88-6004337

Pai	τl	<b>Organizations Maintaining Donor Advised</b>	d Funds or Other Similar Funds	or A	Accounts. Complete if the
		organization answered "Yes" to Form 990, Part IV, line	6.		
			(a) Donor advised funds	(	<b>b)</b> Funds and other accounts
1	Total	number at end of year			
2		egate contributions to (during year)			
3		egate grants from (during year)			
4		egate value at end of year			
5		ne organization inform all donors and donor advisors in w	riting that the assets held in donor advise	ed fun	nds
		ne organization's property, subject to the organization's	_		
6		ne organization inform all grantees, donors, and donor ac			
•		paritable purposes and not for the benefit of the donor or			
			dener daviser, er ier any etner parposer.		
Pai		Conservation Easements. Complete if the organization			
1		ose(s) of conservation easements held by the organization		,	
•		Preservation of land for public use (e.g., recreation or ed	·	torical	ly important land area
	Ħ	Protection of natural habitat	Preservation of a certi		
	Ħ	Preservation of open space	i reservation or a certi	nea m	Stone Structure
2	Com	plete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the form	of a co	onservation easement on the last
_		f the tax year.	ed conservation contribution in the form	oi a cc	onservation easement on the last
	uay c	Title tax year.			Held at the End of the Tax Year
•	Total	number of conservation easements			2a
h		acreage restricted by conservation easements			2b
		per of conservation easements on a certified historic stru			2c
4		per of conservation easements included in (c) acquired a			20
u				ii C	2d
3		in the National Register per of conservation easements modified, transferred, rele		orgar	
3			eased, extilliguished, or terminated by the	organ	ilzation during the tax
4	year	 per of states where property subject to conservation eas	amont is located		
5		the organization have a written policy regarding the period			
3					Yes No
6		ions, and enforcement of the conservation easements it and volunteer hours devoted to monitoring, inspecting, a			
6		and volunteer hours devoted to monitoring, inspecting, and e			
7		each conservation easement reported on line 2(d) above			
8					
•		ection 170(h)(4)(B)(ii)?			
9		rt XIV, describe how the organization reports conservation	-		
		de, if applicable, the text of the footnote to the organization	on's illianciai statements that describes t	rie or	garlization's accounting for
Pai		ervation easements.  Organizations Maintaining Collections of	Art Historical Treasures or Of	ther	Similar Assets
. u		Complete if the organization answered "Yes" to Form 9			ommar 7.000to.
12	If the	organization elected, as permitted under SFAS 116 (ASC		nent a	nd halance sheet works of art
ıa		rical treasures, or other similar assets held for public exhi	•		
		ext of the footnote to its financial statements that describ	,	ice oi	public service, provide, irri art XIV,
h		organization elected, as permitted under SFAS 116 (ASC		and h	palance shoot works of art, historical
b		ures, or other similar assets held for public exhibition, ed			
		ng to these items:	deation, or research in furtherance or pur	JIIC SE	rvice, provide the following amounts
		•			<b>*</b>
		evenues included in Form 990, Part VIII, line 1			
0	٠,		gurag or other similar assets for financial		
2		organization received or held works of art, historical trea		gain,	provide
_		ollowing amounts required to be reported under SFAS 11			<b>•</b> •
a		nues included in Form 990, Part VIII, line 1			. • \$
D	ASSE	s included in Form 990, Part X			. ▶ ⊅

	t III   Organizations Maintaining C	CATTLEMEN CATTLEMEN				or Othe			ets (cont		
3	Using the organization's acquisition, accessi										
3		ion, and other record	is, check a	riy or trie	iollowing tri	al ale a S	igrillicarit	use or its	Collectio	iii ileiii	5
_	(check all that apply):  Public exhibition	_	. 🗀 .		h						
a		C			hange prog	rams					
b	Scholarly research	e	e L Oti	ner							
С	Preservation for future generations										
4	Provide a description of the organization's co							ose in Pa	ırt XIV.		
5	During the year, did the organization solicit of								_		٦
	to be sold to raise funds rather than to be m								Yes		No
Pai	t IV Escrow and Custodial Arran		ete if the or	ganizatio	n answered	"Yes" to	Form 990	, Part IV	, line 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod							_	_		7
	on Form 990, Part X?							∟	Yes		J No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing tab	ole:							
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance										
2a	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIV										
Pai	t V Endowment Funds. Complete i	if the organization ar	nswered "Y	es" to Fo	rm 990, Par	t IV, line 1	0.				
	·	(a) Current year	(b) Prio	r year	(c) Two year	ars back	(d) Three y	ears back	(e) Fou	r years	back
1a	Beginning of year balance	,					. ,		1 '	-	
b	Contributions		1								
С	Net investment earnings, gains, and losses				7						
d	Grants or scholarships										
	Other expenditures for facilities										
·	and programs					I					
f	Administrative expenses										
	End of year balance										
g 2	Provide the estimated percentage of the year		J								
	Board designated or quasi-endowment	ar eriu balarice rielu a	as. 04								
а ь	Permanent endowment	%									
	·	<sup>%</sup>									
	Term endowment ►  Are there endowment funds not in the posses			مامامين	ما ما ما ما						
за		ession of the organiz	ation that a	are neid a	na aaminist	erea for t	ne organiz	zation	1	V	NI-
	by:								0-(1)	Yes	NO
	(i) unrelated organizations								3a(i)		
d	If "Yes" to 3a(ii), are the related organization:								<b>3</b> b		
4	Describe in Part XIV the intended uses of the										
Pai	t VI Land, Buildings, and Equipm		<u> </u>			1					
	Description of investment	(a) Cost or obasis (investr			or other (other)		ccumulate oreciation	ed	( <b>d</b> ) Boo	k valu	Э
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment			2	6,422.		26,2	37.		1	85.
	Other				2,210.		2,2				0.
	. Add lines 1a through 1e. (Column (d) must e		X, column	(B), line 1				ightharpoonup		1	85.

Schedule D (Form 990) 2010

	Investments - Other Securities. Se	ee Form 990, Part X, line 1	2.	
(	a) Description of security or category     (including name of security)	(b) Book value		of valuation: year market value
(1) Financi	al derivatives			
(2) Closely	-held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F) (G)			+	
(H)				
(I)			<b>A</b>	
	b) must equal Form 990, Part X, col (B) line 12.)			
Part VII	Investments - Program Related. S	See Form 990, Part X, line 1	13.	
	(a) Description of investment type	(b) Book value		of valuation: year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(9)				
(10)			7	
	b) must equal Form 990, Part X, col (B) line 13.)			
Part IX	Other Assets. See Form 990, Part X, line	e 15.	•	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(6) (7)				
(6) (7) (8)				
(6) (7) (8) (9)				
(6) (7) (8) (9) (10)	umn (b) must equal Form 990, Part X, col (B) lin			<b>&gt;</b>
(6) (7) (8) (9) (10)	umn (b) must equal Form 990, Part X, col (B) lin Other Liabilities. See Form 990, Part X	e 15.)		
(6) (7) (8) (9) (10) <b>Total.</b> (Colu		e 15.)	(b) Amount	
(6) (7) (8) (9) (10) <b>Total.</b> (Columnation of the columnation of the c	Other Liabilities. See Form 990, Part X	e 15.)	(b) Amount	
(6) (7) (8) (9) (10) Total. (Columna X 1. (1) Fed (2)	Other Liabilities. See Form 990, Part X.  (a) Description of liability	e 15.)	(b) Amount	
(6) (7) (8) (9) (10) <b>Total.</b> (Columnal Columnal Columna	Other Liabilities. See Form 990, Part X.  (a) Description of liability	e 15.)	(b) Amount	
(6) (7) (8) (9) (10) <b>Total.</b> (Columna) <b>Part X</b> 1. (1) Fea (2) (3) (4)	Other Liabilities. See Form 990, Part X.  (a) Description of liability	e 15.)	(b) Amount	
(6) (7) (8) (9) (10) <b>Total.</b> (Columbre) <b>Part X</b> 1. (1) Fed (2) (3) (4) (5)	Other Liabilities. See Form 990, Part X.  (a) Description of liability	e 15.)	(b) Amount	
(6) (7) (8) (9) (10) <b>Total.</b> (Columna) <b>Part X</b> <b>1.</b> (1) Fed (2) (3) (4) (5) (6)	Other Liabilities. See Form 990, Part X.  (a) Description of liability	e 15.)	(b) Amount	
(6) (7) (8) (9) (10) <b>Total.</b> (Colo <b>Part X</b> <b>1.</b> (1) Fed (2) (3) (4) (5) (6) (7)	Other Liabilities. See Form 990, Part X.  (a) Description of liability	e 15.)	(b) Amount	
(6) (7) (8) (9) (10) <b>Total.</b> (Colo <b>Part X</b> <b>1.</b> (1) Fed (2) (3) (4) (5) (6) (7) (8)	Other Liabilities. See Form 990, Part X.  (a) Description of liability	e 15.)	(b) Amount	
(6) (7) (8) (9) (10) Total. (Column (C	Other Liabilities. See Form 990, Part X.  (a) Description of liability	e 15.)	(b) Amount	
(6) (7) (8) (9) (10)  Total. (Column of the column of the	Other Liabilities. See Form 990, Part X.  (a) Description of liability	e 15.)	(b) Amount	
(6) (7) (8) (9) (10)  Total. (Column of the column of the	Other Liabilities. See Form 990, Part X.  (a) Description of liability	e 15.),, line 25.		

, line 2; Part XI, line 8	2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional info				y additional information.

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

## Supplemental Information to Form 990 or 990-EZ

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.

2010
Open to Public Inspection

Name of the organization **Employer identification number** NEVADA CATTLEMEN'S ASSOCIATION 88-6004337 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CONSIDERATION TO PROBLEMS OF INTEREST TO CATTLEMENT FORM 990, PART VI, SECTION B, LINE 11: A COPY OF FORM 990 IS GIVEN TO THE EXECUTIVE DIRECTOR FOR REVIEW PRIOR TO SIGNATURE AND FILING OF ITS FORM 990 FORM 990, PART VI, SECTION C, LINE 19: INFORMATION AVAILABLE UPON REQUEST

#### FORM 990 PAGE 10

Asset No.	Description	Dat Acqui		Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	FURNITURE & FIXTURES												
	OFFICE FURNITURE	VAR]	ŒS	SL	7.00	16	1,891.			1,891.	1,883.		8.
	OFFICE FURNITURE & FIXTURES	0319	901	SL	7.00	16	319.			319.	319.		0.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTUR						2,210.		0.	2,210.	2,202.	0.	8.
	MACHINERY & EQUIPMENT	П								, ,	, , , , , , , , , , , , , , , , , , ,		
1	EQUIPMENT	VAR1	ŒS	SL	7.00	16	9,967.			9,967.	9,954.		13.
3	EQUIPMENT	VAR]	ŒS	SL	5.00	16	2,100.			2,100.	2,097.		3.
4	EQUIPMENT	0401	L 9 9	SL	5.00	16	1,164.			1,164.	1,164.		0.
5	EQUIPMENT		99	SL	5.00	16	1,494.			1,494.	1,494.		0.
7	EQUIPMENT	0321	L 01	SL	5.00	16	8,758.			8,758.	8,758.		0.
		0813	302	SL	5.00	16	418.			418.	418.		0.
9		0326	07	SL	5.00	16	2,521.			2,521.	1,832.		504.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM	Ш					26,422.		0.	26,422.	25,717.	0.	520.
	* GRAND TOTAL 990 PAGE 10 DEPR						28,632.		0.	28,632.	27,919.	0.	528.

Form	990-T	E	xempt Organization Bus	sine	ss Income T	ax Return	)	OMB No. 1545-0687		
	tment of the Treasury		(and proxy tax und					Open to Public Inspection for		
	al Revenue Service	For ca	alendar year 2010 or other tax year beginning NOV 1			EP 30, 20		Open to Public Inspection for 501(c)(3) Organizations Only over identification number		
A L	Check box if address changed		Name of organization ( Leck box if name of	_	,		(Empl instru	oyees' trust, see ctions.)		
	xempt under section		NEVADA CATTLEMEN'S ASS					8-6004337		
X	501( <b>c</b> )( <b>5</b> )	or Type	Number, street, and room or suite no. If a P.O. bo	x, see ir	structions.			ated business activity codes nstructions.)		
Ļ	408(e) 220(e)	1,700	P. O. BOX 310							
F	<b></b>		City or town, state, and ZIP code				511120			
<u>_</u>	∫529(a)		ELKO, NV 89803-0310				PII	120		
	ok value of all assets end of year		exemption number (See instructions.)	<u> </u>	F04/-> tt	404(-) +		045		
uı	334,238.	G Check	corganization type X 501(c) corporation	n L	501(c) trust	401(a) trust	L	Other trust		
H De		l n's prima	ary unrelated business activity.	SEE	STATEMENT 1					
$\overline{}$			oration a subsidiary in an affiliated group or a pare	nt-subs	idiary controlled group?	<b>&gt;</b> L	Ye	s X No		
lf '	Yes," enter the name a	and ident	ifying number of the parent corporation.							
<b>J</b> Th	e books are in care of	<b>▶</b> 1	MEGHAN BROWN		Telepho	one number 🕨 7	75-	738-9214		
Pa	rt I Unrelate	d Trac	de or Business Income		(A) Income	(B) Expenses	3	(C) Net		
1 a	Gross receipts or sale	es								
b	Less returns and allo		<b>c</b> Balance	1c						
2			A, line 7)	2						
3	Gross profit. Subtrac			3						
			h Schedule D)	4a						
			art II, line 17) (attach Form 4797)	4b						
			its	4c						
5 6			ips and S corporations (attach statement)	6						
7	Unrelated debt-finance									
8	Interest, annuities, ro									
9		-	on 501(c)(7), (9), or (17) organization	8						
•				9						
10	Exploited exempt act	ivity inco	me (Schedule I)	10						
11			s J)	11	14,234.	11,9	57.	2,277.		
12	Other income (See in	struction	s; attach schedule.)	12						
			gh 12	13	14,234.	11,9	57.	2,277.		
Pa			ot Taken Elsewhere (See instructions for		•	income)				
14			rectors, and trustees (Schedule K)			•	14			
14 15			ectors, and musices (Schedule N)				15			
16							16			
17							17			
18							18			
19							19			
20	Charitable contribut	ions (See	e instructions for limitation rules.)				20			
21	Depreciation (attach	Form 45	562)		21					
22			n Schedule A and elsewhere on return				22b			
23							23			
24			mpensation plans				24			
25			de adula D				25			
26			chedule I)				26 27			
27 28			hedule J)				28			
20 29			edule) es 14 through 28				29	0.		
30			ncome before net operating loss deduction. Subtra				30	2,277.		
31			(limited to the amount on line 30)				31	2,277.		
32			ncome before specific deduction. Subtract line 31 f				32	0.		
33			/ \$1,000, but see instructions for exceptions.)				33	1,000.		
34			able income. Subtract line 33 from line 32. If line					-		
	- ( 1! 00									

Part I	1	Tax Computation											
35	Orgai	nizations Taxable as Corporat	i <b>ions.</b> See inst	ructions for tax co	omputa	ition.							
	Contr	olled group members (section	s 1561 and 15	563) check here 🕽	▶ ∟		s and:						
а	Enter	your share of the \$50,000, \$2	5,000, and \$9	,925,000 taxable	income	brackets (in that o	order):						
	(1)	\$	(2) \$			(3) \$							
b	Enter	organization's share of: (1) A	dditional 5% t	ax (not more than	\$11,7	50) \$							
	(2) A	dditional 3% tax (not more tha	n \$100,000)			[\$							
C	Incon	ne tax on the amount on line 3	4							35c			0.
36		s Taxable at Trust Rates. See											
		Tax rate schedule or	Schedule D (F	orm 1041)						36			
37		tax. See instructions								37			
38										38			
39	Total.	Add lines 37 and 38 to line 35	oc or 36, which	hever applies						39			0.
Part I		Tax and Payments											
40 a	Foreig	n tax credit (corporations atta	.ch Form 1118	; trusts attach Foi	rm 111	6)	40a	1					
b	Other	credits (see instructions)					40b						
C	Gener	al business credit. Attach Forr	n 3800				400	;					
		for prior year minimum tax (a						j					
		credits. Add lines 40a through								40e			
41		act line 40e from line 39						.)		41			0.
42	Other	taxes. Check if from: Fo	rm 4255 🗀	Form 8611	Forr	n 8697 🔲 Form	n 8866 🗌	Other (	attach schedule)	42			
43	Total	tax. Add lines 41 and 42						h		43			0.
44 a	Paym	ents: A 2009 overpayment cro	edited to 2010	١			448						
		estimated tax payments						)					
		eposited with Form 8868						;					
d	Foreig	n organizations: Tax paid or v	vithheld at sou	ırce (see instructio	ons) .		440	i					
e Backup withholding (see instructions) 44e													
f Credit for small employer health insurance premiums (Attach Form 8941)													
- OH													
		Form 4136		Other		Total	<b>▶</b> 44g	,					
45	Total	payments. Add lines 44a thro	ugh 44g							45			
46	Estim	ated tax penalty (see instruction	ons). Check if	Form 2220 is atta	ched ]	<b>▶</b> □				46			
47	Tax d	ue. If line 45 is less than the to	otal of lines 43	and 46, enter am	ount o	wed				47			0 .
48		payment. If line 45 is larger tha								48			0 .
49	Enter	the amount of line 48 you war	it: Credited to	2011 estimated	tax	<b>&gt;</b>		Re	funded 🕨	49			
Part \	/   9	Statements Regardir	ng Certair	n Activities a	and (	Other Informa	ation (s	see instru	ctions)				
		e during the 2010 calendar yea										Yes	No
(bar	ık, sec	urities, or other) in a foreign c	ountry? If YES	S, the organization	may h	ave to file Form TD	F 90-22.	1, Report o	f Foreign Bank	and			
Fina 2 Duri	ncial A	Accounts. If YES, enter the nan ax year, did the organization receive nstructions for other forms the orga	ne of the foreign	gn country here	<u> </u>								X
If YE	ng the t S, see i	ax year, did the organization receive nstructions for other forms the orga	a distribution frontier nization may have	om, or was it the graine to file. $\dots$	ntor of, o	or transferor to, a foreig	gn trust?						Х
		amount of tax-exempt interest				• •							
Sched	lule <i>i</i>	A - Cost of Goods S	old. Enter n	nethod of inven	<u> </u>		/A						
<b>1</b> Inve	entory	at beginning of year	1			Inventory at end of				6			
	chases		2		4	Cost of goods sold							
		or	3		1	from line 5. Enter h	nere and i	n Part I, lin	e 2	7			
		section 263A costs	4a		8	Do the rules of sec	tion 263A	A (with resp	ect to			Yes	No
		s (attach schedule)	4b			property produced	l or acquir	red for resa	le) apply to				
5 Tot		l lines 1 through 4b	5			the organization?							X
0:	Un	der penalties of perjury, I declare the rect, and complete. Declaration of p	at I have examin preparer (other the	ed this return, includ an taxpayer) is base	ing acco	empanying schedules a information of which pr	and stateme reparer has	ents, and to to any knowled	he best of my kn lge.	owledge a	and belief, it i	s true,	
Sign Here										∕lay the IF	RS discuss th	is return v	with
ileie		Cinnature of officer		Data		EXECU	TIVE	DIRE			er shown bel	`	,
		Signature of officer		Date		► TITTLE					ns)? <b>X</b> Y	es	No
		Print/Type preparer's name		Preparer's sigr	nature		Date			if PT	IN		
Paid		L		1					self- employed				
Prepa	rer	TERI GAGE									00237		
Use C		Firm's name ► KAFOU			& C	:O•			Firm's EIN	N ► 88-0116396			6
				STREET								-4^	
		Firm's address ► ELK	U, NV	8980 <u>T</u>					Phone no.	<u>//</u> 5	<u> -738-</u>	<u>5⊥3</u>	4

Form 990-T (2010)

Schedule C - Rent Inc	ome (Fr	om Real	Prope	rty and	l Personal	Property	Lease	d With Real P	rope	<b>rty)</b> (see instructions)
1. Description of property										
(1)										
(2)										
(3)										
(4)										
	2							3(a) Deductions dire	ctly con	nected with the income in
(a) From personal property rent for personal propert 10% but not more t	y is more tha		(b) F	of rent for pe	nd personal proper ersonal property ex is based on profit	ceeds 50% or	itage if	columns 2(a	) and 2(	b) (attach schedule)
(1)										
(2)										
(3)										
(4) Total		0.	Total				0	<u> </u>		
							0.	(b) Total deductions		
(c) Total income. Add totals of conhere and on page 1, Part I, line 6,	column (A)	)	▶					Enter here and on page 1 Part I, line 6, column (B)		0.
Schedule E - Unrelate	d Debt-	Financed	Incom	<b>1e</b> (see i	nstructions)					
					2. Gross ind			3. Deductions directly of to debt-fine		
1. Description of	of debt-financ	ced property			or allocable financed p	e to debt-	(a) s	Straight line depreciation (attach schedule)	ariced p	(b) Other deductions (attach schedule)
(1)										
(2)										
(3)										
(4)										
4. Amount of average acquisitio debt on or allocable to debt-finand property (attach schedule)	n ced	debt-fina	adjusted ba llocable to nced proper schedule)		6. Column by colu			7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)						%				
(2)						%				
(3)						%				
(4)						%				
Tabela						_		er here and on page 1, rt I, line 7, column (A).	0.	Enter here and on page 1, Part I, line 7, column (B).
Totals  Total dividends-received deduc	tione inclu	dod in column				<b>/</b>			<b>D</b>	
Schedule F - Interest,		es Royal	ties ar	nd Ben	ts From C	ontrolled	Organ			
- Interest,	, tillianti		tico, ai		t Controlled O			inzationio (see ii	istruc	10115)
Name of controlled organiza	tion	Employer ide numb	ntification	Net un	3. related income see instructions)	Total of	\$. specified its made	5. Part of column 4 included in the cont organization's gross	that is rolling income	6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organ	izations									
7. Taxable Income		unrelated incom see instructions		<b>9</b> . Tot	tal of specified pay made	ments 10	in the contr	olumn 9 that is included olling organization's oss income	11.	Deductions directly connected with income in column 10
(1)										
(2)										
(3)										
(4)										
							Enter here a	lumns 5 and 10. ind on page 1, Part I, 3, column (A).	Ent	Add columns 6 and 11. er here and on page 1, Part I, line 8, column (B).
Totale								0		0.

ME VAD	A CALITEMEN	S ASSOCIA	TITOM		00-	-000433	/
Schedule G - Investm	ent Income of a structions)	Section 501(c)	(7), (9), or (17) O	rganization			
	scription of income		2. Amount of income	3. Deductions directly connecte (attach schedule	ed   4	Set-asides	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				,			, ,
(2)							
(3)							
(4)							
			Enter here and on page 1, Part I, line 9, column (A).		•		Enter here and on page 1, Part I, line 9, column (B).
			arti, iiile 9, columii (A).				arti, iiile 9, columii (b).
Totals		<b>&gt;</b>	0.				0.
Schedule I - Exploited (see inst	d Exempt Activity ructions)	Income, Othe	r Than Advertis	ing Income			
1. Description of exploited activity	2. Gross unrelated business income from	3. Expenses directly connected with production of unrelated	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a	5. Gross income from activity that is not unrelated	t a	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than
	trade or business	business income	gain, compute cols. 5 through 7.	business income	9	Column	column 4).
(1)							
(2)							
(3)							
(4)					-		
(*)	Enter here and on	Enter here and on					Enter here and
	page 1, Part I, line 10, col. (A).	page 1, Part I, line 10, col. (B).					on page 1, Part II, line 26.
Totals	•	0.					0.
Schedule J - Advertis							
Part I Income From	Periodicals Rep	orted on a Cor	solidated Basis				
Tarer	•						
	0 -		4. Advertising gain				7. Excess readership
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	or (loss) (col. 2 minus col. 3). If a gain, compu cols. 5 through 7.		6.	Readership costs	costs (column 6 minus column 5, but not more than column 4).
(1)	14,23	4. 11,957	7.		0.	0.	
(2)							
(3)							
(4)							
Totals (carry to Part II, line (5))	14.23	4. 11,957	2,277				0.
Part II Income From	Periodicals Rep	orted on a Sep	parate Basis (For	each periodical l	listed in P	art II. fill in	
	h 7 on a line-by-line ba		(	<b>,</b>		, ····	
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compucols. 5 through 7.		6.	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)				+	+		
(2)							
(3)					_		
(4)							
(5) Totals from Part I	14,23	4. 11,957	7 .	_			0.
(0)	Enter here and o	n Enter here and on					Enter here and
Takala David II (linea d. 5)	page 1, Part I, line 11, col. (A).		7				on page 1, Part II, line 27.
Totals, Part II (lines 1-5) Schedule K - Compe	► 14,23	4. 11,957	nd Trustees (see	inetructions)			0.
<u> </u>	Name	3, Directors, a	2. Title	3. F	Percent of devoted to		ensation attributable related business
				bı	usiness		
(1)					%		
(2)					%		
(3)					%	+	
(4)				I	%	ol	

0.

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

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

SAGE SIGNALS PUBLICATION AND BULL SALE CATALOG

TO FORM 990-T, PAGE 1

FOOTNOTES	STATEMENT 2

NOL CARRYOVER, FORM 990T

NOL CARRYOVER FROM PRIOR YEARS NET INCOME, FYE 9/30/11, FORM 990T BALANCE, NOL CARRYFORWARD 34,893. <2,277.> 32,616.

# 4562 Form

Department of the Treasury Internal Revenue Service (99 Name(s) shown on return

# **Depreciation and Amortization** (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

Attach to your tax return.

Business or activity to which this form relates

990

2010
Attachment

Identifying number

NEVADA CATTLEMEN'S ASSOCIATION FORM 990 PAGE 10 88-6004337 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 500,000. **1** Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 2,000,000. 3 Threshold cost of section 179 property before reduction in limitation Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions. 5 5 (a) Description of property 6 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 14 15 Property subject to section 168(f)(1) election 15 528. 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 17 MACRS deductions for assets placed in service in tax years beginning before 2010 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ...... Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and (d) Recovery period (business/investment use only - see instructions) (a) Classification of property (e) Convention (g) Depreciation deduction 19a 3-year property b 5-year property 7-year property С 10-year property d 15-year property е f 20-year property 25-year property 25 yrs. g 27.5 yrs. MM S/L h Residential rental property 27.5 yrs. MM S/L MM S/L i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year 12 yrs. S/L 40 yrs. 40-year MM S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 528. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs... 23

#### NEVADA CATTLEMEN'S ASSOCIATION

88-6004337 Page 2

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.) Part V

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

	Section A -	<ul> <li>Depreciation</li> </ul>	on and Other I	nforma	tion (Ca	ution: S	See the i	nstruc	tions for li	mits for p	oasseng	er auton	nobiles.)		
24a	Do you have evidence to s	support the bu	siness/investmen	ıt use cla	imed?	Y	es	No	<b>24b</b> If "Y	es," is th	ne evide	nce writt	ten?	Yes	No
	<b>(a)</b> Type of property (list vehicles first )	(b) Date placed in service	(c) Business/ investment use percentage	l oth	<b>(d)</b> Cost or ner basis		(e) is for depre siness/inve use only	stment	(f) Recovery period	Met	<b>g)</b> thod/ ention	Depre	<b>h)</b> eciation uction	Elec sectio co	n 179
25	Special depreciation allo	owance for q	ualified listed p	roperty	placed	in servic	ce during	the ta	ax year ar	ıd					
	used more than 50% in	a qualified b	ousiness use								25				
26	Property used more tha	n 50% in a c	qualified busines	ss use:											
		1 1	%												
		1 1	%												
		1 1	%												
<u>27</u>	Property used 50% or le	ess in a qual	ified business u	ise:								,			
_		1 1	%	_						S/L -					
		1 1	%	_						S/L -					
		1 1	%							S/L -					
	Add amounts in column										28		_		
<u>29</u>	Add amounts in column	(i), line 26. E						$\overline{}$					. 29		
_							on Use								
If yo	nplete this section for ve ou provided vehicles to y se vehicles.												ng this s	section fo	or
			(a	-	(1	b)		(c)		d)	(4	e)	(f		
	Total business/investment miles driven during the			Veh	icle	Vel	nicle	V	ehicle	Veh	iicle	Veh	nicle	Vehi	icle
	year (do not include comr					_									
	Total commuting miles of		_												
	Total other personal (no	_													
	driven														
	Total miles driven during			7 4	,										
	Add lines 30 through 32					1	·		<b>—</b>					., 1	
34	Was the vehicle availab	•	_	Yes	No	Yes	No	Yes	No No	Yes	No	Yes	No	Yes	No
05	during off-duty hours?														
	Was the vehicle used p														
	than 5% owner or related is another vehicle availa														
	use?		- Questions fo	r Empl	overs M	ho Dro	vide Vel	icles :	for Use h	v Their F	Employe				
Δne	wer these questions to												re not m	ore than	5%
	ners or related persons.		you moot an ox	ooption	10 00111	picting	300110111	D 101 V	ornoloo de	ou by or	прюўсс	o wilo <b>ui</b>	io not m	oro triari	070
	Do you maintain a writte	en policy stat	tement that pro	hibits a	ll persor	nal use o	of vehicle	es. incl	ludina cor	nmutina	. bv vou	r		Yes	No
											, -, ,				
38	Do you maintain a writte										our				
	employees? See the ins		· ·	-				-							
	Do you treat all use of v														
	Do you provide more that														
	the use of the vehicles,														
	Do you meet the require														
	Note: If your answer to	37, 38, 39, 4	0, or 41 is "Yes,	," do no	t compl	ete Sec	tion B fo	r the c	covered ve	hicles.					
Pa	art VI Amortization														
(a)   (b)   (c)   (d)   (e)   (f)     Description of costs   Date amortization   Amortizable   Code   Amortization   Amortization															
			be	egins		amount			section		period or per		fo	r this year	
<u>42</u>	Amortization of costs th	at begins du	uring your 2010	tax yea	ır:										
			:	:				$\perp$							
			÷	:								$\perp$			
43	Amortization of costs th	at began be	fore your 2010	tax yea	r							43			
	Total. Add amounts in o											44			

4/27/09

Form **99**0

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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

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

21

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

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

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

What is	the organization's p	rimary exempt purpose	9? ► See question A below	Program Service							
of clien	ts served, publications	s issued, etc. Discuss ad	achievements in a clear and concise manner. State the numbe chievements that are not measurable. (Section 501(c)(3) and (4 ts must also enter the amount of grants and allocations to others.	(4) orgs., and 4947(a)(1)							
		on business interest o	f livestock industries with respect to grazing on	200							
fed	federal lands.										
(Gra	ants and allocations	·	) If this amount includes foreign grants, check here ► [	85,154							
b	······		7 if this difficult mondoes foreign grants, offect here >	03,194							
	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	*******		With the state of							
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	***************************************								
(Gra	ants and allocations	\$	) If this amount includes foreign grants, check here								
C				***************************************							
			***************************************								
			***************************************								
(Gra	ants and allocations	<u>\$</u>	) If this amount includes foreign grants, check here ▶ [								
d		**************************************	, <u> </u>								
	N										
			***************************************								
***************************************	ants and allocations	\$ (attach cohodula)	) If this amount includes foreign grants, check here								
	ner program services ants and allocations	\$	) If this amount includes foreign grants, check here								
<u> </u>		ce Expenses (should e	equal line 44, column (B), Program services)	<sup>⊥</sup> । 85,154							

Pa	rt IV	Balance Sheets (See the instructions.)			
N	ote:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		<b>(B)</b> End of year
~~~~	45	Cash—non-interest-bearing	196.350	45	203,906
	46	Savings and temporary cash investments	300,000	46	300,000
alances Liabilities Assets Z			······································		
	47a	Accounts receivable			
		Less: allowance for doubtful accounts 47b		47c	
	-	2555 410 44105 101 45554110 .			
	48a	Pledges receivable			
		Less: allowance for doubtful accounts . 48b		48c	
	49	Grants receivable	····	49	
		Receivables from current and former officers, directors, trustees, and			
	500	key employees (attach schedule)		50a	
	h	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a	Other notes and loans receivable (attach			***************************************
S	Jia	schedule)		Victoria de la companya del companya de la companya del companya de la companya d	
Se	h	Less: allowance for doubtful accounts . 51b		51c	
Ą		Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges		53	
		Investments—publicly-traded securities	·····	54a	
		Investments—other securities (attach schedule)		54b	
		Investments—land, buildings, and			**************************************
	30a	equipment: basis			
	h	Less: accumulated depreciation (attach		0.00	
	,	schedule)		55c	
	56	Investments—other (attach schedule)		56	
		Land, buildings, and equipment: basis .   57a	······································		
	•	Less: accumulated depreciation (attach			
	, ,	schedule)		57c	
	58	Other assets, including program-related investments			
	"	(describe ►		58	
	59	Total assets (must equal line 74). Add lines 45 through 58	496,350		503,906
	60	Accounts payable and accrued expenses		60	2,170
	61	Grants payable		61	
	62	Deferred revenue		62	
S	63	Loans from officers, directors, trustees, and key employees (attach			
Ĭ		schedule)		63	
	64a	Tax-exempt bond liabilities (attach schedule)		64a	
		Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe ▶)		65	
	66	Total liabilities. Add lines 60 through 65		66	
	Orga	anizations that follow SFAS 117, check here > - and complete lines			
Ø		67 through 69 and lines 73 and 74.			
S	67	Unrestricted		67	·····
ā	68	Temporarily restricted , , , , , , , , , , , , , , , , , , ,		68	······
ä	69	Permanently restricted		69	
p	Orga	anizations that do not follow SFAS 117, check here ▶ □ and			
sets or Fund B		complete lines 70 through 74.		350002	
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund .		71	
55	72	Retained earnings, endowment, accumulated income, or other funds	496,350	72	501,736
ř.	73	Total net assets or fund balances. Add lines 67 through 69 or lines			
Ž		70 through 72. (Column (A) must equal line 19 and column (B) must	والمراجعة المسامية مسامي		
		equal line 21)	496,350		501,736
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	496,350	74	503,906

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

Par	t V-A	Current Officers, Directors, Trustees	, and Key Employe	es (continued)			Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board							
	meeting	neetings						
b	employ	or officers, directors, trustees, or key employ sees listed in Schedule A, Part I, or hig stors listed in Schedule A, Part II-A or ships? If "Yes," attach a statement that ide	hest compensated p	professional and other through	other independent family or business	75b		✓
С	compe indepe organiz the def	y officers, directors, trustees, or key on sated employees listed in Schedule A, andent contractors listed in Schedule A, ations, whether tax exempt or taxable, the inition of "related organization.", , , , , attach a statement that includes the info	Part I, or highest co Part II-A or II-B, rec at are related to the o	ompensated professive compensations and compensations are compensations.	essional and other on from any other the instructions for	75c		<u> </u>
d		ne organization have a written conflict of ir			<u> </u>	75d	469454699	<b>/</b>
Par	t V-B	Former Officers, Directors, Trustees, and officer, director, trustee, or key employee re person below and enter the amount of comp	Key Employees That I ceived compensation o	Received Comper	nsation or Other Bendescribed below) during	the y	ear, lis	ormer st that
		(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	accou	Exper int and lowanc	other
							***************************************	······································
						<u></u>	·····	······
			***				****	
							<del></del>	
					***			
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						
								·
Par	t VI	Other Information (See the instruction	is.)			Tensesses	Yes	No
76	detaile	e organization make a change in its activitidd statement of each change				76 77		<b>√</b>
7 <b>7</b>	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.							<b>V</b>
	this re	e organization have unrelated business groturn?				78a 78b		<b>✓</b>
79	Was that a state	nere a liquidation, dissolution, termination, ement		tion during the ye	ear? If "Yes," attach	79		1
	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?							<b>/</b>
b		," enter the name of the organization						
	Enter o	direct and indirect political expenditures. (Se organization file Form 1120-POL for this	See line 81 instruction	ns.) , <b>81a</b>		81b		/

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

and Financial Accounts.

art VI	Other Information (continued)						No
<b>c</b> At a	ny time during the calendar year, did the	organization mai	ntain an office o	utside of the	United States?	91c	1
If "Y	es," enter the name of the foreign countr	y 🕨					_
	tion 4947(a)(1) nonexempt charitable trust						. ▶ L
	enter the amount of tax-exempt interest			x year	▶   92		
	Analysis of Income-Producing Ac	<del></del>		Evoluded by east	ion 512, 513, or 514	/E\	
	er gross amounts unless otherwise		usiness income			(E) Related	d or
ated,		(A) Business code	(B) Amount	(C) Exclusion code	( <b>D)</b> Amount	exempt fu incom	
Pro	ogram service revenue:	200,7000 0000	1 2		7 1110 24 11	1110011	16
·		_					
		_					
		!					
			<b> </b>				
	edicare/Medicaid payments	<b></b>	<del> </del>				
	es and contracts from government agencie	s					
	embership dues and assessments						
	erest on savings and temporary cash investment	S					
	vidends and interest from securities						
	t rental income or (loss) from real estate:					99969549999999	od restrati
	bt-financed property						
	t debt-financed property					<u> </u>	
	rental income or (loss) from personal property	·				<del> </del>	
	her investment income		<del> </del>				
	n or (loss) from sales of assets other than inventor	у	···			<u> </u>	
	t income or (loss) from special events .					<del> </del>	
	oss profit or (loss) from sales of inventory					<b></b>	
	her revenue: a		<del> </del>				
·		<del>-</del>				<b>†</b>	
; i		_				<u> </u>	
						<del> </del>	
	ttatal (add asivers (D) (D) and (C)			010000000000000000000000000000000000000		<del>                                     </del>	
	btotal (add columns (B), (D), and (E)) .tal (add line 104, columns (B), (D), and (E)	1		2000 100 100 100 100 100 100 100 100 100	L	<u></u>	
	e 105 plus line 1e, Part I, should equal the				<u> </u>		
	Relationship of Activities to the Ac			nses (See th	ne instructions		
	······································		······································	······			
ne No. ▼	of the organization's exempt purposes (o	ther than by provid	ding funds for such	purposes).	importainty to the	accomplia	3(111161
<u></u>	1			,			
······································				***			
rt IX	Information Regarding Taxable Sul	reidiaries and D	icrogarded Entit	ioe (See the	instructions )		
נוא	(A) (A)	(B)				(E)	1
Na	me, address, and EIN of corporation,	(B) Percentage of ownership interest	<b>(C)</b> Nature of a	ctivities	(D) Total income	(E) End-of-	-year
1 114					1 1012 111001110	asse	at C
	partnership, or disregarded entity (				<del>                                     </del>	+ 4000	<u> </u>
	partnership, or disregarded entity	%				1	

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

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

%

Part 2	Information Regarding T is a controlling organization			. Complete only	if the organi	zation
106	Did the reporting organization mal the Code? If "Yes," complete the	ke any transfers to a cont	rolled entity as defined	in section 512(b)(	(13) of	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	f A	(D) Amount of trans	sfer
a						
ь						
c						
	Totals					
107	Did the reporting organization rec 512(b)(13) of the Code? If "Yes,"				Ye	s No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description o transfer	f	(D) Amount of tran	ısfer
а						
ь		•				
С						
	Totals					
108	Did the organization have a bind rents, royalties, and annuities de	ing written contract in effe scribed in guestion 107 al	ect on August 17, 2006, pove?	, covering the inte	erest,	es No
Pleas Sign Here	Under penalties of perjury, I declare that and belief, it is frue, correct and complete of the second secon	I have examined this return, incluete. Declaration of preparer (other	ding accompanying schedules r than officer) is based on all	information of which so	o the best of my k reparer has any k	nowledge
Paid Prepar Use Or	if self-employed),		se!f-	oyed ▶ □ EIN ▶		JGII, HISE, A
	address, and ZiP + 4			Phone no. ► (	)	

## Form **990**

**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

		tne Treasury ue Service	►T	he organization may have to u	se a copy of this retu	rn to satisf	y state reportir	ig requireme	nts. Inspection
Α	For th	e 2007 ca	lendar	year, or tax year beginning		, 2007, an	d ending	y	, 20
<b>B</b> (	heck if a	applicable:	Please	C Name of organization				D Employe	r identification number
	ddress	change	use IRS label or					i	
	Jame cf	hange	print or type.	Number and street (or P.O. box	f mail is not delivered to	street addres	s) Room/suite	E Telephor	e number
☐ ii	nitial ref	turn	See Specific					( )	
	ermina	tion	Instruc-	City or town, state or country, a	ind ZiP + 4			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	method: Cash Accrual
	Amende	d return	tions.						r (specify) ►
	oplicati	ion pending		tion 501(c)(3) organizations and					o section 527 organizations.
			trus	its must attach a completed Sch	eaule y (Lotul 220 ot 2	9U-EZ).	1	- '	of affiliates >
G	Nebsite	e; <b>&gt;</b>					H(c) Are all a		
J (	Organiz	zation type	(check o	nly one) ▶ 🔲 501(c) ( ) ∢ (i	nsert no.) 🔲 4947(a)(1)	or 🗌 527			See instructions.)
K	Check	here ▶ □	if the o	rganization is not a 509(a)(3) sup	porting organization and	d its gross	H(d) Is this a	separate return	filed by an
ı	eceipts	are normal	ly <b>not</b> mo	re than \$25,000. A return is not rec					a group ruling? Yes No
1	o tile a	return, be s	ure to file	e a complete return.	·			xemption Nun	
L	Gross I	receipts: A	Add lines	s 6b, 8b, 9b, and 10b to line 1	2 ▶				e organization is not required m 990, 990-EZ, or 990-PF).
***************************************	ırt I			penses, and Changes in		und Bala			
	1			gifts, grants, and similar an					
	a			o donor advised funds		1a			
	b			upport (not included on line		1b +-	7950		
	i	•		support (not included on lir	•	1c			
	d		•	intributions (grants) (not inc	· ·	1d			
	e			1a through 1d) (cash \$		h \$	)	1e	07751
	2			revenue including governme			art VII, line 93)	2	
	3			ues and assessments				3	212 842
	4			ings and temporary cash in				4	18048
	5			interest from securities .				5	
	6a	Gross re	ents ,			6a			
	b	Less: re	ntal exp	penses, , .		6b			
	C			me or (loss). Subtract line 6	Sb from line 6a .			6c	
e	7	Other in	vestme	nt income (describe 🕨	(A) Securities	T	(B) Other	)   7	······································
Revenue	<b>8</b> a			from sales of assets other		n_	(b) Other		
æ	١.					8a   8b			
	1			er basis and sales expenses,		8c			
	1		, , ,	attach schedule) , , .	(A) (D)			8d	
	1 _	_		s). Combine line 8c, columns				_'	
	9			nd activities (attach schedule). I	•	gamıng, en	eck nere 🕨 L	]	
	а			(not in <b>cl</b> uding \$ eported on line 1b)		9a			
	Ь			penses other than fundrais		9b	····		
	1			(loss) from special events.		m line 9a	<u> </u>	9c	
	10a			inventory, less returns and		10a	- • •		
	b			goods sold , , , , , .		10b	***************************************		
	C	Gross pr	ofit or (lo	oss) from sales of inventory (at	ach schedule). Subtra	ct line 10b	from line 10a	10c	
	11			(from Part VII, line 103) .				11	
****	12			Add lines 1e, 2, 3, 4, 5, 6c,		<u> 11</u>			<u> </u>
ģ	13	-		ces (from line 44, column (E	• •			13	85.54
Expenses	14			and general (from line 44, c					128320
Х	15			, , , , , , , , , , , , , , , , , , , ,				15	······································
Ü	16   17			ffiliates (attach schedule) . es. Add lines 16 and 44, co	, , , , , , , , , , , , , , , , , , ,			16	243504
o	·	****	<del>/</del>	**************************************	······································	***************************************		18	2388
Net Assets	18			icit) for the year. Subtract I					496350
t As	19			fund balances at beginning in net assets or fund bala			1 ( <del>A</del> ))	-	
Š	21			und balances at end of year.				21	501736

Form **990-EZ** 

Department of the Treasury

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

OMB No. 1545-1150

2009

Open to Public Inspection

		ue Service	<u> </u>	The organization may have to use a copy of this return to dately edite reporting to the			20	40
A F	or the	2009 calend	ar year,	or tax year beginning October 1 , 2009, and endir				10
<b>B</b> c	neck if a	applicable:	Please	C Name of organization	D Employer		ication numbe	31
=	Address	•	use IRS label or	Public Lands Council			83125	
=	Name ch	=	print or	Number and street (or P.O. box, if mail is not delivered to street address) Room/sui	1 '			
=	nitial ret Ferminat		type. See	9785 Maroon Circle 360		303-77	71-3500	
믁	Amende		Specific Instruc-	City or town, state or country, and ZIP + 4	F Group E:	empti	ion	
-		lon pending	tions.	Centennial, CO 80112-2692	Number	<b>•</b>		
_	·		organia	ations and 4947(a)(1) nonexempt charitable trusts must attach G A	ccounting Metho	d: 🔲	Cash 🗸 A	ccrual
	• 360	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	a col	acrosso ansa sa se textas security as	Other (specify)			
_					heck ► 🗹 if the	orgal	nization is <b>no</b>	
		SALUE NIZA			equired to attach	_		
	Vebsi		/obook o		990-EZ, or 990-PF			,
		empt status (	CHECK O	zation is not a section 509(a)(3) supporting organization and its gross receipts		·	than \$25,000	
K	Check	► L if tr	ie organi	turn is not required, but if the organization chooses to file a return, be sure t	n file a complete	return		• • •
_	Form s	990-EZ OF FOR	71- 4- 11-	e 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form	n 990-F7 ▶	\$	2	206,105
		es 5b, 6b, and	/D, 10 III	penses, and Changes in Net Assets or Fund Balances (See	the instruction			
	art I	nevent	Je, EX	delises, and Changes in Net Assets of Fund Butantoo (esse	1			7956
	1	Contributi	ons, gif	ts, grants, and similar amounts received				
	2	Program s	service	revenue including government fees and contracts				194292
	3			s and assessments	. 3	┪		3857
	4	Investmer				1 : -		
	5a			m sale of assets other than inventory				
	b	Less: cos	t or oth	er basis and sales expenses				
41	c	: Gain or (lo	oss) froi	n sale of assets other than inventory (Subtract line 5b from line 5a)	·	3:4.		
Revenue	6			tivities (complete applicable parts of Schedule G). If any amount is from gaming, check	k nere ► 🔲 📗			
Ş	a			ot including \$ of contributions				
E E				l) 6a		1166 886		
	l t	Less: dire	ct expe	nses other than fundraising expenses 6b				
	0	Net incon	ne or (ic	ss) from special events and activities (Subtract line 6b from line 6a)	6	3		
	7a	a Gross sal	es of in	ventory, less returns and allowances				
	l i	Less: cos	t of god	ods sold				
	(	Gross pro	ofit or (i	oss) from sales of inventory (Subtract line 7b from line $7a$ )				
	8	Other rev	enue (d	escribe 🟲	) [			
	9	Total rev	enue.	odd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<u>, , , ▶   9</u>	<u> </u>		206105
********	10	Grants ar	nd simil	ar amounts paid (attach schedule)	1	0		
	11			or for members		1		
ď	- 1			ompensation, and employee benefits		2		88220
Sesteux	13			and other payments to independent contractors		3		43415
<u> </u>	14			, utilities, and maintenance	1	4		22391
Ž	15			tions, postage, and shipping	<u>1</u>	5		1908
	16	Other exi	penses	(describe Travel/Meetings 61879, Office Exp 3447, Gifts/Donations	23620 ) 1	6		88946
	17			Add lines 10 through 16		7		244880
	40	Excess o	r (defic	t) for the year (Subtract line 17 from line 9)	1	8		(38775)
Mot Accote	19	Net asse	ts or fi	nd balances at beginning of year (from line 27, column (A)) (must	agree with			
ě		end-of-v	ear fiqu	re reported on prior year's return)	1	9		473231
+	20			n net assets or fund balances (attach explanation)		0		
ž	21	Not seen	te or fu	ad balances at end of year. Combine lines 18 through 20	▶   2	1		434456
	Part	Balan	ce She	ets. If Total assets on line 25, column (B) are \$1,250,000 or more, f	ile Form 990 in:	stead	of Form 99	0-EZ,
				(See the instructions for Part II.)	(A) Beginning of ye	ar	(B) End of	year
	22	Cach covins	re and	investments	4732	31 2	2	434456
						2		
						2		****
	24 25	Total acces	s (uesci	ibe►	473	31 2		434456
						2		
	26 27	Total liabilit	or fund	balances (line 27 of column (B) must agree with line 21)	473	231 2	<del></del>	434456
	G. (	1101 000010	~: : WE1	The second control of				

	990-EZ (2009)	-lishmanta (Coo the inetal	otions for Dort III	1	1	Page Z
Vhat Desc	Statement of Program Service Accome to the organization's primary exempt purpose? The what was achieved in carrying out the organization of the services provided, the number of the services provided, the number of the services provided.	Promote grazing on federal lanization's exempt purpos	ands for livestock in es. In a clear and	ndustry. d concise	501(c)( organi	Expenses red for section 3) and 501(c)(4) zations and section
	ner, describe the services provided, the number of program title.	or persons benemed, and o	ther relevant inton	nation for	4947(a	)(1) trusts; optional
					101 0111	6131/
28						
	(Grants \$ ) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	28a	
29				***************************************		
	(Grants \$ ) If this amount	includes foreign grants, che	eck here	. <b>&gt;</b> 🗆	29a	
30	***************************************					
	(Grants \$ ) If this amoun	t includes foreign grants, che	eck here	▶□	30a	
31	Other program services (attach schedule)					
	(Grants \$ ) If this amoun	t includes foreign grants, ch	eck here	. ▶ 🗆	31a	
	Total program service expenses (add lines 28a	through 31a)			32	· · · · · · · · · · · · · · · · · · ·
Par	t IV List of Officers, Directors, Trustees, and Ke		/en if not compensation	ted. (See the		(e) Expense
	(a) Name and address	(b) Title and average hours per week devoted to position	(If not paid, enter -0)	employee benefi deferred compe	t plans &	account and other allowances
	e Krebs 54 Hwy 74, Ione, OR 97843	President / Part-time	0		0	0
*****	n Falen 3 132, Orovada, NV 89425	Vice Pres / Part-time	0		0	0
Bric	e Lee	Secretary/Treasurer / P.T.	_			
~~~~~	County Road #119, Hesperus, CO 81326	<u> </u>	0	***************************************	0	0
	Eisenberg 1 Pennsylvania Ave, Washington, DC 20004	Exec Director / 20 hrs	82,582		0	0
••••••						
			}			
				<u> </u>		
		***				
					• • • • • •	

Part	Other Information (Note the statement requirements in the instructions for Part V.)	т.		
22	Did the appropriation are not in the previously reported to the IBS9 If "Ves." attach a detailed		Yes	No
	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
ь 36	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	35b 36		<b>✓</b>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0	90.000		
ь 38а	Did the organization file <b>Form 1120-POL</b> for this year?	37b 38a	\$1.5% (S	_ <b>-</b> /
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	Jua	44.54	SEAL O
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9	13.00		
b	Gross receipts, included on line 9, for public use of club facilities	2000		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		<b>/</b>
41	List the states with which a copy of this return is filed. ▶ None			
42a	The organization 5 books are in said of the said of th	303-77		
_	Located at ▶ 9785 Maroon Circle, Suite 360, Centennial, CO ZIP + 4 ▶	80112	2-2092	:
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial		Ves	No
	account)?	42b		1
	If "Yes," enter the name of the foreign country: ▶	1		193.5
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			800.41
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<u> </u>	✓
	If "Yes," enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	. ,	•	<b>&gt;</b>
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	163	/
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		Ž
		rm 99	^ E7	<u> </u>

Part V	Section 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	e <b>ction 4947(a)(1) none</b> 7(a)(1) nonexempt chari d 51.	xempt charitabl table trusts must	e trusts only. Al answer question	I secti ns 46-	on 49b
	Did the organization engage in direct or indirect				Υ	es No
	candidates for public office? If "Yes," complete S			1	46	
	Did the organization engage in lobbying activities				47	
	Is the organization a school as described in section				48	<del></del>
	Did the organization make any transfers to an exelf "Yes," was the related organization a section 5				49a 49b	
ь 50	Complete this table for the organization's five hig	thest compensated emplo	vees (other than o	fficers, directors, t		and kev
	employees) who each received more than \$100,0	000 of compensation from	the organization.	there is none, en	ter "No	ne."
	(a) Name and address of each employee paid more	(b) Title and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans &	(e) E	xpense unt and
	than \$100,000	devoted to position		deferred compensation		llowances
None			***			
				<u> </u>		
	\$100,000 of compensation from the organizatio  (a) Name and address of each independent contractor			pe of service	(c) Con	pensation
None						
			*****			
	44-1-4					
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	**************************************			
		· a		****		
	Total number of other independent contractors	each receiving over \$100,	000 ▶			
	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete. Declaration	ned this return, including accomp n of preparer (other than officer) is	anying schedules and st s based on all informatio	atements, and to the bon of which preparer has	est of my s any kno	knowledge wledge.
Sign Here	1/2/1/			3/19	///	,
пете	Signature of officer			Date	,	
	Brice Lee, Secretary/Treasurer					
	Type or print name and title	15.	Ch-st. If	Preparer's Identifying n	umber /9^	 e instructionel
Paid	Preparer's signature	Date	Check if self- employed ► [	Treparer s memaying n	1200 126	o monuciono)
Prepa	rer's Firm's name (or		·····	<u>-1 </u> IN ▶		
Use O				IN ► /hone no. ►		
Mav t	the IRS discuss this return with the preparer show	vn above? See instruction	~~~		☐ Yes	□ No
<u>-</u>	The state of the s					<b>0-EZ</b> (200

Form **990-EZ** 

Department of the Treasury

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

OMB No. 1545-1150

2009

Open to Public Inspection

		ue Service	<u> </u>	The organization may have to use a copy of this return to dately edite reporting to the			20	40
A F	or the	2009 calend	ar year,	or tax year beginning October 1 , 2009, and endir				10
<b>B</b> c	neck if a	applicable:	Please	C Name of organization	D Employer		ication numbe	31
=	Address	•	use IRS label or	Public Lands Council			83125	
=	Name ch	=	print or	Number and street (or P.O. box, if mail is not delivered to street address) Room/sui	1 '			
=	nitial ret Ferminat		type. See	9785 Maroon Circle 360		303-77	71-3500	
믁	Amende		Specific Instruc-	City or town, state or country, and ZIP + 4	F Group E:	empti	ion	
-		lon pending	tions.	Centennial, CO 80112-2692	Number	<b>•</b>		
_	·		organia	ations and 4947(a)(1) nonexempt charitable trusts must attach G A	ccounting Metho	d: 🔲	Cash 🗸 A	ccrual
	• 360	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	a col	acrosso ansa sa se textas security as	Other (specify)			
_					heck ► 🗹 if the	orgal	nization is <b>no</b>	
		SALUE NIZA			equired to attach	_		
	Vebsi		/obook o		990-EZ, or 990-PF			,
		empt status (	CHECK O	zation is not a section 509(a)(3) supporting organization and its gross receipts		·	than \$25,000	
K	Check	► L if tr	ie organi	turn is not required, but if the organization chooses to file a return, be sure t	n file a complete	return		• • •
_	Form s	990-EZ OF FOR	71- 4- 11-	e 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form	n 990-F7 ▶	\$	2	206,105
		es 5b, 6b, and	/D, 10 III	penses, and Changes in Net Assets or Fund Balances (See	the instruction			
	art I	nevent	Je, EX	delises, and Changes in Net Assets of Fund Butantoo (esse	1			7956
	1	Contributi	ons, gif	ts, grants, and similar amounts received				
	2	Program s	service	revenue including government fees and contracts				194292
	3			s and assessments	. 3			3857
	4	Investmer				1 : -		
	5a			m sale of assets other than inventory				
	b	Less: cos	t or oth	er basis and sales expenses				
41	\ c	Gain or (lo	oss) froi	n sale of assets other than inventory (Subtract line 5b from line 5a)	·	3:4.		
Revenue	6			tivities (complete applicable parts of Schedule G). If any amount is from gaming, check	k nere ► 🔲 📗			
Ş	a			ot including \$ of contributions				
E E				l) 6a		1166 886		
	l t	Less: dire	ct expe	nses other than fundraising expenses 6b				
	0	Net incon	ne or (lo	ss) from special events and activities (Subtract line 6b from line 6a)	6	3		
	7a	a Gross sal	es of in	ventory, less returns and allowances				
	l i	Less: cos	t of god	ods sold				
	(	Gross pro	ofit or (i	oss) from sales of inventory (Subtract line 7b from line $7a$ )				
	8	Other rev	enue (d	escribe 🟲	) [			
	9	Total rev	enue.	odd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<u>, , , ▶   9</u>	<u> </u>		206105
*********	10	Grants ar	nd simil	ar amounts paid (attach schedule)	1	0		
	11			or for members		1		
ď	- 1			ompensation, and employee benefits		2		88220
Sesteux	13			and other payments to independent contractors		3		43415
<u> </u>	14			, utilities, and maintenance	1	4		22391
Ž	15			tions, postage, and shipping	<u>1</u>	5		1908
	16	Other exi	penses	(describe Travel/Meetings 61879, Office Exp 3447, Gifts/Donations	23620 ) 1	6		88946
	17			Add lines 10 through 16		7		244880
	40	Excess o	r (defic	t) for the year (Subtract line 17 from line 9)	1	8		(38775)
Mot Accote	19	Net asse	ts or fi	nd balances at beginning of year (from line 27, column (A)) (must	agree with			
9		end-of-v	ear fiqu	re reported on prior year's return)	1	9		473231
+	20			n net assets or fund balances (attach explanation)		0		
ž	21	Not seen	te or fu	ad balances at end of year. Combine lines 18 through 20	▶   2	1		434456
	Part	Balan	ce She	ets. If Total assets on line 25, column (B) are \$1,250,000 or more, f	ile Form 990 in:	stead	of Form 99	0-EZ,
				(See the instructions for Part II.)	(A) Beginning of ye	ar	(B) End of	year
	22	Cach covins	re and	investments	4732	31 2	2	434456
						2		
						2		****
	24 25	Total acces	s (uesci	ibe►	473	31 2		434456
						2		
	26 27	Total liabilit	or fund	balances (line 27 of column (B) must agree with line 21)	473	231 2	<del></del>	434456
	G. (	1101 000010	~: : WE1	The second control of				

	990-EZ (2009)	-lishmanta (Coo the inetal	otions for Dort III	1	1	Page Z
Vhat Desc	Statement of Program Service Accome to the organization's primary exempt purpose? The what was achieved in carrying out the organization of the services provided, the number of the services provided, the number of the services provided.	Promote grazing on federal lanization's exempt purpos	ands for livestock in es. In a clear and	ndustry. d concise	501(c)( organi	Expenses red for section 3) and 501(c)(4) zations and section
	ner, describe the services provided, the number of program title.	or persons benemed, and o	ther relevant inton	nation for	4947(a	)(1) trusts; optional
					101 0111	6131/
28						
	(Grants \$ ) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	28a	
29				***************************************		
	(Grants \$ ) If this amount	includes foreign grants, che	eck here	. <b>&gt;</b> 🗆	29a	
30	***************************************					
	(Grants \$ ) If this amoun	t includes foreign grants, che	eck here	▶□	30a	
31	Other program services (attach schedule)					
	(Grants \$ ) If this amoun	t includes foreign grants, ch	eck here	. ▶ 🗆	31a	
	Total program service expenses (add lines 28a	through 31a)			32	· · · · · · · · · · · · · · · · · · ·
Par	t IV List of Officers, Directors, Trustees, and Ke		/en if not compensation	ted. (See the		(e) Expense
	(a) Name and address	(b) Title and average hours per week devoted to position	(If not paid, enter -0)	employee benefi deferred compe	t plans &	account and other allowances
	e Krebs 54 Hwy 74, Ione, OR 97843	President / Part-time	0		0	0
*****	n Falen 3 132, Orovada, NV 89425	Vice Pres / Part-time	0		0	0
Bric	e Lee	Secretary/Treasurer / P.T.	_			
~~~~~	County Road #119, Hesperus, CO 81326	<u> </u>	0	***************************************	0	0
	Eisenberg 1 Pennsylvania Ave, Washington, DC 20004	Exec Director / 20 hrs	82,582		0	0
••••••						
			}			
				<u> </u>		
		***				
					• • • • • •	

Part	Other Information (Note the statement requirements in the instructions for Part V.)	т.		
22	Did the appropriation are not in the previously reported to the IBS9 If "Ves." attach a detailed		Yes	No
	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
ь 36	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	35b 36		<b>✓</b>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0	90.000		
ь 38а	Did the organization file <b>Form 1120-POL</b> for this year?	37b 38a	\$1.5% (S	_ <b>-</b> /
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	Jua	44.54	SEAL O
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9	13.00		
b	Gross receipts, included on line 9, for public use of club facilities	2000		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		<b>/</b>
41	List the states with which a copy of this return is filed. ▶ None			
42a	The organization 5 books are in said of the said of th	303-77		
_	Located at ▶ 9785 Maroon Circle, Suite 360, Centennial, CO ZIP + 4 ▶	80112	2-2092	:
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial		Ves	No
	account)?	42b		1
	If "Yes," enter the name of the foreign country: ▶	1		193.5
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			800.41
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<u> </u>	✓
	If "Yes," enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	•	<b>&gt;</b>
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	163	/
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		Ž
		rm 99	^ E7	<u> </u>

Part V	Section 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	e <b>ction 4947(a)(1) none</b> 7(a)(1) nonexempt chari d 51.	xempt charitabl table trusts must	e trusts only. Al answer question	I secti ns 46-	on 49b
	Did the organization engage in direct or indirect				Υ	es No
	candidates for public office? If "Yes," complete S			1	46	
	Did the organization engage in lobbying activities				47	
	Is the organization a school as described in section				48	<del></del>
	Did the organization make any transfers to an exelf "Yes," was the related organization a section 5				49a 49b	
ь 50	Complete this table for the organization's five hig	thest compensated emplo	vees (other than o	fficers, directors, t		and kev
	employees) who each received more than \$100,0	000 of compensation from	the organization.	there is none, en	ter "No	ne."
	(a) Name and address of each employee paid more	(b) Title and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans &	(e) E	xpense unt and
	than \$100,000	devoted to position		deferred compensation		llowances
None			***			
				<u> </u>		
	\$100,000 of compensation from the organizatio  (a) Name and address of each independent contractor			pe of service	(c) Con	pensation
None						
			*****			
	44-1-4					
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	····			
		· a		****		
	Total number of other independent contractors	each receiving over \$100,	000 ▶			
	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete. Declaration	ned this return, including accomp n of preparer (other than officer) is	anying schedules and st s based on all informatio	atements, and to the bon of which preparer has	est of my s any kno	knowledge wledge.
Sign Here	1/2/1/			3/19	///	,
пете	Signature of officer			Date	,	
	Brice Lee, Secretary/Treasurer					
	Type or print name and title	15.	Ch-st. If	Preparer's Identifying n	umber /9^	 e instructionel
Paid	Preparer's signature	Date	Check if self- employed ► [	Treparer s memaying n	1200 126	o monuciono)
Prepa	rer's Firm's name (or		·····	<u>-1 </u> IN ▶		
Use O				IN ► /hone no. ►		
Mav t	the IRS discuss this return with the preparer show	vn above? See instruction	~~~		☐ Yes	□ No
<u>-</u>	The state of the s					<b>0-EZ</b> (200



7979 E. Tufts Avenue, Suite 400

Denver, Colorado 80237-2843

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

Taxpayers have seen a significant increase in the past six to eight months in the receipt of state tax notices. In most cases after researching the underlying matters, we have found very few problems or issues with our clients' tax returns. There are several reasons for this increase in correspondence received from state taxing authorities. Most importantly, states are facing severe budget shortages and have increased their compliance efforts through increased scrutiny of returns, more examinations and audits, and more aggressive positions on those examinations. States are requesting additional detail for documentation and being more particular about the adequacy of that documentation. Several states including Alabama, Hawaii, New York, and North Carolina have said that they will be delaying refunds. Others states are expected to follow.

Colorado's problems have been compounded by a major software conversion that has been painful for both taxpayers and the Department of Revenue; this conversion has caused delays that still persist and will for some time. EKS&H is working with the Colorado Society of CPAs, other CPA firms, and the Colorado Department of Revenue to mitigate these problems to the extent possible.

In the meantime, please notify us immediately of any notices you may receive so we can help you make sure they are handled as quickly and efficiently as possible.

Sincerely.

Ehrhardt Keefe Steiner & Hottman PC

Ehrhardt Keefe Steiner + Hottman PC



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

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

Dear Doug:

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

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

2008 990 - Return of Organization Exempt from Income Tax

2008 Schedule C - Political Campaign and Lobbying Activities

2008 Schedule D - Supplemental Financial Statements

2008 Schedule J - Compensation Information

2008 Schedule L - Transactions with Interested Persons

2008 Schedule O - Supplemental Information to Form 990

2008 Schedule R - Related Organizations and Unrelated Partnerships

2008 990-T - Exempt Organization Business Income Tax Return

2008 CO 112 - Colorado Corporation Income Tax Return

2008 8879-EO - IRS e-file Signature Authorization

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

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

Sincerely,

Ehrhardt Keefe Steener + Hottman PC

Ehrhardt Keefe Steiner & Hottman PC

### Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements. A For the 2008 calendar year, or tax year beginning 09/30,2009 10/01, 2008, and ending D Employer identification number C Name of organization NATIONAL CATTLEMEN'S BEEF ASSOCIATION Please B Check if applicable Address Doing Business As 84-0738973 label or Number and street (or P.O. box if mail is not delivered to street address) E Telephone number print or Room/suite Name change type. Initial return NICHOLS AVENUE (303) 694-0305 Specific City or town, state or country, and ZIP + 4 Amended G Gross receipts 5 CENTENNIAL, CO 80112-3450 57, 118, 310. return F Name and address of principal officer: FORREST ROBERTS Application pending H(a) Is this a group return for No Yes #300 CENTENNIAL, CO 80112 H(b) Are all affiliates included? NICHOLS AVENUE, X 501(c) (6 ) ◀ (insert no.) If "No," attach a list, (see instructions) Tay-exempt status: 4947(a)(1) or 527 Website: WWW. BEEF. ORG H(c) Group exemption number L Year of formation: 1996 M State of legal domicile: Type of organization: X Corporation Trust Association Other > CO Part I Summary 1 Briefly describe the organization's mission or most significant activities: \_ TO WORK TO INCREASE PROFIT OPPORTUNITIES FOR CATTLE AND BEEF Governance PRODUCERS BY ENHANCING THE BUSINESS CLIMATE AND BUILDING CONSUMER if the organization discontinued its operations or disposed of more than 25% of its assets. Number of voting members of the governing body (Part VI, line 1a) od 3 Activities Number of independent voting members of the governing body (Part VI, line 1b) 4 8 Total number of employees (Part V, line 2a) 5 193 Total number of volunteers (estimate if necessary) 6 9 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) 7a 746,109 b Net unrelated business taxable income from Form 990-T, line 34 . . . . . . 7 b Prior Year Current Year Contribution and grants (Part VIII, line 1h) NONE NONE Revenue Program service revenue (Part VIII, line 2g) 9 64.053.726. 55,611,704. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 159.969 7,362. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 1,369,788 1,075,094. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . . . 65, 583, 483, 56,694,160. Grants and similar amounts paid (Part IX, column (A), lines 1-3) NONE NONE Benefits paid to or for members (Part IX, column (A), line 4) NONE NONE 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 13,671,056. 13, 192, 569. 16 a Professional fundraising fees (Part IX, column (A), line 11e) NONE b Total fundraising expenses, Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 54, 160, 389. 42,501,633. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 67,831,445. 55,694,202. 19 Revenue less expenses. Subtract line 18 from line 12 . . . . . . . . -2, 247, 962 999,958. 20 Beginning of Year End of Year 20 Total assets (Part X, line 16) 19, 139, 875 19, 125, 284. Total liabilities (Part X, line 26) 21 13, 257, 924 12, 298, 004. Net assets or fund balances. Subtract line 21 from line 20. 22 5,881,951 6.827.280 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign CLIENT COPY Signature of officer Date Here

May the IRS discuss this return with the preparer shown above? (See instructions) . . . . . . For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TUFTS AVENUE, SUITE 400 DENVER,

Q F

Form 990 (2008)

Paid

Preparer's

Preparer's

signature

Type or print name and title

Firm's name (or yours EARNARDT

8/11/2010

Check if

employed

EIN

Phone no.

Preparer's identifying number

P00173718

84-0869721

303-740-9400

Yes

(see instructions)

Part III State	ement of Program Service A	ccomplishments (see instructions)		
1 Briefly descr	ibe the organization's mission:			
TO WORK	TO INCREASE PROFIT	OPPORTUNITIES FOR CATTLE	AND BEEF	
PRODUCER	RS BY ENHANCING THE	BUSINESS CLIMATE AND BUIL	DING CONSUMER	
DEMAND.				
2 Did the orac	nization undertake any signi	figure program populate during the v	nor which were not listed on	
		ficant program services during the y		Yes X No
If "Yes" desc	ribe these new services on Sc	hedule O		Lies Mile
		r make significant changes in how it	conducts, any program	
		· · · · · · · · · · · · · · · · · · ·		Tyes V No.
If "Yes " desc	cribe these changes on Sched	ule O		
		ts for each of the organization's three	largest program services by exp	enses.
		ions and section 4947(a)(1) trusts are		
		nd revenue, if any, for each program s		
4a (Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
-				
-				
-				
0				
-				
-				
4b (Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
_				
4c (Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
116				
7				
	am services. (Describe in Sche	edule O.)		
(Expenses \$				
	am service expenses ▶ \$	(Must equal Part IX,	Line 25, column (B).)	
JSA 8E1020 1.000				Form <b>990</b> (2008)

Part	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,"		125	145
	그림으로 그렇는 그렇게 그렇게 하는데 아이는데 하는데 아이는 이번에 하게 하는데 그래요 하는데 하는데 그렇게 하는데 아이를 가지 않는데 아니라 아니라 아니라 아니라 그리다.	1		
2	complete Schedule A  Is the organization required to complete Schedule B, Schedule of Contributors?	2	-	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	- 4		125
~	candidates for public office? If "Yes," complete Schedule C, Part I	2	100	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	3	Х	-
7.	그리 하는데 수 있는데 되어 보는 것이 되었다. 그러나 나는 사람들이 되었다. 그런 하는 사람들이 가장하는데 하는데 그리고 하는데 그리고 하는데	Ave		
	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	4		
5		300		
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any 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  Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		2
7				
	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		2
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			Ė
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		2
0	complete Schedule D, Part IV  Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
1	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	10		-
	BY A VIII VIII VIII VIII VIII VIII VIII V	11	4.5	
2	Parts VI, VIII, IX, or X as applicable  Did the organization receive an audited financial statement for the year for which it is completing this return	11	X	
-	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	5.4	1	
3	Is the example an accordance with Grant in rection 170/b/(1//AV/i/) If I'Vee I' complete Schedule 5	12	X	-
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		2
4a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		3
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	10		
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		2
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	-		1
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		3
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	77		
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		2
7	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		1
В	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
9	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
0	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		- 2
1	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
2	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	13
3	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,7 If "Yes," complete			-
		22	42	
la.	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	Χ.	-
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24h-24d and complete Schodule K. If "No " on to question 25			
4	24b-24d and complete Schedule K. If "No," go to question 25	24a		- 2
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	1		
	to defease any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		L
		24d		
5a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	= 3		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
	person from a prior year? If "Yes," complete Schedule L, Part I	25b		
6	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	х	
7	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or		- 0	1
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		
		4.1		F 2

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

			Yes	No
28 a	During the tax year, did any person who is a current or former officer, director, trustee, or key employee: Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		X
ь	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		x
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	П	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	x	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	A	
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		Y

Form 990 (2008)

Par	tV Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	The state of the s			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 193			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		111	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	-	-	-
	this return?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		-	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	-	X
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.		-	146
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	-	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	=	X
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	F.		
	Prohibited Tax Shelter Transaction?	5c		12
6a	Did the organization solicit any contributions that were not tax deductible?	oa	-	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b	- 1	
7	gifts were not tax deductible?	0n		1000
7	Organizations that may receive deductible contributions under section 170(c).	7a		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? .	7b		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7.0		
C	required to file Form 8282? • • • • • • • • • • • • • • • • • • •	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	1		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
C	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	- 0		
	required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
3	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds,			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	1	1
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations, Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			

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

Sect	ion A. Governing Body and Management		_	
		-	Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
1.00	circumstances, process, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
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		х
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		^_	
h	of the governing body?	7a	_ X	_
8	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organizations contemporaneously document the meetings held or written actions undertaken during	7b	X	
	the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9 b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations	5.0	T	
á.	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		7	7.7
-	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		X
Sect	on B. Policies			
40-	No. of the second secon		Yes	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	1
10	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	5		
- 2	rise to conflicts?	12b	X	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		,	
	describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	1.4	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		ĦΖ	
a	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers or key employees of the organization?	15b		Х
	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		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	on 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 inter-	rest		
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne.		
	organization: ▶DOUG EVANS 9110 E. NICHOLS AVENUE, #300 CENTENNIAL, CO 80112			
	303-694-0305			

Form 990 (2008)

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

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

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

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

(A) Name and Title	(B) Average	Poeit	ion /	(C		that app	nlv)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
SEE SCHEDULE J-2										
						ħ				
						I				
					1					
						14				
		1			ı					
		J.V.								
						F				

(A) Name and title	(B) Average	Posit	ion (		C)	hat ap	nlv)	(D) Reportable	(E) Reportable			(F) mated	
	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 organization (W-2/1099-MI	s c	amo ompe from organ and	ount of ther ensation the nization related fization	on on d
	( - = <u>.</u>				L	-	İ						
								. 11					
							I		1				
					1,-								
			IÍ										
										-11:			
1b Total							-	2,440,998.	N	ONE	4	16,8	306
2 Total number of individuals (including those organization ► 15	e in 1a) v	vho r	ece	ive	d m	ore t	han	\$100,000 in re	portable com	pensatio			
3 Did the organization list any former office	er, direct	or or	tru	uste	e, l	кеу (	emp	oloyee, or highes	t compensate	ed [		Yes	No
employee on line 1a? If "Yes," complete Sched  4. For any individual listed on line 1a, is the											3	X	
the organization and related organizations	greater th	nan \$	150	0,00	00?	If "Y	es,	complete Sched				- 1	
individual									rganization f		4	X	
services rendered to the organization? If "Yes,"	complete	Sched	ule	J fo	r su	ch pe	rsoi	n			5		>
Section B. Independent Contractors  1 Complete this table for your five highest	componer	tod in	dor	200	don	con	trac	store that receive	d mara than	£100 C	200	-6	
compensation from the organization.	compensa	teu II	ide	Jen	deni	COII	T		u more than	\$100,0		OI	
(A) Name and business add	ress							(B) Description of se	rvices	Com	(C) pens	ation	
SEE STATEMENT 1													
		_	-	_	_	-	+		-				
				T.									
2 Total number of independent contractors ( compensation from the organization	including t	hose	in	1)	who	rece	eive	d more than \$10	0,000 in				

Page 9

C VIIII	Statement of Revenu	ue		84-0738973							
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514				
1a	Federated campaigns	1a									
	Membership dues										
	Fundraising events	C. T. Yun and Market P.									
	Related organizations	Table 1		0							
	Government grants (contribu	PURINCIPAL PORT P					1				
	All other contributions, gifts, gran										
	and similar amounts not included	1.2	NONE								
a	Noncash contributions included i						1				
h	Total. Add lines 1a-1f			NONE							
			Business Code								
2a	BPOC CONTRACTS		900099	35,832,980.	35,832,980.						
	STATE BEEF COUNCIL		900099	10,254,288.	10, 254, 288.						
	SPONSORSHIPS/MTGS		900099	4,133,901.	4,133,901.						
10.5	MEMBERSHIP DUES		900099	3,400,614.	3,400,614.						
	ADVERTISING		541900	746,109.	3,400,014.	746,109.					
	CONTRACTOR OF THE STATE OF THE	Land to the second	900099	1, 243, 812.	1,243,812.	730, 103.					
f	All other program service rev Total. Add lines 2a-2f			55,611,704.	1,243,012.						
g				33, 611, 704.							
3	Investment income (includin		the first of the second	7 262			7.365				
	other similar amounts)		1 1000000000000000000000000000000000000	7, 362.			7, 362				
4	Income from investment of t			NONE							
5	Royalties · · · · · · · · ·	(i) Real	(ii) Personal	NONE							
		- 11									
6a	Gross Rents	82,274.									
b	Less: rental expenses	NON									
c	Rental income or (loss)	82,274.		52.42.			44.44				
d	Net rental income or (loss).			82,274.			82, 274				
7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other								
b	Less: cost or other basis										
	and sales expenses										
С	Gain or (loss)	ale in									
d	Net gain or (loss)			NONE							
8 a	Gross income from f events (not including \$	fundraising									
	of contributions reported on	line 1e)									
	See Part IV, line 18										
6	Less: direct expenses										
C	Net income or (loss) from fu			NONE							
				NOUZ							
9 a	Gross income from gaming a See Part IV, line 19.										
b	Less: direct expenses			MONE			+				
10a		tory, less		NONE							
	returns and allowances		925, 216.								
b	Less: cost of goods sold				- /						
С	Net income or (loss) from sa			501,066.			501,066				
	Miscellaneous Rever	nue	Business Code								
11a	OTHER REVENUE RELATED TO	EXEMPT FUNCTIO	N 900099	491,754.	491,754.						
b											
С											
d	All other revenue										
	Total. Add lines 11a-11d .			491,754.							
е	Total, Add lines Tra-Tru .										
e 12	Total Revenue. Add lines 1h						-				

### Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and				
organizations in the U.S. See Part IV, line 21	NONE			
2 Grants and other assistance to individuals in	1			
the U.S. See Part IV, line 22	NONE			
3 Grants and other assistance to governments,				
organizations, and individuals outside the	73,550			
U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors,	2 112 222			
trustees, and key employees	2,441,000.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
persons (as defined under section 4956(f)(1)) and persons described in section 4958(c)(3)(B)	Country and the second			
	NONE			
7 Other salaries and wages	8,063,475.			
Pension plan contributions (include section 401	11111			
(k) and section 403(b) employer contributions)	NONE			
9 Other employee benefits	2,688,094.			
0 Payroll taxes	NONE			
1 Fees for services (non-employees):	- 75.7			
a Management	NONE			
b Legal	230,120.			
c Accounting	59, 296.			
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other	8,153,264.			
2 Advertising and promotion	27, 235, 646.			
3 Office expenses	544, 252.			
4 Information technology	250, 257.			
5 Royalties	NONE			
6 Occupancy	1,680,667.			
7 Travel	2,056,269.			
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	NONE			
9 Conferences, conventions, and meetings	1,028,525.			
0 Interest	39,619.			
1 Payments to affiliates	NONE			
2 Depreciation, depletion, and amortization	168,105.			
3 Insurance	307,625.			
4 Other expenses. Itemize expenses not				
covered above. (Expenses grouped together				
and labeled miscellaneous may not exceed				
5% of total expenses shown on line 25 below.)				
a BAD_DEBT_EXPENSE	338, 336.			
b RELOCATION	150,582.			
c REGISTRATION	110,995.			-
d FINANCE_CHARGES	46,145.		1	i=
e VOLUNTEER	16,507.		12	
f All other expenses	85, 423.	1	11	
5 Total functional expenses. Add lines 1 through 24f	55,694,202.			
26 Joint Costs. Check here ▶ ☐ If following			10,	
SOP 98-2. Complete this line only if the organization			11	
reported in column (B) joint costs from a combined educational campaign and fundraising				
solicitation,				

Balance Sheet

		(A) Beginning of year		End o	B) f year	
1	Cash - non-interest-bearing		1			
2	Savings and temporary cash investments	5, 479, 652.	2	9,5	04,2	207.
3	Pledges and grants receivable, net	THE WEST	3			
4	Accounts receivable, net	9,919,542.	4	7,1	38,4	186.
5	Receivables from current and former officers, directors, trustees, key		7 7 1	= 11		
	employees, or other related parties. Complete Part II of Schedule L	NONE	5	1	50,0	000.
6	Receivables from other disqualified persons (as defined under section					
	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II					
	of Schedule L		6			
9 7	Notes and loans receivable, net		7			
Assets	Inventories for sales or use		8			
y 9	Prepaid expenses and deferred charges STMT- 3	472,404.	9	1	94,6	576
10a	Land, buildings, and equipment: cost basis 10a 3, 745, 627.	472/404.			24,1	3.10.
	Less: accumulated depreciation. Complete					
-	Part VI of Schedule D	498,523.	100	4	10	100
11	Investments - publicly traded securities STMT- 4		11	-4	16,	
12	Investments - other securities. See Part IV, line 11	993,400.	12			NON
1					-	
13	Investments - program-related. See Part IV, line 11	1,680,765.	13	1,6	26,	134.
14	Intangible assets	1000000	14			
15	Other assets. See Part IV, line 11	95, 589.	15		95,	
16	Total assets. Add lines 1 through 15 (must equal line 34)	19,139,875.	16	19,1		
17	Accounts payable and accrued expenses	11,481,964.	17	9,5	58,	207.
18	Grants payable		18			
19	Deferred revenue	1,775,960.	19	2,6	91,	999,
20	Tax-exempt bond liabilities		20			
s 21	Escrow account liability. Complete Part IV of Schedule D		21			
₹ 22	Payables to current and former officers, directors, trustees, key employees,		TT I			
Liabilities	highest compensated employees, and disqualified persons. Complete Part II		14.5			
7	of Schedule L		22			
23	Secured mortgages and notes payable to unrelated third parties		23			
24	Unsecured notes and loans payable		24			
25	Other liabilities. Complete Part X of Schedule D	NONE	25		47,	798.
26	Total liabilities. Add lines 17 through 25	13, 257, 924.	26	12,2		
es	Organizations that follow SFAS 117, check here ▶ 💢 and complete lines 27 through 29, and lines 33 and 34.					
E 27	Unrestricted net assets	5,881,951.	27	6.8	27,	280
Balances 28	Temporarily restricted net assets	3,001,001.	28	010		200.
-	Permanently restricted net assets		29			
Net Assets or Fund 30 31 33 33 33	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.					
\$ 30	Capital stock or trust principal, or current funds		30			
9 31	Paid-in or capital surplus, or land, building, or equipment fund		31		_	
¥ 32	Retained earnings, endowment, accumulated income, or other funds		32			_
33	Total net assets or fund balances	E 001 051	33		07	200
34	Total liabilities and net assets/fund balances	5,881,951. 19,139,875.	34		327,	
Part X		19,139,873.	34	19,1	231	284.
artA	Thanolar Statements and Reporting				Yes	No
Acc	ounting method used to prepare the Form 990: Cash. X Accrual Other	er			103	140
	re the organization's financial statements compiled or reviewed by an independent account			2a		
	re the organization's financial statements audited by an independent accountant?			-		X
	e the organization's infancial statements addited by an independent accountant? /es" to lines 2a or 2b, does the organization have a committee that assumes responsibility			2b	X	
	사용도 이 아이들에게 되었다. 아이들의 아이들의 아이들이 그리아들이 얼마나 되었다. 그리아 아이들이 아이들이 아이들이 되었다.				12	
	it, review, or compilation of its financial statements and selection of an independent accou			2c	X	-
	a result of a federal award, was the organization required to undergo an audit or audits as				111	42
	Single Audit Act and OMB Circular A-133?			3a		X
	es," did the organization undergo the required audit or audits?			3b		

### SCHEDULE C

(Form 990 or 990-EZ)

### Political Campaign and Lobbying Activities

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

▶ To be completed by organizations described below.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

If th	e organization ar	nswered "Yes,"	nat nave NOT filed Form 5768 (ele to Form 990, Part IV, line 5 (Proxy T nizations: Complete Part III.		1(n)): Complete Part II-B. Do r	not complete Part II-A.
	ame of organization	+), (3), or (6) orga	mzadons. Complete Part III.		Employer iden	tification number
MAT	PTONAL CAPT	TEMENT & DE	EF ASSOCIATION, INC		1	1738973
	rt I-A To be	completed I	by all organizations exemples for Schedule C for details.	t under section 5	01(c) and section 527 o	organizations.
1 2 3	Political exper	nditures	organization's direct and indirec			NONE
Pa			by all organizations exempt for Schedule C for details.	under section 50	01(c)(3).	
1 2 3 4a b	Enter the amo If the organiza Was a correcti If "Yes," descri rt I-C To be	ount of any exci ation incurred a ion made? ibe in Part IV. a completed	se tax incurred by the organization se tax incurred by organization section 4955 tax, did it file Forman and organizations exemp	managers under som 4720 for this yea	r?	Yes No
			s for Schedule C for details.			
2 3 4 5	activities Enter the amo 527 exempt for Total of direct on Form 1120 Did the filing of State the name were made. Econtributions of a political a	ount of the filing unction activities and indirect ex- POL, line 17b organization file es, addresses a enter the amou- received and pre- ction committe	organization's funds contribute s	d to other organizated lines 1 and 2 and 2 and 2 and 2 and 2 and 3 and 4 and 5	tions for section  denter here and  tion 527 political organization's all organization, such as a semantion in Part IV.	ations to which payments s funds or were political
	(a) Name	9	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
_		. 0-2				
_		-				
_		- 1-				

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

Schedule C (Form 990 or 990-EZ) 2008

JSA BE1264 1.000

Sch	edule C (Form 990 or 990-EZ) 2008			84-0	738973	Page 2
Pa	To be completed by or (election under section	ganization: 1 501(h)). Se	s exempt under sec ee the instructions for	ti <b>on 501(c)(3) t</b> Schedule C fo	hat filed Form 5768 r details.	
			s to an affiliated group ed box A and "limited		ons apply.	
	Limits on (The term "expenditures	Lobbying Exp s" means am		)	(a) Filing organization's totals	(b) Affiliated group totals
	Total lobbying expenditures to influe Total lobbying expenditures to influe Total lobbying expenditures (add lin Other exempt purpose expenditures Total exempt purpose expenditures Lobbying nontaxable amount. Enter columns.	ence a legisla es 1a and 1b 	ative body (direct lobby)	ng)		
	If the amount on line 1e, column (a) or ( Not over \$500,000		bying nontaxable amount the amount on line 1e.	is:		
	Over \$500,000 but not over \$1,000,000	\$100,00	0 plus 15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,500,0		0 plus 10% of the excess			
	Over \$1,500,000 but not over \$17,000,	000 \$225,00	00 plus 5% of the excess of	over \$1,500,000.		
	Over \$17,000,000	\$1,000,	000.			
g h i	7. <u>- 1</u> . 1776 (1. 1787)   1. 17   17   17   17   17   17   17	-0- if line g is ·0- if line f is o on either lin	more than line a more than line c ne 1h or line 1i, did the	organization file	Form 4720 reporting	. Yes No
		that made a	veraging Period Under section 501(h) election instructions for lines 2	n do not have t	o complete all of the f	ive
Ξ		Lobbying Ex	penditures During 4-Ye	ear Averaging Pe	riod	
	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2 a	Lobbying non-taxable amount					
- h	Lobbying ceiling amount			7		

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

Schedule C (Form 990 or 990-EZ) 2008

	rt II-B	To be completed by organizations exempt under section 501(c)(3) that have 5768 (election under section 501(h)). See the instructions for Schedule C for			Form	-	Page 3
-		The formal and the first of the	1	a)		(b)	
			Yes	No		Amoi	16.6
1	During	the year, did the filing organization attempt to influence foreign, national, state or local	res	140		Amot	inc
		tion, including any attempt to influence public opinion on a legislative matter or					
		ndum, through the use of:					
a	Volunt	eers?					
b	Paid s	eers? aff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media	advertisements?					
d	Mailing	as to members, legislators, or the public?		171			
е	Public	ations, or published or broadcast statements? to other organizations for lobbying purposes?					
f	Grants	to other organizations for lobbying purposes?					
g	Direct	contact with legislators, their staffs, government officials, or a legislative body?	-				
h	Railles	, demonstrations, seminars, conventions, speeches, lectures, or any other means?	-	-			
i	Total	activities? If "Yes," describe in Part IV	-				
j 2 a	Did the	nes 1c through 1i e activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Vas	"enter the amount of any tax incurred under section 4912					
c	If "Yes	"enter the amount of any tax incurred by organization managers under section 4912	1				
d		iling organization incurred a section 4912 tax, did it file Form 4720 for this year?				_	
-		To be completed by all organizations exempt under section 501(c)(4), se	ection	501	(c)(5)	or	
-		section 501(c)(6). See the instructions for Schedule C for details.	32,072.	0 577.	(-/(-/	-	
							Yes No
1	Were	substantially all (90% or more) dues received nondeductible by members?		T. 101.7		1	X
2	Did the	e organization make only in-house lobbying expenditures of \$2,000 or less?			5 5 9 0	2	X
3	Did the	e organization agree to carryover lobbying and political expenditures from the prior year?				3	X
Pa	rt III-B	To be completed by all organizations exempt under section 501(c)(4), so					
		section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "N	lo" C	R if	Part I	II-A,	
_	_	question 3 is answered "Yes." See Schedule C instructions for details.			-		
1	Dues,	assessments and similar amounts from members			1	3,4	100,614.
2		n 162(e) non-deductible lobbying and political expenditures (do not include amo	unts	of			
		al expenses for which the section 527(f) tax was paid).					Ac let
a	Currer			55.4	2a	- 4	266,374.
b	Total	ver from last year			2b	-	000 000
3	Aggree	gate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du			2 c		266, 374.
4		these were sent and the amount on line 2c exceeds the amount on line 3, what portion			3	- 1	80,123.
		does the organization agree to carryover to the reasonable estimate of nondeductible I					
	0.701	44.00 PM to 10.00			4		
5	Taxab	e amount of lobbying and political expenditures (line 2c total minus 3 and 4)	•	710	5	-1	113,749.
Pa	rt IV	Supplemental Information					13, 143.
		nis part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C	lino	5 20	d Part	II D II	no. 11
		ete this part for any additional information.	, IIIIC	J all	u rait	II-D, II	ie II.
	A						

JSA BE1266 1.000

Schedule C (Form 990 or 990-EZ) 2008

Schedule C (	Form 990 or 990-EZ) 2008	84-0738973	Page 4
Part IV	Supplemental Information (continued)		
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			NEW 2007 PAY 55 YEAR
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44222			
			MULINUM TOOK

Schedule C (Form 990 or 990-EZ) 2008

### SCHEDULE D (Form 990)

Internal Revenue Service

Department of the Treasury

### Supplemental Financial Statements

OMB No. 1545-0047
2008
Open to Public Inspection

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

Name of the organization Employer Identification number NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC. 84-0738973 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts, Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Aggregate contributions to (during year) . . . . 3 Aggregate grants from (during year) ..... 4 Aggregate value at end of year . . . . . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . L Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other Conservation Easements, Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space 2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . . . . 2c Number of conservation easements included in (c) acquired after 8/17/06 . . . . . . . . . 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located > \_ 4 5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year > \$ \_ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and 9 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, 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, 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: 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: For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2008

Par	t III Organizations Maintaining Colle	ections of Art, Histor	rical Treasures, o	r Other Similar As	ssets (continued)
3	Using the organization's accession and other	r records check any r	of the following that	are a significant use	e of its collection
	items (check all that apply):	. reading, shook any s	ar the following that	are a digrimount as	o of the concentration
a	Public exhibition	d [	Loan or excha	nge programs	
b	Scholarly research	e	Other	3 - F - 3	
C	Preservation for future generations	_			
4	Provide a description of the organization's c		how they further the	organization's exe	mpt purpose in
	Part XIV.				
5	During the year, did the organization solicit				
0-500	assets to be sold to raise funds rather than t				
Pai	Trust, Escrow and Custodial Art Part IV, line 9, or reported an an			answered "Yes" t	o Form 990,
12	Is the organization an agent, trustee, custod	ian or other intermedia	ary for contributions	or other assets not	
Id	included on Form 990, Part X?				
b	If "Yes," explain the arrangement in Part XIV				· · · Yes No
-	Transfer and all all all all all all all all all al	and complete the follo	owing tubic.	An	nount
C	Beginning balance		10	-	TO GITE
	Additions during the year				
	Distributions during the year				
	Ending balance				
	Did the organization include an amount on I				Yes No
	If "Yes," explain the arrangement in Part XIV				Y
Par	t V Endowment Funds. Complete if	organization answe	red "Yes" to Form	990, Part IV, line	10.
	(a) Curr	ent Year (b) Prior ye	ar (c) Two years t	back (d) Three year	rs back (e) Four years back
1a	Beginning of year balance				
b	Contributions				
C	Investment earnings or losses				
d	Grants or scholarships				
е	Other expenditures for facilities .				
	and programs				
	Administrative expenses , , .				
	End of year balance				
2	Provide the estimated percentage of the year				
b	Board designated or quasi-endowment	<u></u> %			
	Permanent endowment ▶ %  Term endowment ▶ %				
	Are there endowment funds not in the poss	ossion of the organiza	tion that are hold as	nd administrated for	46.2
Vu	organization by:	ession of the organiza	mon that are neid a	nd administered for t	Yes No
	(i) unrelated organizations				
	(ii) related organizations	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			3a(ii)
b	If "Yes" to 3a(ii), are the related organization	s listed as required on	Schedule R?		3b
4	Describe in Part XIV the intended uses of the				****
Par	t VI Investments - Land, Buildings, a			(, line 10,	
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a	Land				
b	Buildings		C-11	11	
	Leasehold improvements		1,029,413.	898,947.	130,466.
d	Equipment	T T	1.20		100/100
	Other	1	2,716,214.	2,430,488.	285,726.
Tota	I. Add lines 1a-1e. (Column (d) should equal	Form 990, Part X, colu	mn (B), line 10(c).)		416, 192.

Schedule D (Form 990) 2008

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
nancial derivatives and other financial products	, <u> </u>	
osely-held equity interests		
her		
	-	
tel (Column th) should away 5 am 000 Dayl V and (D) the 201		
	o Form 000 Part V line 12	
art VIII Investments - Program Related. Se		
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
AUTHORNOUS TAL GURGERTARY	1 000 101	
NVESTMENT IN SUBSIDIARY	1,626,134.	FMV
	1,626,134.	
art IX Other Assets. See Form 990, Part X	X, line 15.	
Part IX Other Assets. See Form 990, Part X	+/0=0/+01+	(b) Book value
art IX Other Assets. See Form 990, Part X	X, line 15.	(b) Book value
art IX Other Assets. See Form 990, Part X	X, line 15.	(b) Book value
art IX Other Assets. See Form 990, Part X	X, line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X	X, line 15.	(b) Book value
art IX Other Assets. See Form 990, Part X	X, line 15.	(b) Book value
art IX Other Assets. See Form 990, Part X	X, line 15.	(b) Book value
art IX Other Assets. See Form 990, Part X	X, line 15.	(b) Book value
art IX Other Assets. See Form 990, Part X	X, line 15.	(b) Book value
art IX Other Assets. See Form 990, Part X	X, line 15.	(b) Book value
art IX Other Assets. See Form 990, Part X	X, line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part )	X, line 15. (a) Description	
Part IX Other Assets. See Form 990, Part X  Other Assets. See Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X	X, line 15. (a) Description	
Part IX Other Assets. See Form 990, Part )	X, line 15. (a) Description	
tal. (Column (b) should equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. See Form 990, Part X  (a) Description of liability	X, line 15. (a) Description	
tal. (Column (b) should equal Form 990, Part X, col. (B) line 15.)  Part X  Other Liabilities. See Form 990, Part X, col. (B) line 15.)  (a) Description of liability ederal income taxes	rt X, line 25.  (a) Description	
tal. (Column (b) should equal Form 990, Part X, col. (B) line 15.)  art X  Other Liabilities. See Form 990, Part X, col. (B) line 15.)  (a) Description of liability ederal income taxes	X, line 15. (a) Description	
tal. (Column (b) should equal Form 990, Part X, col. (B) line 15.).  Part X Other Liabilities. See Form 990, Part X, col. (B) line 15.) .  (a) Description of liability ederal income taxes	rt X, line 25.  (a) Description	
tal. (Column (b) should equal Form 990, Part X, col. (B) line 15.).  Part X Other Liabilities. See Form 990, Part X, col. (B) line 15.) .  (a) Description of liability ederal income taxes	rt X, line 25.  (a) Description	
tal. (Column (b) should equal Form 990, Part X, col. (B) line 15.).  Part X Other Liabilities. See Form 990, Part X, col. (B) line 15.) .  (a) Description of liability ederal income taxes	rt X, line 25.  (a) Description	
otal. (Column (b) should equal Form 990, Part X, col. (B) line 15.).  Part X Other Liabilities. See Form 990, Part X, col. (B) line 15.).  (a) Description of liability ederal income taxes	rt X, line 25.  (a) Description	
Part IX Other Assets. See Form 990, Part X  Other Liabilities. See Form 990, Part X  (a) Description of liability ederal income taxes	rt X, line 25.  (a) Description	
otal. (Column (b) should equal Form 990, Part X, col. (B) line 15.).  Part X Other Liabilities. See Form 990, Part X, col. (B) line 15.).  (a) Description of liability ederal income taxes	rt X, line 25.  (a) Description	
Part IX Other Assets. See Form 990, Part X  Other Assets. See Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X	rt X, line 25.  (a) Description	
Part IX Other Assets. See Form 990, Part X  Other Liabilities. See Form 990, Part X  (a) Description of liability ederal income taxes	rt X, line 25.  (a) Description	

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. JSA 8E1270 1.000 AHI2AJ N752

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Schedule D (Form 990) 2008

### SCHEDULE J (Form 990)

### Compensation Information

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

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC.
Part I Questions Regarding Compensation

Employer identification number

84-0738973

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	X Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)	1		
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or			
	provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
2	and the state of t			
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X	_
3	Indicate which, if any, of the following the organization uses to establish the compensation of the			
	organization's CEO/Executive Director, Check all that apply.			
	X Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:			
a	Receive a severance payment or change of control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	II. I	Х
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	1 1	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			4
	compensation contingent on the revenues of:			
a	The organization?	5a		
b	Any related organization?	5b	1.1	10.0
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any		11117	
	compensation contingent on the net earnings of:		X	
a	The organization?	6a	, i	
b	Any related organization?	6b	-	
4	If "Yes" to line 6a or 6b, describe in Part III.			
7	r or porterior notice in r offir ever r at this eventure, into the organization provide any front mod			
0	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		-
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe		111	
		8		
	in Part III	8		

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

Schedule J (Form 990) 2008

# 84-0738973 Schedule J (Form 990) 2008

Page 2

For each individual whose compensation must be reported in Schedule J, report compensation from the organization or row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

		(B) Breakdown of W-2	of W-2 and/or 1099-MISC compensation	compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ
	(2)	163,740.	5,000.	NONE	13,662.	18,156.	200, 558.	NONE
XESSE WITH	€	NONE	NONE	NONE	NONE	NONE	NONE	NONE
***************************************	0	171,459.	5,000.	NONE	13,944.	12,211.	202,614.	NONE
KENDAL FRAZIER	<b>E</b>	NONE		NONE	NONE	NONE	NONE	NONE
	0	174,526.	5,000.	NONE	14,655.	18,042.	212, 223.	NONE
RICHARD HUSTED	<b>E</b>	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	0	165,944.	5,000.	NONE	13,780.	16,897.	201,621.	NONE
JAMES REAGAN	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	0	237,943.	15,000.	NONE	19,617.	17,086.	289, 646.	NONE
TERRY STOKES	<b>©</b>	NONE		NONE		NONE	NONE	NONE
	0	47,709.	NONE	116,201.	9,848.	19,065.	192, 823.	NONE
TI MOTHY DOWNEY	<b>E</b>	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	0	46,375.	NONE	121,518.	9,540.	12,628.	190,061.	NONE
DONALD RICKETIS	<b>E</b>	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	()	48,125.	NONE	120,852.	10,271.	12,766.	192,014.	NONE
MARK THOMAS	<b>E</b>	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(1)	142,917.	NONE	NONE	11,520.	17,963.	172,400.	NONE
G ASHBY GREEN	(E)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(2)	149,487.	NONE	NONE	12,264.	17,984.	179, 735.	NONE
MARVIN KOKES	<b>E</b>	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	ε	144,318.	NONE	NONE	11,687.	12,123.	168,128.	NONE
RICK MCCARTY	<b>E</b>	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	0	148,166.	NONE	NONE	12,087.	16,843.	177,096.	NONE
POLLY RUHLAND	E	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	0	144,470.	NONE	NONE	11,730.	17,946.	174, 146.	NONE
MARY YOUNG	(E)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	8	59,080.	NONE	81,250.	10,681.	14,531.	165,542.	NONE
JAY TRUITT	Œ	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(2)			1				
	(ii)							
	(0)							
	(11)							

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JSA

Schedule J (Form 990) 2006	0000
Part III Supplemental Information	
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.	ete this part
TRAVEL FOR COMPANIONS	
SCHEDULE_JL PART IL 1A	
THE ORGANIZATION ALLOWS FOR REIMBURSEMENT OF UP TO TWO TRIPS PER YEAR FOR	
CEO SPOUSAL TRAVEL. THE REIMBURSEMENT AMOUNT IS INCLUDED IN THE CEO'S	
.M-2.	1
Schedule J (Form 990) 2008	(Form 990) 2008

### SCHEDULE J-2 (Form 990)

### Continuation Sheet for Form 990

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the Organization

Employer Identification number

84-0738973

NATIONAL	CATTLEMEN'S	BEEF	ASSOCIATION,	INC		84-07389
Part I	Continuation of Employees	Officer	rs, Directors, Tru	stees, Key Empl	oyees, and Highest C	ompensated
	741		1	1 200	022	

(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D)	(E)	(F)
Name and file	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
GARY VOOGT PRESIDENT	-1	x		x				NONE	NONE	NONE
STEVE_FOGELSONG		10		^				NONE	NONE	NONE
PRESIDENT ELECT	1.	X		X				NONE	NONE	NONE
BILL DONALD VICE PRESIDENT	1.	х		X				NONE	NONE	NONE
TRACY BRUNNER		10.5		'n		ini		110-5-1		
CHAIR POLICY	1,	X		X				NONE	NONE	NONE
BRUCE HAFENFELD VICE CHAIRMAN POLICY	1.	x		X				NONE	NONE	NONE
JD_ALEXANDER		17.14								
CHAIR FEDERATION	1,	Х		X				NONE	NONE	NONE
SCOTT_GEORGE										
VICE CHAIRMAN FEDERATION	1.	X	Ш,	X				NONE	NONE	NONE
LUISA JACA				1						
TREASURER	1,	X	_	X	-	-		NONE		NONE
RICHARD HUSTED	4.5			1				1522 525	1000	52/2554
CHIEF OPERATING OFFICER	40.	-		X		-		179,526.	NONE	32,697.
TERRY STOKES	40.			12				050 040	110110	26 705
CEO - TERM END 1/09 DOUGLAS EVANS	40,			X		-	=	252,943.	NONE	36,703.
CHIEF FINANCIAL OFFICER	40.			x			Ш	121, 918.	NONE	17, 279.
FORREST ROBERTS	40.	-		-0				121, 910.	NOTAE	11,213.
CEO - TERM BEG 1/09	40.			x				NONE	NONE	NONE
KIM ESSEX								1,000	110112	Hotte
SR. VP MKTG & COMMUNICATIONS	40.				X			168,740.	NONE	31,818.
KENDAL FRAZIER SR. VP LEADERSHIP & GOVERNANCE	40.			Ī	x	4 (		176,459.	NONE	26,155.
JAMES REAGAN										
SR. VP REI	40.				Х			170,944.	NONE	30,677.
G ASHBY GREEN VP PRODUCER EDUCATION	40.					X		142,917.	NONE	29,483.
MARVIN KOKES										
VP CORPORATE RELATIONS	40.			1	_	X		149,487.	NONE	30,248.
RICK MCCARTY  VP ISSUES MANAGEMENT	40.			I		х		144,318.	NONE	23,810.
POLLY RUHLAND								13 /- 11		
VP MEMBER SERVICES	40.	1				Х		148,166.	NONE	28,930.
MARY_YOUNG										
VP NUTRITION	40,					X		144,470.	NONE	29,676.
TIMOTHY DOWNEY						1		11, 5, 7, 4	1 2 2	
VP PLANNING & ADMINISTRATION	40.						X	163,910.	NONE	28,913.

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

Schedule J-2 (Form 990) 2008

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

### Continuation Sheet for Form 990

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the Organization

Employer Identification number

Part I Continuation of Officers, Dire Employees	ciors, rruste	es, N	y I	-1111	נטוע	yees,	all	a mignest com	pensateu	
(A)	(B)			(0	2)			(D)	(E)	(F)
Name and Title	Average hours	Posit	tion (	chec	k all	that ap	ply)	Reportable	Reportable	Estimated
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
DONALD RICKETTS  VP GOVERNANCE & FEDERATION	40,						х	167,893.	NONE	22,168
MARK THOMAS VP GLOBAL MARKETING	40.						×	168,977.	NONE	23,037
JAY TRUITT VP GOVERNMENT AFFAIRS	40.						х	140,330.	NONE	25, 212
***************************************										
				r						
								1		
								-		

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

Schedule J-2 (Form 990) 2008

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

Department of the Treasury Internal Revenue Service

### **Transactions With Interested Persons**

► Attach to Form 990 or Form 990-EZ.

► To be completed by organizations that answered

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, lines 38b or 40b.

OMB No. 1545-0047
2008
Open To Public Inspection

Name of the organization

ployer identification number

To be completed by organizations	s that a	nswered	"Yes" on For	m 990 P	(4) organiza	25a or 25th	or Fr	orm oc	0-F7	Part	V line	406
A ALV KV of all and all all and an arrival		13 WCTCU	res diritu					JIII 95	0-LZ	rait	(c) Co	_
1 (a) Name of disqualified person				(b)	Description	of transacti	on				Yes	No
2 Enter the amount of tax imposed on												
under section 4958	ne 2, ab	ove, rein	nbursed by th	ne organiz	ation		* * * *		\$_ \$_			
Part II Loans to and/or From Interest To be completed by organization				orm 990,	Part IV, line	26, or For	m 990	-EZ, P	art V,	line 3	8a.	
(a) Name of interested person and purpose		n to or from anization?	(c) Origi principal a	nal mount	(d) Bala	nce due	(e) In (	default?	by bo	proved pard or nittee?		ritten ment?
	То	From					Yes	No	Yes	No	Yes	No
FORREST ROBERTS EMPLOYMENT AGREEMENT		X	15	0,000.	A)	50,000.		X	X		X	
												_
										_	_	
Total				▶\$		50,000.					100	
Part III Grants or Assistance Benef	fitting I	ntereste	d Persons.		77.00							-
	fitting I	ntereste answere	d Persons.	orm 990, I	Part IV, line	27.	ount of	grant	or type	e of as	ssistan	ce
Part III Grants or Assistance Benef To be completed by organization	fitting I	ntereste answere	d Persons. d "Yes" on Fo	orm 990, I	Part IV, line	27.	ount of	grant	or type	e of as	ssistan	ce
Part III Grants or Assistance Benef To be completed by organization	fitting I	ntereste answere	d Persons. d "Yes" on Fo	orm 990, I	Part IV, line	27.	ount of	grant	or type	e of as	ssistan	ce
Part III Grants or Assistance Benefit To be completed by organization (a) Name of interested person  Part IV Business Transactions Invo	fitting I	ntereste answere elationship	d Persons. d "Yes" on Foo between integranization	orm 990, I rested person	Part IV, line son and the	27. (c) Am			or type	e of as	ssistan	ce
Part III Grants or Assistance Benefic To be completed by organization (a) Name of interested person  Part IV Business Transactions Invote To be completed by organization	fitting I nos that (b) R	ntereste answere elationship ntereste answere	d Persons. d "Yes" on Footbetween integrated organization d Persons. d "Yes" on F	orm 990, I	Part IV, line son and the	27. (c) Am	, or 28	C.				
Part III Grants or Assistance Benefit To be completed by organization (a) Name of interested person  Part IV Business Transactions Invo	fitting I (b) R	ntereste answere elationship ntereste answere Relationship	d Persons. d "Yes" on Footbetween integralization organization d Persons. d "Yes" on Footbetween in Footbetween	orm 990, I	Part IV, line son and the	27. (c) Am		C.			(e) Sh	aring o
Part III Grants or Assistance Benefic To be completed by organization (a) Name of interested person  Part IV Business Transactions Invote To be completed by organization	fitting I (b) R	ntereste answere elationship ntereste answere Relationshi ested pers	d Persons. d "Yes" on Footbetween integralization organization d Persons. d "Yes" on Footbetween in Footbetween	orm 990, I	Part IV, line Son and the Part IV, line	27. (c) Am	, or 28	C.			(e) Sh	aring o zation's rues?
Part III Grants or Assistance Benefic To be completed by organization (a) Name of interested person  Part IV Business Transactions Invote To be completed by organization	fitting I (b) R	ntereste answere elationship ntereste answere Relationshi ested pers	d Persons. d "Yes" on Footbetween integralization organization d Persons. d "Yes" on Footbetween in Footbetween	orm 990, I	Part IV, line Son and the Part IV, line	27. (c) Am	, or 28	C.			(e) Sh organi revea	aring o
Part III Grants or Assistance Benefit To be completed by organization (a) Name of interested person  Part IV Business Transactions Invote To be completed by organization	fitting I (b) R	ntereste answere elationship ntereste answere Relationshi ested pers	d Persons. d "Yes" on Footbetween integralization organization d Persons. d "Yes" on Footbetween in Footbetween	orm 990, I	Part IV, line Son and the Part IV, line	27. (c) Am	, or 28	C.			(e) Sh organi revea	aring o zation's rues?

### SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990

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

OMB No. 1545-0047

2008

Open to Public Inspection

Internal Revenue Service Inspection Name of the organization Employer Identification number NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC 84-0738973 BOARD REVIEW OF FORM 990 FORM 990, PART VI, LINE 10 THE FORM 990 IS PREPARED BY THE ORGANIZATION'S PROFESSIONAL TAX PREPARER AND REVIEWED IN DETAIL BY THE ORGANIZATION'S CFO AND CONTROLLER. THE FORM 990 IS PRESENTED TO THE ORGANIZATION'S AUDIT COMMITTEE BY THE PROFESSIONAL TAX PREPARER. A COMPLETE COPY OF THE FORM 990 IS PROVIDED TO THE GOVERNING BODY BEFORE IT IS FILED.

Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC	84-0738973
CONFLICT OF INTEREST DISCLOSURE	
FORM 990, PART VI, LINE 12C	
THE ORGANIZATION REQUIRES ALL EMPLOYEES TO SIGN A CONFLICT	I OF INTEREST
POLICY UPON HIRE AND ANNUALLY THEREAFTER.	
***************************************	
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32

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

Name of the organization	Employer identification number
NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC	84-0738973
CLASSES OF MEMBERSHIP	
PART VI, LINE 6	
THE ORGANIZATION HAS SIX CLASSES OF MEMBERSHIP: REGULAR	MEMBERS, ALLIED
INDUSTRY MEMBERS, PRODUCT COUNCIL MEMBERS, STATE AND NA	TIONAL INDUSTRY
ORGANIZATION MEMBERS, BEEF BREED ORGANIZATION MEMBERS,	AND SUPPORTING
MEMBERS.	
***************************************	
	(1222-222-222-222-222-222-222-222-222-22

AHI2AJ N752

Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC	84-0738973
ELECTION OF THE GOVERNING BODY	
PART VI, LINE 7A	
THE ASSOCIATION MEMBERS AND REGISTRANTS SHALL ELECT THE PRE	SIDENT,
PRESIDENT-ELECT AND A VICE PRESIDENT AT THE STAKEHOLDERS CO	NGRESS.
H	
7-50505075305050000000000000000000000000	
	**********************

### SCHEDULE R (Form 990)

NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC

Department of the Treasury Internal Revenue Service Name of the organization

# Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

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

20**08** Inspection

Employer identification number 84-0738973

	Identification of Distegalded Entitles					
	(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
***************************************						
Part II Identification	Identification of Related Tax-Exempt Organizations			-		
	(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
NATIONAL CATTLEME	NATIONAL CATILEMEN'S BUILDING CORP. 74-2200677	LAND INVSTMNT	co	501(€)(2)		N/A
FUND F. NICHOLS	CENTENNIAL	FUNDRAISING	00	501(C)(3)	7	N/A
NAL CATTLEN	FOUNDATION CENTENNIAL,	FUNDRAISING	CO	501(0)(3)	ō	N/A
NATIONAL CATTLEMEN'S AS 9110 E. NICHOLS AVENUE,	SOCIATION PAC #300 CENTENNIAL,	LOBBYING	00	527		N/A
r Privacy Act and Paperwork	For Privacy Art and Panerwork Reduction Act Notice. see the Instructions for Form 990.				Sched	Schedule R (Form 990) 2008

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Page 2

84-0738973

Schedule R (Form 990) 2008

Part III Identification of Related Organizations Taxable as a Partnership

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

Trust
5
Corporation
a
as
Taxable
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io
Organizat
Ö
Relate
of
Identification
art IV
Δ.

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

Schedule R (Form 990) 2008

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### Schedule R (Form 990) 2009 Part V Transactions With Related Organizations

And the Hard of Franch Control of the Control of th		yes No
Note: Complete line 1 if any enuty is listed in Faits II, III, or IV.  1. During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?	is listed in Parts II–IV?	
Receipt of (i) interest (ii) annuities (iii) rovalties (iv) rent from a controlled entity		, 1a ×
Gift, grant, or capital contribution to other organization(s)		
c Gift, grant, or capital contribution from other organization(s)		1c
		×
e Loans or loan guarantees by other organization(s)		
f Sale of assets to other organization(s)	***************************************	
g Purchase of assets from other organization(s)		
h Exchange of assets		Th
i Lease of facilities, equipment, or other assets to other organization(s)		×
i Lease of facilities equipment or other assets from other organization(s)		1j x
k Performance of services or membership or fundraising solicitations for other organization(s)		
		- 1
m Sharing of facilities, equipment, mailing lists, or other assets		
n Sharing of paid employees		× u
o Reimbursement paid to other organization for expenses		
p Reimbursement paid by other organization for expenses		х dl
q Other		19 × ×
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.	covered relationships and tran	saction thresholds.
(A) Name of other organization(s)	Transaction type (a–r)	Amount involved
(1) NATIONAL CATTLEMEN'S BUILDING CORPORATION	Q	157,804.
(2) NATIONAL CATTLEMEN'S FOUNDATION	D, M, N	388, 337.
(3) NATIONAL CATTLEMEN'S FOUNDATION	ά	.000,000
(5)		
(b)		Schedule R (Form 990) 2008

Schedule R (Form 990) 2008

Page 4

84-0738973

## Part VI Unrelated Organizations Taxable as a Partnership

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

Primary activity	Legal domicile (state or foreign country)	Are all partners section 501(c)(3) organizations?	Share of end-of-year assets	Disproportionate allocations?	amount in box 20 of Schedule K-1 (Form 1065)	
		Yes No		Yes No		Yes No
						= 1

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

NAME AND ADDRESS	DESCRIPTION OF SERVI	CES COMPENSATION
LEO BURNETT COMPANY PO BOX 91451 CHICAGO, IL 60693	ADVERTISING	9,859,181.
U.S. MEAT EXPORT FEDERATION PO BOX 5722 DENVER, CO 80217	EXPORT	9,379,744.
KETCHUM, INC. PO BOX 60000 FILE 72294 SAN FRANCISCO, CA 94160	ADVERTISING	1,859,935.
DANIEL J. EDELMAN, INC. 21992 NETWORK PLACE CHICAGO, IL 60673	PUBLIC RELATIONS	1,326,807.
MIDAN MARKETING, INC. 2039 SIMONTON ROAD, SUITE A STATESVILLE, NC 28625	MARKETING	933, 391.
TOTAL COMPE	NSATION	23, 359, 058.

---------

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

GROSS SALES LESS RETURNS AND ALLOWANCES	925, 216.
INVENTORY AT BEGINNING OF YEAR  PURCHASES	424,150.
SUBTOTAL MINUS ENDING INVENTORY	424,150.
COST OF GOODS SOLD	424,150.

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

.

		BEGINNING	ENDING
DESCRIPTION		BOOK VALUE	BOOK VALUE
		المستنب التشفيد	
PREPAID EXPENSES		472,404.	194,676.
	TOTALS	472,404.	194,676.
		=======================================	=======================================

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

DESCRIPTION		BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST OR FMV
US GOVT OBLIGATION		993,400.	NONE	FMV
	TOTALS	993, 400.	NONE	
		=======================================	==========	

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

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

Signature...

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

Filing...

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

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

Payment of tax...

No payment of tax is required.

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

Form 990-T	Exempt Organization Business				33(e))	OMB No. 1545-0687
Department of the Treasury	For calendar year 2008 or other tax		See separate in		100	Open to Public Inspection or 501(c)(3) Organizations Only
A Check box if address changed	ending 09/30 , 20( Name of organization ( Check		changed and see instruction		Employe	er identification number Firest, see instructions for Black D
Sexempt under section   X   501( C )( 6 )   408(e)   220(e)   408A   530(a)   529(a)   C   Book value of all assets	Print or Type  NATIONAL CATTLEMS Number, street, and room or suite or 1910 E. NICHOLS A City or town, state, and ZIP code CENTENNIAL, CO 80	No. If a P.O. bo	ox, see page 9 of instructions	+:	84-07 Unrelate	38973 d business activity codes uctions for Block E on page 9.)
at end of year	F Group exemption number (See instr					
19, 125, 284.	G Check organization type ► X 5	01(c) corpo	oration 501(d	) trust	401(a) tru	ust Other trust
H Describe the organi	zation's primary unrelated business activity	. ► ADVE	RTISING			
I During the tax year,	was the corporation a subsidiary in an a	ffiliated grou	p or a parent-subsidiary of	controlled group?		. ▶ Yes X No
	ame and identifying number of the parent	corporation.	<b>&gt;</b>			111-20-20-20-20-20-20-20-20-20-20-20-20-20-
	e of ▶ DOUG EVANS			e number > 303		
Part I Unrelate	d Trade or Business Income	4	(A) Income	(B) Expense	S	(C) Net
1a Gross receipts or	sales					
	c Balance					
	ld (Schedule A, line 7)			-		
	tract line 2 from line 1c				-	
	ncome (attach Schedule D)					-
	m 4797, Part II, line 17) (attach Form 4797)				-	
	ction for trusts	The second second				
	partnerships and S corporations (attach stateme redule C)					
	nanced income (Schedule E)					
	es, royalties, and rents from controll					
	hedule F)					
	me of a section 501(c)(7), (9), or (1					
	edule G)					
10 Exploited exemp	activity income (Schedule I)	10				
	ne (Schedule J)		746,109.	357,	812.	388, 297.
	e page 11 of the instructions; attach schedule.)					
	nes 3 through 12		746,109.		812.	388, 297.
	ons Not Taken Elsewhere (See proposed for contributions, deductions must					
14 Compensation o	officers, directors, and trustees (Schedule	K)			14	
	es					
	ntenance					
17 Bad debts					. 17	
	chedule)					
19 Taxes and license	es				19	
	butions (See page 13 of the instructions					
21 Depreciation (at	ach Form 4562)		21	NON		-2-10
	n claimed on Schedule A and elsewhere of				22b	NONE
23 Depletion	.,,,.,	.,.,,		والمتراجع والمراجع	23	
24 Contributions to	deferred compensation plans				24	
25 Employee benef	t programs				25	
	xpenses (Schedule I)					388, 297.
<ul><li>27 Excess readersh</li><li>28 Other deduction</li></ul>	p costs (Schedule J)	*****		i a ni e a a na	28	300, 297.
29 Total deduction	s (attach schedule)				29	388, 297.
30 Unrelated busine	ess taxable income before net operating	loss deducti	on Subtract line 20 from	line 13	30	300,2372
	ss deduction (limited to the amount on lin					
32 Unrelated busing	ess taxable income before specific deduc	tion Subtra	ct line 31 from line 30		32	
	on (Generally \$1,000, but see line 33 ins					1,000.
	ess taxable income. Subtract line 33 from					
	aller of zero or line 32				. 34	

Par	t III Tax Computation			
35	Organizations Taxable as Corporations. See instructions for tax computation on page 15. Controlled group members (sections 1561 and 1563) check here ▶ See instructions and:			
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):			
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)			
	(2) Additional 3% tax (not more than \$100,000)			NONE
36	Income tax on the amount on line 34  Trusts Taxable at Trust Rates. See instructions for tax computation on page 16. Income tax on	35c		NONE
0.0	the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041)	36		
37	Proxy tax. See page 16 of the instructions	37		_
38	Alternative minimum tax	38		
39	Total. Add lines 37 and 38 to line 35c or 36, whichever applies			NONE
Par				
40 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a			
b	Other credits (see page 17 of the instructions)			
C	General business credit. Attached Form 3800			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)			
е	Total credits. Add lines 40a through 40d	40e		_
41	Subtract line 40e from line 39	41		NONE
42	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule),	42		
43	Total tax. Add lines 41 and 42	43	-	NONE
44a	Payments: A 2007 overpayment credited to 2008			
b	2008 estimated tax payments	-		
C	Tax deposited with Form 8868	1		
d	Foreign organizations: Tax paid or withheld at source (see instructions)			
e	Backup withholding (see instructions)	1		
f	Form 4136 Other Total ▶ 44f			
45	Total payments. Add lines 44a through 44f	45		
46	Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached	46	_	
47	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed			NONE
48	Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48		NONE
Par		-10	_	NONE
1	At any time during the 2008 calendar year, did the organization have an interest in or a signature or other authorit		Yes	No
-	account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1,	The second second second second	100	119
	Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶			х
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trust?		X
	If YES, see page 5 of the instructions for other forms the organization may have to file.			
3	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$			
Sch	edule A - Cost of Goods Sold. Enter method of inventory valuation ▶			
1	Inventory at beginning of year . 1 6 Inventory at end of year	6		
2	Purchases			
3	Cost of labor	7.00		
4 a	Additional section 263A costs Part I, line 2	7	1	
	(attach schedule) 4a 8 Do the rules of section 263A (w		-	No
	Other costs (attach schedule) , 4b property produced or acquired for	1,5		
5	Total. Add lines 1 through 4b · 5 to the organization?			is true
Sig	correct, and complete. Declaration of preparer (other than targever) is based on all information of which preparer has any knowledge	or my memorage and	D GIJGIJ, TE	is single
Her	LID CLIENT COPY	lay the IRS discuss ne preparer shown b		
			Yes	No
	Preparer's Date Charlette	Preparer's SSN o		
Paid	signature   Kalan   8/11/2010 self-employed	P00173	718	
	parer's Firm's name (or Mycc H	-0869721	-	
USE	Only yours if self-employed), address, and ZIP code 7979 E. TUFTS AVE., #400 Phone no. 303-			
	DENVER, CO 80237-2843		990-T	(2008)

AHIZAJ N752

Schedule C - Rent Incom (see instructions on page		perty	and Personal Prope	erty l	Leased Wit	h Real Prope	rty)	
1 Description of property								
(1)								
(2)								
(3)								
(4)								
a	2 Rent received	or accru	ued		9			
(a) From personal property (if the for personal property is more than 50%	nan 10% but not	percen	From real and personal pro stage of rent for personal pro or if the rent is based on pro	perty e	exceeds			nected with the income in attach schedule)
(1)		-						
(2)								
(3)								
(4)								
		Total		_				
Total		Total		_		b) Total deduct	ions.	
(c) Total income. Add totals of c					14	Enter here and or	n page 1,	2.54
here and on page 1, Part I, line 6			75.2 35W, C13. VI			Part I, line 6, colu	mn (B) .	
Schedule E - Unrelated D	ebt-Financed Inc	ome (s	see instructions on pa	ge 19				
			2 Gross income from	or	3 Deduc	tions directly conn debt-finance		or allocable to
1 Description of de	ebt-financed property		allocable to debt-finance property		(a) Straight (attach	line depreciation schedule)	(b	Other deductions attach schedule)
(1)				-				
			+	-				
(2)				-				
(3)				-				
(4)				_				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted or allocable t debt-financed pro (attach schedu	o operty	6 Column 4 divided by column 5			ome reportable x column 6)		locable deductions n 6 x total of columns 3(a) and 3(b))
(1)				%				
(2)				%				
(3)				%				
(4)				%				
Totals  Total dividends-received deduces the contract of the c		s, and			Part I, line 7,		Part I,	nere and on page 1, line 7, column (B). n page 20)
1 Name of controlled organization	2 Employer identification numb		3 Net unrelated income	4 To	otal of specified	5 Part of column included in the		6 Deductions directly connected with income
			(loss) (see instructions)	pa	yments made	organization's gro	ss income	in column 5
(1)	)							
(2)								
(3)	1							
(4)				1				
Nonexempt Controlled Orga	nizations	_		_		L		1
monexempt controlled Orga			Trace and	_	10 Pad	of column 9 that is	- 1	1 Deductions directly
7 Taxable Income	8 Net unrelated (loss) (see instru		9 Total of specific payments made		include	ed in the controlling ation's gross income	CO	nnected with income in column 10
(1)								
(2)					41			
(3)							7	
(4)								
					Enter here	nns 5 and 10. and on page 1, 8, column (A).	Enter	columns 6 and 11. here and on page 1, l, line 8, column (B).
Totals								Form 990-T (200

1 Description of income	2 Amount of	7 7 7 7		3 Deductions directly connected (attach schedule)		4 Set-asid (attach sche	es	5 Total dedu and set-aside plus col	s (col. 3
(1)					_ # #       -				
(2)									
(3)									
(4)		1							
	Enter here and Part I, line 9, co							Enter here and Part I, line 9, co	
Totals									
Schedule I - Exploited Exc	empt Activity In	come Othe	r Th	an Advertising In	come (se	e instructio	ns on page	21)	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly conne with productio unrelated busin income	cted	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols, 5 through 7.	5 Gross from acti is not un business	income vity that related	6 Expenses attributable to column 5	7 Excess exper (column column s more colum	nses 6 minus 5, but not than
(1)						- 11			
(2)									
			-						
(3)								-	
(4)	Enter here and on	Enter here an	d on			4		Enter he	ro and
Totals	page 1, Part I, line 10, col. (A).	page 1, Pan line 10, col.	t.I.					on pag Part II, I	ge 1.
Schedule J - Advertising In		uctions on na	ana 2	1)					
Part I Income From Per	louicais Repor	led on a Co	11501	luateu Dasis					
1 Name of periodical	2 Gross advertising income	3 Direct advertising c		4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circi inco	COLUMN TO THE REAL PROPERTY OF THE PERSON OF	6 Readership costs	7 Excess r costs (co minus co but not m colum	olumn 6 olumn 5, nore than
(1) STMT 1									
(2)									
(3)									
(4)		1							
107									
Totals (carry to Part II, line (5))	7/6 1/19	357,8	12	388, 297.	7,	1,248.	636,17	8 38	8,297
Part II Income From Pe through 7 on a lin	riodicals Repor	ted on a Se	para	te Basis (For ea	ch perio	dical listed	in Part II,	fill in colum	ns 2
1 Name of periodical	2 Gross advertising income	3 Direct advertising o		4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circ	ulation ome	6 Readership costs	costs /c	olumn 5, nore than
(1) STMT 2									
(2)									
(3)		7							
(4)									
(5) Totals from Part I	746, 109. Enter here and on page 1, Part I,	357, 8 Enter here ar page 1, Pa line 11, col.	nd on					Enter h	18, 297 here and age 1, line 27.
Totals, Part II (lines 1-5) Schedule K - Compensation		357,8	12.	rustees (see instr	uctions or	nage 22)			88,297
1 Name	c or omoora, i		. 104 1	2 Title	3	Percent of le devoted to business		pensation attribu nrelated busines	
-							%		
Ş							%		
							%		
							%		_
Total. Enter here and on page 1,	Part II line 14								
Total. Effet fiele and on page 1,	raitii, line 14	*****	* * *	******			1	Form 991	0-T (200

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

84-0738973

YEAR	NOL GENERATED	NOL UTILIZED	NOL CARRYOVER
9/30/1999	66,288	(1,789)	64,499
9/30/2000	59,976	8	59,976
9/30/2001	8,795		8,795
9/30/2002	69,776	4	69,776
9/30/2003	-	4	1
9/30/2004	7		-
9/30/2005		-	+
9/30/2006	122,578	140	122,578
9/30/2007	21,479	· ·	21,479
9/30/2008	3	4	-
9/30/2009		-	
	348,892		347,103

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

ci.	mi				
GROSS	DIRECT	4.	ພາ	9.	EXCESS
ADVERTISING	ADVERTISING	ADVERTISING	CIRCULATION	READERSHIP	READERSHIP
TACOME	COSTS	GAIN OR LOSS	INCOME	COSTS	COSTS
*******	II.		930000	0 0 0 0	00000
281,109.	266, 431.		42, 437.	302, 464.	
465,000,	91,381.		31, 811.	333, 714.	
	-			11111111111	
746,109.	357,812,	388, 297.	74,248.	636,178.	388, 297.
				***************************************	11 11 11 11 11 11 11 11 11 11 11 11 11

STATEMENT

NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC.

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

r-	EXCESS	READERSHIP	STSCO	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		388, 297.	 388, 297.	000000000000000000000000000000000000000	
	só.	READERSHIP	COSTS	***************************************					
	vi	CIRCULATION	INCOME						
	45	ADVERTISING	GAIN OR LOSS	*******					
ě	DIRECT	ADVERTISING	COSTS			357,812.	 357,812.	***************************************	
.;	GROSS	ADVERTISING	INCOME			746,109.	746,109.		
		1-1	NAME OF PERIODICAL		PART II TOTALS	PART I TOTALS	SCHEDULE J TOTALS		

STATEMENT 2

1647-00 DJE

\* \* \* \* \*

National Cattlemen's Beef Association, Inc.
Instructions for filing
Form 112
Colorado State C Corporation Income Tax Return

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

\* \* \* \* \*

Signature . . .

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

Filing . . .

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

Colorado Department of Revenue Denver, CO 80261-0006

No tax due . . .

There is no tax due for the current year.

### DEPARTMENTAL USE ONLY

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

### 2008 Form 112 Colorado State C Corporation Income Tax Return

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

Name		Colorado Account Number
	NATIONAL CATTLEMEN'S BEEF ASSOCIATION, INC.	•
Address	9110 E. NICHOLS AVENUE, #300	Federal Employer Identification Number
City, Sta	And the Miller and a	P
10/1/01	CENTENNIAL CO 80112	84-0738973
IF YOU	DO NOT NEED A CORPORATE TAX BOOKLET MAILED TO YOU NEXT YEAR, CHECK THIS	вох
• A.	Apportionment of Income. This return is being filed for:  (42) A corporation not apportioning income;  (43) A corporation doing an interstate business apportioning income under the Colorado (44) A corporation doing an interstate business apportioning income under the Multistate (45) A corporation electing to pay a tax on its gross Colorado sales;  (47) Other, federal form filed 990 T	Income Tax Act (Attach Schedule A); Tax Compact (Attach Schedule B);
В.	Separate/Consolidated/Combined Filing. This return is being filed by:	
	An affiliated group of corporations electing to file a consolidated return. (Warning: such e	ch Schedule C);
		AMOUNTS TO THE NEAREST DOLLAR
11.50	KOOND ALL	AMOUNTS TO THE NEAREST DOLLAR
	deral taxable income from Form 1120	NONE 00
2 Fe	deral taxable income of companies not included in this return	.00
3 Ne	et federal taxable income, line 1 minus line 2	NONE.00
Ad	Iditions to federal taxable income	
4 Fe	deral net operating loss deduction	.00
5 Cc	olorado income tax deduction	5 .00
6 UI	ner additions, attach explanation	6 .00
7 To	tal of lines 3 through 6	7 NONE.00
	btractions from federal taxable income	
8 Ex	empt federal interest	.00
9 Ex	cludable foreign source income	9 .00
10 Cc	cludable foreign source income florado source capital gain (asset acquired on or after 5/9/94, held five years)	17.0
11 Ot	her subtractions, attach explanation	11 .00
12 10	tal of lines 8 through 11	.00
13 Mc	odified federal taxable income, line 7 minus line 12	NONE.00
14 Cc	blorado taxable income before net operating loss deduction	NONE 00
15 Cc	olorado net operating loss deduction	.00
16 CC	olorado taxable income, line 14 minus line 15	16 NONE.00

				Page
17 Tax, 4.63% of the amount on line 16		m 1	7	NONE.00
18 New investment tax credit from Form 112CR			8	.00
19 Enterprise zone investment tax credit from Form 112CR		• 1	9	.00
20 Enterprise zone employee credits from Form 112CR			0	.00
21 Enterprise zone contribution credit from Form 112CR			1	.00
22 Other enterprise zone credits from Form 112CR			2	.00
23 Alternative fuel vehicle credit from Form 112CR			3	.00
24 Alternative fuel refueling facility credit from Form 112CR			4	.00
25 Gross conservation easement credit from Form 112CR			5	.00
26 Other credits from Form 112CR			6	.0.
27 Total credits, total of lines 18 through 26			7	.0
28 Net tax, line 17 minus line 27			8	NONE.0
29 Recapture of prior year credits			9	.0
30 Total of lines 28 and 29			0	NONE.0
31 Estimated tax and extension payments and credits			1	.0
32 Penalty, also include on line 35 if applicable			2	.0
33 Interest, also include on line 35 if applicable		• 3	3	.0
34 Estimated tax penalty, also include on line 35 if applicable			4	.0
35 If amount on line 30 exceeds amount on line 31, enter amoun			5	NONE.0
36 Overpayment, line 31 minus line 30			6	.0
37 Overpayment to be credited to estimated tax			7	.0
38 Overpayment to be refunded			8	.0
The State may convert your check to a one time electronic banking transa State. If converted, your check will not be returned. If your check is rejecte the payment amount directly from your bank account electronically.  C. The corporation's books are in care of:	ction. Your bank ac			
State. If converted, your check will not be returned. If your check is rejecte	ction. Your bank ac	count may be debite nt or uncollected fund Telephone Number	s, the Departm	
State. If converted, your check will not be returned. If your check is rejecte the payment amount directly from your bank account electronically.  C. The corporation's books are in care of:  Name  DOUG EVANS	action. Your bank ac	count may be debite nt or uncollected fund	s, the Departm	ent of Revenue may collec
State. If converted, your check will not be returned. If your check is rejected the payment amount directly from your bank account electronically.  C. The corporation's books are in care of:  Name  DOUG EVANS  Address	ction. Your bank ac ed due to insufficient	Telephone Number	0.5 State	ent of Revenue may collect
State. If converted, your check will not be returned. If your check is rejecte the payment amount directly from your bank account electronically.  C. The corporation's books are in care of:  Name  DOUG EVANS	action. Your bank ac	Telephone Number	s, the Departm	ent of Revenue may collec
State. If converted, your check will not be returned. If your check is rejected the payment amount directly from your bank account electronically.  C. The corporation's books are in care of:  Name  DOUG EVANS  Address	City  CENTEN	Telephone Number	0.5 State	ent of Revenue may collect
State. If converted, your check will not be returned. If your check is rejected the payment amount directly from your bank account electronically.  C. The corporation's books are in care of:  Name  DOUG EVANS  Address  9110 E. NICHOLS AVENUE, #300	City  CENTEN	Telephone Number	0.5 State	ent of Revenue may collect
State. If converted, your check will not be returned. If your check is rejected the payment amount directly from your bank account electronically.  C. The corporation's books are in care of:  Name  DOUG EVANS  Address  9110 E. NICHOLS AVENUE, #300  D. Business code number per federal return • 54190	City  CENTEN	Telephone Number	0.5 State	ent of Revenue may collect
State. If converted, your check will not be returned. If your check is rejected the payment amount directly from your bank account electronically.  C. The corporation's books are in care of:  Name  DOUG EVANS  Address  9110 E. NICHOLS AVENUE, #300  D. Business code number per federal return • 54190  E. Year corporation began doing business in Colorado • 1996	City  CENTEN	Telephone Number	0.5 State	ent of Revenue may collect
State. If converted, your check will not be returned. If your check is rejected the payment amount directly from your bank account electronically.  C. The corporation's books are in care of:  Name  DOUG EVANS  Address  9110 E. NICHOLS AVENUE, #300  D. Business code number per federal return • 54190  E. Year corporation began doing business in Colorado • 1996  F. Kind of business in detail:	City  CENTEN	Telephone Number	0.5 State	ent of Revenue may collect
State. If converted, your check will not be returned. If your check is rejected the payment amount directly from your bank account electronically.  C. The corporation's books are in care of:  Name  DOUG EVANS  Address  9110 E. NICHOLS AVENUE, #300  D. Business code number per federal return • 54190  E. Year corporation began doing business in Colorado • 1996  F. Kind of business in detail:  ADVERTISING  G. Has the Internal Revenue Service made any adjustments in the colorado.	City CENTEN	Telephone Number 303-694-03	0.5 State CO	zip 80112
State. If converted, your check will not be returned. If your check is rejected the payment amount directly from your bank account electronically.  C. The corporation's books are in care of:  Name  DOUG EVANS  Address  9110 E. NICHOLS AVENUE, #300  D. Business code number per federal return • 54190  E. Year corporation began doing business in Colorado • 1996  F. Kind of business in detail:  ADVERTISING  G. Has the Internal Revenue Service made any adjustments in the colorado.	City CENTEN	Telephone Number 303-694-03	0.5 State CO	zip 80112
State. If converted, your check will not be returned. If your check is rejected the payment amount directly from your bank account electronically.  C. The corporation's books are in care of:  Name  DOUG EVANS  Address  9110 E. NICHOLS AVENUE, #300  D. Business code number per federal return • 54190  E. Year corporation began doing business in Colorado • 1996  F. Kind of business in detail:  ADVERTISING  G. Has the Internal Revenue Service made any adjustments in the colorado.	City CENTEN	Telephone Number 303-694-03	0.5 State CO	ZIP 80112
State. If converted, your check will not be returned. If your check is rejected the payment amount directly from your bank account electronically.  C. The corporation's books are in care of:  Name  DOUG EVANS  Address  9110 E. NICHOLS AVENUE, #300  D. Business code number per federal return • 54190  E. Year corporation began doing business in Colorado • 1996  F. Kind of business in detail:  ADVERTISING  G. Has the Internal Revenue Service made any adjustments in the colorado.	City CENTEN  City CENTEN  O	Telephone Number 303-694-03  NI AL  or tax or have you ar(s)?	0.5 State CO	zip 80112
State. If converted, your check will not be returned. If your check is rejected the payment amount directly from your bank account electronically.  C. The corporation's books are in care of:  Name  DOUG EVANS  Address  9110 E. NICHOLS AVENUE, #300  D. Business code number per federal return • 54190  E. Year corporation began doing business in Colorado • 1996  F. Kind of business in detail:  ADVERTISING  G. Has the Internal Revenue Service made any adjustments in the coat any time during the last four years?  Yes X No 19	City CENTEN  City CENTEN  City CENTEN  City CENTEN  Comporation's income	Telephone Number 303-694-03  NI AL  or tax or have you ar(s)?  ederal Agent's reports?	0.5 State CO filed amended Yes of my knowle	ZIP 80112
State. If converted, your check will not be returned. If your check is rejected the payment amount directly from your bank account electronically.  C. The corporation's books are in care of:  Name  DOUG EVANS  Address  9110 E. NICHOLS AVENUE, #300  D. Business code number per federal return • 54190  E. Year corporation began doing business in Colorado • 1996  F. Kind of business in detail:  ADVERTISING  G. Has the Internal Revenue Service made any adjustments in the coat any time during the last four years?  Did you file amended Colorado returns to reflect such changes or sub Under penalties of perjury in the second degree, I declare that I have	City CENTEN  Comporation's income	Telephone Number 303-694-03  NI AL  or tax or have you ar(s)?  ederal Agent's reports?  turn and to the best h preparer has any ki	0.5 State CO  filed amended Yes of my knowlenowledge.	ZIP 80112  federal income tax return  X No dge it is true, correct and
State. If converted, your check will not be returned. If your check is rejected the payment amount directly from your bank account electronically.  C. The corporation's books are in care of:  Name  DOUG EVANS  Address  9110 E. NICHOLS AVENUE, #300  D. Business code number per federal return • 54190  E. Year corporation began doing business in Colorado • 1996  F. Kind of business in detail:  ADVERTISING  G. Has the Internal Revenue Service made any adjustments in the coat any time during the last four years?  Did you file amended Colorado returns to reflect such changes or subtunder penalties of perjury in the second degree, I declare that I have complete. Declaration of preparer (other than taxpayer) is based on all in	City CENTEN  City CENTEN  O  City CENTEN  Centen  City CENTEN  Comporation's income If Yes, for which year  Comit copies of the Ferent copies of the Ferent copies of which  Name	Telephone Number 303-694-03  NI AL  or tax or have you ar(s)?  caderal Agent's reports?  turn and to the best h preparer has any kills and telephone number	0.5 State CO  filed amended Yes of my knowlenowledge.	ZIP 80112  federal income tax return.  X No dge it is true, correct and
State. If converted, your check will not be returned. If your check is rejected the payment amount directly from your bank account electronically.  C. The corporation's books are in care of:  Name  DOUG EVANS  Address  9110 E. NICHOLS AVENUE, #300  D. Business code number per federal return • 54190  E. Year corporation began doing business in Colorado • 1996  F. Kind of business in detail:  ADVERTISING  G. Has the Internal Revenue Service made any adjustments in the coat any time during the last four years?  Did you file amended Colorado returns to reflect such changes or subtended the complete. Declaration of preparer (other than taxpayer) is based on all in Signature  CLIENT COPY	City CENTEN  City CENTEN  O  City CENTEN  Centen  City CENTEN  Centen  Comporation's income  If Yes, for which year  comit copies of the Ferendam of which Name  EKS	Telephone Number 303-694-03  NI AL  or tax or have you ar(s)?  dederal Agent's reports?  turn and to the best h preparer has any kills and telephone number.	State CO  filed amended Yes of my knowle nowledge. er of person or	ZIP 80112  federal income tax return  X No dge it is true, correct and
State. If converted, your check will not be returned. If your check is rejected the payment amount directly from your bank account electronically.  C. The corporation's books are in care of:  Name  DOUG EVANS  Address  9110 E. NICHOLS AVENUE, #300  D. Business code number per federal return • 54190  E. Year corporation began doing business in Colorado • 1996  F. Kind of business in detail:  ADVERTISING  G. Has the Internal Revenue Service made any adjustments in the coat any time during the last four years?  Did you file amended Colorado returns to reflect such changes or subtunder penalties of perjury in the second degree, I declare that I have complete. Declaration of preparer (other than taxpayer) is based on all in Signature	City CENTEN  City CENTEN  O  City CENTEN  Centen  City CENTEN  Centen  Comporation's income  If Yes, for which year  comit copies of the Ferendam of which Name  EKS	Telephone Number 303-694-03  NI AL  or tax or have you ar(s)?  caderal Agent's reports?  turn and to the best h preparer has any kills and telephone number	State CO  filed amended Yes of my knowle nowledge. er of person or	ZIP 80112  federal income tax return.  X No dge it is true, correct and

YEAR	NOL GENERATED	NOL UTILIZED	NOL CARRYOVER
9/30/1997	99,269	(13,176)	86,093
9/30/1998	40,308	-	40,308
9/30/1999	66,288	- 4	66,288
9/30/2000	59,976	2	59,976
9/30/2001	8,795	+	8,795
9/30/2002	69,776		69,776
9/30/2003	9	4.4	
9/30/2004	4	4	_
9/30/2005	1.0		
9/30/2006	122,578		122,578
9/30/2007	21,479	40	21,479
9/30/2008		5	-
9/30/2009	4		
	488,469		475,293

### Form 990

Department of the Treasury Internal Revenue Service **Return of Organization Exempt From Income Tax** 

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

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

2010 Open to Public

AF	or the	2010 calendar year, or tax year beginning INC	JV 1, ZUIU a	and ending S	EP 30, ZULL				
B c	heck if oplicable:	C Name of organization			D Employer identifi	cation number			
	Address	NEVADA CATTLEMEN'S ASSO	CIATION						
1	Name change	Doing Business As	N. 342323 (2.1)		88-6004337				
Ē	Initial return	Number and street (or P.O. box if mail is not deli	vered to street address)	Room/suite	E Telephone numbe	r.T. J. No. T. J.			
-	Termin- ated Amende	P. O. BOX 310			775-	738-9214			
H	return	City or town, state or country, and ZIP + 4			G Gross receipts \$	485,817.			
-	Applica- tion pending	ELKO, NV 89803-0310	TAN DROUBL		H(a) Is this a group re				
		F Name and address of principal officer: MEGI 285 TENTH ST., ELKO, NV	89801		for affiliates? H(b) Are all affiliates inc	Yes X No			
1.7	מע מעמר		◀ (insert no.) 4947(a	)(1) or 527					
		: N/A	(IIISEIT 110.) [] 4347 (a	(1) 01 321	H(c) Group exemptio	list. (see instructions)			
			sociation Other	I. Voor		State of legal domicile; NV			
		Summary	Sociation Other	IL real	di ilamiation. 1959 N	A State of legal domiche, 14 V			
		riefly describe the organization's mission or most	significant activities: TO	ASSIST	CATTLE AND	HORSE			
nce	G	ROWERS IN THE STATE OF N	EVADA BY GIVI	NG GROUP	REPRESENTA				
rna	2 0	heck this box 🕨 📖 if the organization discor	tinued its operations or di	sposed of more	than 25% of its net as	ssets.			
ove	1 C U	umber of voting members of the governing body	(C - + ) (I   I - + - )		3	0			
Ö		umber of independent voting members of the gov				0			
SS		otal number of individuals employed in calendar y				2			
vitie		otal number of volunteers (estimate if necessary)				0			
Activities & Governance	7a T	otal unrelated business revenue from Part VIII, co	lumn (C), line 12		7a	0.			
ď	bN	et unrelated business taxable income from Form	990-T, line 34		7b	0.			
		A PROPERTY OF THE PROPERTY OF	6. 9		Prior Year	Current Year			
o	8 C	ontributions and grants (Part VIII, line 1h)			72,168.	78,495.			
E.	9 P				33,371.	40,523.			
Revenue	100000000000000000000000000000000000000	vestment income (Part VIII, column (A), lines 3, 4,			4,310.	5,402.			
Œ		ther revenue (Part VIII, column (A), lines 5, 6d, 8c			53,204.	61,307.			
		otal revenue - add lines 8 through 11 (must equal			163,053.	185,727.			
-11	13 G	rants and similar amounts paid (Part IX, column (	A), lines 1 3)		0.	0.			
	14 B	enefits paid to or for members (Part IX, column (A	), line 4)	(***************************	0.	0.			
es		alaries, other compensation, employee benefits (F			70,686.	68,916.			
Expenses	16a P	rofessional fundraising fees (Part IX, column (A), I	ne 11e)		0.	0.			
dx		otal fundraising expenses (Part IX, column (D), line							
ш		ther expenses (Part IX, column (A), lines 11a-11d,			92,284.				
4		otal expenses. Add lines 13-17 (must equal Part I			162,970.				
- 10	19 R	evenue less expenses. Subtract line 18 from line	12	numeran .	83.	26,196.			
Net Assets or Fund Balances				Be	ginning of Current Year	End of Year			
Ssel	20 T			variation .	338,245.	334,238.			
etA	21 T	otal liabilities (Part X, line 26)			119,911.	89,708.			
ZI D	22 N	et assets or fund balances. Subtract line 21 from Signature Block	line 20		218,334.	244,530.			
			took diese een beween deer bek	abiles and states	and and to the heat of m	or because and battef. It to			
		ies of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than office			Total Control of the	ly knowledge and belief, it is			
uue,	currect,	and complete. Declaration of preparer (other than office	r) is based on all information	of which prepare	nas any knowledge.				
Ci-		Signature of officer			Date				
Sign		하는 경찰 이상을 되었다. 이 경험은 그는 사람이 그 사람이 되었다.	E DIRECTOR						
Her	e	Type or print name and title	E DIRECTOR						
_		Print/Type preparer's name	Preparer's signature		Date Check	II PTIN			
Paid		TERI GAGE	1 1 Sparot a digitatora		if self-employ				
		irm's name KAFOURY, ARMSTRO	NG & CO.		Firm's EIN				
	Only	irm's address 975 FIFTH STREET			, and o care				
	10/0/	ELKO, NV 89801			Phone no. 7	75-738-5134			
May	the IR	S discuss this return with the preparer shown abo	ve? (see instructions)		Transaction 1	X Yes No			

Briefly describe the				
TO ASSIST				and the second distance of the second
Did the organization	n undertake any significant program	n services during the year which were not	listed on	
				Yes X No
If "Yes," describe t	hese new services on Schedule O.			
If "Yes," describe t	hese changes on Schedule O.			Yes X No
Section 501(c)(3) a	nd 501(c)(4) organizations and sect	tion 4947(a)(1) trusts are required to report	the amount of grants and	
		40		
		( )		
		W 6		
(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	
		1		
		V/		
	10			
		7		
(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	
, 1, 1, 1, 1, 1, 1				
Other program ser (Expenses \$	vices. (Describe in Schedule O.) including grants	of \$ ) (Revenue \$	ŷ	
	GROUP REPI CATTLEMEN  Did the organizatio the prior Form 990 If "Yes," describe the Did the organizatio If "Yes," describe the exem Section 501(c)(3) a allocations to other (Code:  (	GROUP REPRESENTATION AND COCATTLEMEN  Did the organization undertake any significant program the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant program in the prior Form 990 or 990-EZ?  If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each section 501(c)(3) and 501(c)(4) organizations and sect allocations to others, the total expenses, and revenue (Code:) (Expenses \$	GROUP REPRESENTATION AND CONSIDERATION TO PROBLE CATTLEMEN  Did the organization undertake any significant program services during the year which were not the prior Form 990 or 990-E27 if "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any pro if "Yes," describe these changes on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any pro if "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report allocations to others, the total expenses, and revenue, if any, for each program service reported (Code:) (Expenses \$	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.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  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.  Section 501(62) and 501(61)9 organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  (Code:

### Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	14	х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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		х
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		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?  If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	10		
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	х	
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
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		х
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		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	- 1	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? 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		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	1	X
	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		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
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		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
20a		20a		X
	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)		1	( )
_	The state of the s		000	10.00

Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? 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 \$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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Ti,	х
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? If "Yes," complete Schedule L, Part III	27		х
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	1.4	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	121	X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	F	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? If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity?  If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		x
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes X No			
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	(2010)

Form 990 (2010) NEVADA CATTLEMEN'S ASSOCIATION

Part V Statements Regarding Other IRS Filings and Tax Compliance

Enter the number reported in Box 3 of Form 1006. Enter 0- if not applicable    To   December   Dece		Check if Schedule O contains a response to any question in this Part V				*****	
be first the number of Forms W-26 included in line 1a. Enter-O-II not applicable  Did the organization comply with backup withholding rules for proportable payments to vendors and reportable garming (gambling) winnings to prize winners?  2a. Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements.  Red for the calendar year ending with or within the year covered by this return  18		AND THE PROPERTY STATE OF THE PARTY STATE OF THE PA				Yes	No
bit the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gambling) winnings to pizze withories?  2	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			112
Gamblingly winnings to prize winners?  Better the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, leading the control of the calendar year ending with or within the year covered by this return  Better the calendar year ending with or within the year covered by this return  Note, if the sum of lines 1 and 2 as greater than 250, you may be required to ef-the, (see instructions)  By If Yea, 1 seu mol flines 1 and 2 as greater than 250, you may be required to ef-the, (see instructions)  By If Yea, 1 set life all 6 or most port for the year If 1 thos, provide an explanation as Facefule 0  By If Yea, 1 set life all 6 or most port for the year If 1 thos, provide an explanation as Facefule 0  By If Yea, 2 set a file all 6 or most port of the year If 1 thos, provide an explanation as Facefule 0  By If Yea, 2 set a file a form 900 Port of the year If 1 thos, provide an explanation of the financial account;  By If Yea, 2 set a file a form 900 Port of the year If 1 thos, provide an explanation of the financial account;  By If Yea, 3 set a file a form 900 Port of Fore 1 those 1 th	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
22 In the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, Red for the cachedraryees ending with or within the year covered by this return  15 If all least one is reported on line 2a, did the organization file all required federal employment tax returns?  15 Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions)  16 If or organization have unrelated business gross income of \$1,000 or more during the year?  16 If Yes, "has if filed a Form 990°F for this year? If "No," provide an explanation in Schedule O  16 If Yes, and a file of editing the calendary ears, did the organization have an interest in, or a signature or other authority over, a financial account, a foreign country (such as a bank account, securities account, or other financial account)?  16 If "Yes," an interest the name of the foreign country?  16 If "Yes," an interest in, or a signature or other authority over, a financial account, and the foreign country?  16 If Yes, and an interest in, or a signature or other authority over, a financial account, and the file of the properties of the foreign country?  16 If "Yes," and an interest in, or a signature or other authority over, a financial account, and the file of the foreign country?  17 If Yes, it lens is a rost, old the organization that it was or is a party to a prohibited tax enhancer for the financial Accounts.  18 If Yes, it lens is a rost, old the organization that it was or is a party to a prohibited tax enhancer foreign country.  18 If Yes, it lens the organization half it was or is a party to a prohibited tax enhancer foreign country.  19 If Yes, it lens the organization half it was or is a party to a prohibited tax enhancer foreign country.  19 If Yes, it lens the organization half it was or is a party to a prohibited tax enhancer foreign country.  19 If Yes, it is the organization half it was or is a party to a prohibited tax enhancer foreign country.  20 If Yes, it is the organization half it is the organi	C						
Heef for the calendary year ending with or within the year covered by this return   2a				····	1c		
b If all east one is reported on line 2e, did the organization file all required deferal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a X  3b If "Yes," has it filed a Form 90-T for this year? If "No," provide an explanation in Schedule O  3a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foveign country (such as a bank account, securities account, or other financial accountly?  4a At any time eth the name of the foreign country:  5b If "Yes," after the name of the foreign country:  5c If "Yes," to line 5a or 5b, did the organization that If was or is a party to a prohibited tax ehelter transaction that If was or is a party to a prohibited tax ehelter transaction?  5c If "Yes," to line 5a or 5b, did the organization that If was or is a party to a prohibited tax ehelter transaction?  5c If Yes, to line 5a or 5b, did the organization that If was or is a party to a prohibited tax ehelter transaction?  5c If Yes, to line 5a or 5b, did the organization file Form 888617  6c If Yes, to line 5a or 5b, did the organization induce with every solicitation an express statement that such contributions or gifts were not tax deductible?  6d If Yes, if did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6d If Yes, if did the organization notify the donor of the value of the good sor sen/ces provided?  7d If Yes, if indicate the number of Forms 8282 field during the year  7d If Yes, indicate the number of Forms 8282 field during the year  7d If Yes, indicate the number of Forms 8282 field during the year  9d If If Yes, indicate the number of Forms 8282 field during the year  10 Did the organization received a contribution of qualified intelecture, on a personal benefit	2a			- N			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions)  3a Did the organization have unrelated subsiness gross income of \$1,000 or more during the year?  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 (and the organization have an interest in, or a signature or other authority over, a financial account in a foreign country the subsidier of the foreign country. ►  5a Was the organization party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization party to a prohibited tax shelter transaction at any time during the tax year?  5b If Yes, "either the name of the foreign country. ►  5c If Yes, "in the sax of 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5b If Yes, "in 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?  5c If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  5c If Yes, "did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible?  5c Organizations that may receive deductible contributions under section 170(c).  6c If Yes, "did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible?  6c If Yes, "did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible?  6c If Yes, "did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible?  6d If Yes, "include on Great Party solicy the organization and services provided?  7c If If Yes, "include the organization include with				2		22	
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  3b If Yes, 'has it filed a Form 990-T for this year? If *No, 'provide an explanation in Schedule O  3c If Yes, 'has it filed a Form 990-T for this year? If *No, 'provide an explanation in Schedule O  3c If Yes, 'has it filed a Form 990-T for this year? If *No, 'provide an explanation in Schedule O  3c If Yes, 'has it filed a Form 990-T for this year? If *No, 'provide an explanation in Schedule O  3c If Yes, 'has it filed a Form 990-T for this year? If Yes, 'the If Yes, 'to limp the year?  3c If Yes, 'to limp the calculation of the Yes, 'to limp the Yes, 't	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	X	
b   1"Yes,* has it filled a Form 99.0⊤ for this year? If 1"No.* provide an explanation in Schedule O  At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account?  b   1"Yes,* enter the name of the foreign country: ►  See instructions for filing requirements for Form TO F 90.22.1, Report of Foreign Bank and Financial Accounts.  Sea was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  b   25   25   25   25   25   25   25   2							
All any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account?  **See instructions for fining requirements for Form TD F 90-22.1, Report of Foreign Bank and Eniancial Accounts.  **See instructions for fining requirements for Form TD F 90-22.1, Report of Foreign Bank and Eniancial Accounts.  **See instructions for fining requirements for Form TD F 90-22.1, Report of Foreign Bank and Eniancial Accounts.  **See instructions for fining requirements for Form TD F 90-22.1, Report of Foreign Bank and Eniancial Accounts.  **See instructions for fining requirements for Form TD F 90-22.1, Report of Foreign Bank and Eniancial Accounts.  **See instructions for fining requirements for Form TD F 90-22.1, Report of Foreign Bank and Eniancial Accounts.  **See instructions of See					3a		
financial account in a foreign country; fouch as a bank account, securities account, or other financial account?  b if Yes,* enter the name of the foreign country;  See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If Yes,* to line 5a or 5b, did the organization file Form 886-7?  5b 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  5b If Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6b Uses the organization that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made party as a contrabution and party by regords and services provided to the payor?  5c Did the organization notify the donor of the value of the godors or express provided?  7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282?  6c If Yes,* indicate the number of Forms 8282 filed during the year  6d If Yes,* indicate the number of Forms 8282 filed during the year  6d If Yes,* indicate the number of Forms 8282 filed during the year  6d If Yes,* indicate the number of Forms 8282 filed during the year  6d If Yes,* indicate the number of Forms 8282 filed during the year  6d If Yes,* indicate the number of Forms 8282 filed during the year  6d If Yes,* indicate the number of Forms 8282 filed during the year  7d If If the organization received a contribution of qualified intellectual property, clid the organizations. Did the supporting organizations maintaining donor advised funds and section \$90(a) (a) supporti					3b	X	
b if "Yes," enter the name of the foreign country; P  5a Was the organization per equirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization of per	4a						
See instructions for filing requirements for Form TD F90-22.1, Report of Foreign Bank and Enancial Accounts.  5 Was the organization a party to a peribbled tax shelter transaction at any time during the tax year?  5 Was the organization a party to a peribbled tax shelter transaction at any time during the tax year?  5 Was the organization and provided that it was or is a party to a prohibited tax shelter transaction?  5 Was 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?  5 Was the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles are contributions under section 170(c).  6 Was the organization receive apyment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7 Organizations that may receive deductible contributions under section 170(c).  8 Was the "Yes," did the organization notify the donor of the value of the goods or services services provided to the payor?  7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Elied during the year  9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  10 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  11 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07  12 Sponsoring organizations maintaining donor advised funds and section 504(a) supporting organizations. Did the supporting organizations maintaining donor advised funds.  12 Did the organization make a distribution to a dionor, donor advised, funds.  13 Did the organization maintaining donor advised funds.  14 Did the organization maintaining donor advised funds.  15 Section 501(c)			accou	int)?	4a		X
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a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?  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  13b 13c  14a X	b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	i	
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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? 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?  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  13b  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X	а		10a				
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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 If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  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  13b  2 Indicator of the amount of reserves on hand  2 Indicator of the amount of reserves on hand  3 Indicator of the amount of reserves on hand  3 Indicator of the amount of reserves on hand  4 Indicator of the amount of reserves on hand  3 Indicator of the amount of reserves on hand  4 Indicator of the amount of reserves on hand  3 Indicator of the amount of reserves on hand  4 Indicator of the amount of reserves on hand  3 Indicator of the amount of reserves on hand  4 Indicator of the amount of the amount of reserves on hand  3 Indicator of the amount of the amount of reserves on hand  4 Indicator of the amount of the amount of the amount of the amount of reserves on hand  4 Indicator of the amount of the	11		1				
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 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?  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  13b  13b  14a X	а		11a				
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14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X							
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI		and the second	X
Sec	tion 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	0		N.
b	Enter the number of voting members included in line 1a, above, who are independent1b	0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			37
0	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			х
4	of officers, directors or trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6		- 1		X
7a	Does the organization have members or stockholders?  Does the organization have members, stockholders, or other persons who may elect one or more members of the	. 0		**
	governing body?	7a		х
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 the year			
	by the following:	144		
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	. 9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?		77	
4.0	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			v
	Does the organization have a written conflict of interest policy? If "No," go to line 13	. 12a		X
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	106		
	to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b		
·	in Schedule O how this is done	12c		10.0
13	Danish and in the Law and the state of the s			X
14	Does the organization have a written whistieolower policy?  Does the organization have a written document retention and destruction policy?	1 1		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b	1, 1	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		151	
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			100
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NV			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) availa	ole for		
	public inspection. Indicate how you make these available. Check all that apply.			
10	Own website Another's website X Upon request	a Laker		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy statements available to the public.	, and fina	incial	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organ	ization: h		
	MEGHAN BROWN - 775-738-9214  285 TENTH ST., ELKO, NV 89801	ization.		
	AUJ TENTH DI., EHRU, NV 03001			

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

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

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

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per	(c	(C) Position (check all that apply)					( <b>D</b> ) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated umployee	Formur	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
RON CERRI		4				1	h.,	1.00°		
PRESIDENT	5.00			X		1		0.	0.	0.
J, J, GOICOECHEA	2 00			44		- 0	th.			
PRESIDENT ELECT	3.00	-	-	X				0.	0.	0.
RON TORRELL 1ST VICE PRESIDENT	3.00			x	8		М.	0.	0.	0
JON GRIGGS	3.00	÷	-	Δ	F	-	-	0.	0.	0.
2ND VICE PRESIDENT	3.00	М.	de	X	П			0.	0.	0.
MEGHAN BROWN	3.00	10	-	21		÷	-	0.		0.
EXECUTIVE DIRECTOR	40.00	q	14	1				0.	37,515.	0
	<b>4</b>	À								
		1								
4.	1	ij			Ī					
	3-						Ĩ			
	S = 31									
			F	F						
				-	-					
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	H	H	+	-			
	-	-		-	+	-				
			-	H	-	1				

	(A) Name and title	(B) Average hours per	(c		Posi all t	ition	app	y)	( <b>D</b> ) Reportable compensation	(E) Reportable compensation		(F) Estima amour	ated
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуев	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC	)	other compensation from the organization and related organizations	
			9					I					
									1				
									Q-				
							0		3				
					ď					37,51			0
C	Sub-total Total from continuation sheets to Partotal (add lines 1b and 1c) Total number of individuals (including by	rt VII, Section A	olio.				A A A	no re	0 . 0 . 0 .	37,51	0.		0 0
	compensation from the organization	the second secon	-		8			10 10	salvad more triair \$100	,ooo iii reportabio	_	Ye	s No
3	Did the organization list any former offi line 1a? If "Yes," complete Schedule J : For any individual listed on line 1a, is th	for such individual	ú		111111			tereter		.,	[	3	х
5	and related organizations greater than Did any person listed on line 1a receive rendered to the organization? If "Yes,"	\$150,000? If "Yes, or accrue compe	" cc	imple tion t	ete S rom	Sch an	edule y unr	e J fo	or such individual ed organization or indivi	dual for services		5	x
Sec	tion B. Independent Contractors  Complete this table for your five highes										one		
	the organization. NONE		пер	ende	iii C	OHL	racio	ns u		\$100,000 of comp	ensi		
	(A) Name and busir							1	(B) Description of s	ervices	С	(C) ompensa	tion
-			-	_			_	+					_
							_						

	t VIII	Statement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns  Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f: \$  Total. Add lines 1a-1f	95. → 78,495.			
	2 a	NEVADA CATTLEMEN'S CON 99999		40,523.		
Program Service Revenue	d e		-			
۵	f	All other program service revenue	<b>▶</b> 40,523.	All .		
+	<u>g</u>	Total. Add lines 2a-2f  Investment income (including dividends, interest, and	40,523.	9		
	4	other similar amounts) Income from investment of tax-exempt bond proceeds	5,402.	5,402.		
	5	Royalties				
	c d	Gross Rents Less: rental expenses Rental income or (loss) Net rental income or (loss) Gross amount from sales of (i) Real (ii) Person (ii) Person (ii) Person (iii) Person (iii) Person (iii) Person (iii) Person (iii) Person	<b>P</b>			
	b	Less: cost or other basis and sales expenses Gain or (loss)				
Other Revenue		Net gain or (loss)  Gross income from fundraising events (not including \$ of contributions reported on line 1c). See  Part IV, line 18 a 311, 0				
#	b	Less: direct expenses b 300,0				
		Net income or (loss) from fundraising events  Gross income from gaming activities. See  Part IV, line 19	10,967.			10,967
		Less: direct expenses b				100
		Net income or (loss) from gaming activities  Gross sales of inventory, less returns				
		and allowances a  Less: cost of goods sold b  Net income or (loss) from sales of inventory	<b>&gt;</b>			
	11 a			50,340.		11/4
	С				la -	
	d	All other revenue	<b>▶</b> 50,340.			
		Total Add lines 11a-11d	50,340 185,727		0	. 10,967
03200 12-21-	12	Total revenue. See instructions.	103,121	50,205.		Form <b>990</b> (201)

#### Part IX | Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) (A) Total expenses (B) Program service expenses Do not include amounts reported on lines 6b. (C) (**D**) Fundraising Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in 2 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 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 62,982, Other salaries and wages 7 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits ,..... 5,934 Payroll taxes 10 11 Fees for services (non-employees): a Management 58 b Legal 4,200. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees f Advertising and promotion 12 5,451. Office expenses 13 Information technology 14 Royalties 15 14,993. 16 Occupancy 6,757. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 13,811. 19 20 Payments to affiliates 21 528. Depreciation, depletion, and amortization 22 690. 23 Insurance 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.) MISCELLANEOUS EXPENSE 16,878. PRINTING, PUBLICATIONS, 11,957. TELEPHONE 4,920. UNREALIZED LOSS ON INVE 4,607. SCHOLARSHIP EXPENSE 4,201. 1,564 All other expenses f 159,531. Total functional expenses. Add lines 1 through 24f 25 Joint costs. Check here | if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Form 990 (2010)
Part X | Balance Sheet

					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	Seature and a second	:200 Samulania	153,180.	1	158,095.
- 1	2	Savings and temporary cash investments			171,912.	2	171,481.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			8,816.	4	2,996.
- 1	5	Receivables from current and former officers, d				100	
		employees, and highest compensated employe of Schedule L	es. Complet	te Part II		5	
	6	Receivables from other disqualified persons (as 4958(f)(1)), persons described in section 4958(c employers and sponsoring organizations of sec employees' beneficiary organizations (see instru	der section contributing 9) voluntary		6		
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			40.	8	30
١.	9	Prepaid expenses and deferred charges	************	estration of the citation of the	3,584.	9	1,451.
		Land, buildings, and equipment: cost or other	T T		3,301.	3	1,151
	,,,,	basis. Complete Part VI of Schedule D	100	28,632.			
	h	Less: accumulated depreciation	10h	28,447.	713.	10c	185.
1	11	Investments - publicly traded securities	100		7201	11	200
- 1	12	Investments - other securities. See Part IV, line	11	***************************************		12	
	13	Investments - program-related. See Part IV, line			-	13	
	14	Intangible assets				14	
	15	Other assets See Part IV line 11					
	16	Other assets. See Part IV, line 11  Total assets. Add lines 1 through 15 (must equ			338,245.	15	334,238
1	17		The second second		4,435.		1,378
	18	Accounts payable and accrued expenses		antonominante com-	4,433.	17	1,370
П	19	Grants payable			115,476.	18	88,330
-1		Deferred revenue			113,470.	19	00,330
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
	22	Payables to current and former officers, director highest compensated employees, and disqualif	ied persons	. Complete Part II			
		of Schedule L				22	
	23	Secured mortgages and notes payable to unrel	The second secon			23	
	24	Unsecured notes and loans payable to unrelate		es		24	
- 1	25	Other liabilities, Complete Part X of Schedule D		III COMPANIE	110 011	25	00 700
+	26			7	119,911.	26	89,708
		Organizations that follow SFAS 117, check h lines 27 through 29, and lines 33 and 34.			100 150		
	27	Unrestricted net assets	***************************************		198,159.	27	224,960
	28	Temporarily restricted net assets			20,175.	28	19,570
	29	Permanently restricted net assets				29	
		Organizations that do not follow SFAS 117, complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building, or e	quipment fur	nd		31	
	32	Retained earnings, endowment, accumulated in	come, or ot	her funds		32	
	33	Total net assets or fund balances			218,334.	33	244,530.
- 1	34	Total liabilities and net assets/fund balances			338,245.	34	334,238.

Pa	Reconciliation of Net Assets  Check if Schedule O contains a response to any question in this Part XI		otomo	(1)	
1	Total revenue (must equal Part VIII, column (A), line 12)	41	18	5.7	27.
2	Total expenses (must equal Part IX, column (A), line 25)	2			31.
3	Revenue less expenses. Subtract line 2 from line 1	3			96.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			34.
5	Other changes in net assets or fund balances (explain in Schedule O)	5		7	0.
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	24	4,5	30.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			M
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
b	Were the organization's financial statements audited by an independent accountant?		2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	e audit,			х
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis		1. 1		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle 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 requi	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	animatian musik	3b		
			Form	990	(2010)

#### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements Complete if the organization answered "Yes," to Form 990,

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

➤ Attach to Form 990. ➤ See separate instructions.

2010
Open to Public Inspection

Name of the organization

NEVADA CATTLEMEN'S ASSOCIATION

Employer identification number

Pa	organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Accounts. Complete if the
	2 23 417 400 400 100 100 100 100 100 100 100 100	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advised	d funds
	are the organization's property, subject to the organization's e	xclusive legal control?	Yes N
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose co	onferring
-	impermissible private benefit?		Yes N
Pa	rt II   Conservation Easements. Complete if the orga		rt IV, line 7.
2	Purpose(s) of conservation easements held by the organization  Preservation of land for public use (e.g., recreation or ed  Protection of natural habitat  Preservation of open space  Complete lines 2a through 2d if the organization held a qualifier	ucation) Preservation of an histo	
	day of the tax year.		
			Held at the End of the Tax Yea
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic structure		
d	Number of conservation easements included in (c) acquired af listed in the National Register		e 2d
3	Number of conservation easements modified, transferred, released year	ased, extinguished, or terminated by the c	organization during the tax
4	Number of states where property subject to conservation ease	ement is located >	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	nolds?	Yes N
6	Staff and volunteer hours devoted to monitoring, inspecting, a		
7	Amount of expenses incurred in monitoring, inspecting, and er	forcing conservation easements during the	ne year > \$
8	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservation	n easements in its revenue and expense s	tatement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization		
	conservation easements.		
Pa	rt III Organizations Maintaining Collections of Complete if the organization answered "Yes" to Form 9		ner Similar Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC historical treasures, or other similar assets held for public exhibit the text of the footnote to its financial statements that describe	958), not to report in its revenue stateme oition, education, or research in furtheranc	
b			ar palacetta da como por a la como
D	If the organization elected, as permitted under SFAS 116 (ASC treasures, or other similar assets held for public exhibition, edurelating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical treas	sures or other similar assets for financial of	
-	the following amounts required to be reported under SFAS 116		gain, provide
a	이 그렇게 다시 살이 없는 것이 없다. 나를 다시면 다른 사람이 되었다면 나를 하는 것이 없는 것이 없다면 하는 것이 없다면 하는데		▶ \$
	Assets included in Form 990, Part X		

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	100000000000000000000000000000000000000			
b Buildings				
c Leasehold improvements		2.5		
d Equipment		26,422.	26,237.	185.
e Other		2,210.	2,210.	0 .
otal. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part X, colui	mn (B), line 10(c).)		185.

Schedule D (Form 990) 2010

(a) Description of security or category (including name of security)	(b) Book value		thod of valuation: d-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(E)			
(G)			
(H)			
(1)		A	
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.	.) • [	10	
Part VIII Investments - Program Relate	See Form 990, Part X, line		Maria de Barrola de Maria
(a) Description of investment type	(b) Book value		thod of valuation: d-of-year market value
(1)		W 9	
(2)		* O. H	
(3)			
(4)		A SECTION	
(5)		786	
(6)		N 10	
(7)		V Section 1	
(8)		34	
(9)	- 6	Va.	
		27	
(10) Total. (Col (b) must equal Form 990, Part X, col (B) line 13	1		
Part IX Other Assets. See Form 990, Part			
Part IX Other Assets. See Form 990, Part	(a) Description		(b) Book value
12	(a) Description		(b) Book value
(1)			
(2)	100		
(3)	A		
(4)			
(5)	- TOP		
(6)	- V		
(7)			
(8)			
(9)			
(10)	7		
Total. (Column (b) must equal Form 990, Part X, col	(B) line 15.)		<b>P</b>
Part X Other Liabilities. See Form 990, F			
110 10 10 10 10		(b) Amount	
		/al variable	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
***************************************			
(10)			
(11)	(D) (in a OE)		
Total. (Column (b) must equal Form 990, Part X, col	(B) line 25.)		

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990 or 990-EZ.

2010 Open to Public Inspection

Name of the organization Employer identification number NEVADA CATTLEMEN'S ASSOCIATION 88-6004337 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CONSIDERATION TO PROBLEMS OF INTEREST TO CATTLEMENT FORM 990, PART VI, SECTION B, LINE 11: A COPY OF FORM 990 IS GIVEN TO THE EXECUTIVE DIRECTOR FOR REVIEW PRIOR TO SIGNATURE AND FILING OF ITS FORM 990 FORM 990, PART VI, SECTION C, LINE 19: INFORMATION AVAILABLE UPON REQUEST

Current Year Deduction	α.	0	80	13.	3.	0.	0	0.	0.	504.	520.	528.		
Current Sec 179			0								0	0		
Accumulated Depreciation	α α	•	2	9,954.	2,097.	1,164.	1,494.	8,758.	418.	1,832.	25,717.	27,919.		
Basis For Depreciation	, a	•	2,210.	9,967.	2,100.	1,164.	1,494.	8,758.	418.	2,521.	26,422.	28,632.		
Reduction In Basis			0								0	0		
Bus % Excl					7									
Unadjusted Cost Or Basis	0 0	-	2,210.	9,967.	2,100.	1,164.	1,494.	8,758.	418.	2,521.	26,422.	28,632.		
Line No.	4			16	16	16	16	16	16	16				
Life	0			7.00	5.00	5.00	5.00	2.00	2.00	5.00				
Method	<b>.</b>			H	н	н	н	H	H	Н				
Date Acquired	9 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	031901SL		VARIESSL	VARIESSL	040199SL	1866	032101SL	081302SL	032607SL				
Description	FURNITURE & FIXTURES OFFICE FURNITURE	OFFICE FURNITURE &		EQUIPMENT 1EQUIPMENT	3EQUIPMENT	4EQUIPMENT	SEQUIPMENT	7EQUIPMENT	8HP PRINTER	DIGITAL CORCOMPUTER		* GRAND TOTAL 990 PAGE 10 DEPR		
Asset No.		4 6		Н	C)	4	വ	7	ω	O				

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Form 990-T	Exempt Organization E	3usines	s Income Ta	x Return	2010
Department of the Treasury Internal Revenue Service	(and proxy tax For calendar year 2010 or other tax year beginning NO	under sec	tion 6033(e))	P 30 201	1 Open to Public Inspection for
A Check box if address changed	Name of organization ( Check box if n			DE	Employer identification number (Employees' trust, see Instructions.)
B Exempt under section	Print NEVADA CATTLEMEN'S	ASSOCIA	TION		88-6004337
X 501(c)(5)	or Number, street, and room or suite no. If a P.			E	Unrelated business activity codes See instructions.)
408(e) 220(e)				,	See instructions.)
408A 530(a)	City or town, state, and ZIP code				
529(a)	ELKO, NV 89803-031	0		5	11120
	F Group exemption number (See instructions.)	<b>&gt;</b>			
at end of year 334,238.	G Check organization type ► X 501(c) corp	oration	501(c) trust	401(a) trust	Other trust
	n's primary unrelated business activity.		STATEMENT 1		
I During the tax year, was	the corporation a subsidiary in an affiliated group or a	a parent-subsid	liary controlled group?		Yes X No
	and identifying number of the parent corporation.		A		
	► MEGHAN BROWN				5-738-9214
	d Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sal		J   5			
b Less returns and allo	7,111,111				
	Schedule A, line 7)		- A B - 1		
<ol> <li>Gross profit. Subtract</li> </ol>	t line 2 from line 1c	3	704.0		
4a Capital gain net incor	ne (attach Schedule D)	4a			
	1 4797, Part II, line 17) (attach Form 4797)				
c Capital loss deductio	n for trusts	4c			
	partnerships and S corporations (attach statement)				
6 Rent income (Sched		6			
	ced income (Schedule E)				
	pyalties, and rents from controlled organizations (Sch.	F) 8			
	of a section 501(c)(7), (9), or (17) organization	"Hittel			
(Schedule G)		9			
10 Exploited exempt act	ivity income (Schedule I)	10	14 224	11 05	7 2 277
11 Advertising income (	Schedule J)	11	14,234.	11,95	7. 2,277.
12 Other income (See in	estructions; attach schedule.)	12	14,234.	11,95	7. 2,277.
	s 3 through 12 ons Not Taken Elsewhere (See instructi			11,95	1. 4,211.
(Except for	contributions, deductions must be directly con-			ncome.)	
	ficers, directors, and trustees (Schedule K)				14
15 Salaries and wages					15
	nance				16
					17
	edule)				18
19 Taxes and licenses		***************************************	************************	************	19
20 Charitable contribut	tions (See instructions for limitation rules.)				20
21 Depreciation (attach	Form 4562)	A. 1.1.1. ( - 1 1 1 1. + 1. + 1. + 1. + 1.	21		
	laimed on Schedule A and elsewhere on return				22b
	formed commences line of horo				23
<ul><li>24 Contributions to de</li><li>25 Employee benefit programme</li></ul>	ferred compensation plans	****************			24 25
26 Excess exempt exp	rograms	************		3477174747441474(4.04)	26
27 Excess readership of	enses (Schedule I)				27
28 Other deductions (a	costs (Schedule J) attach schedule)		***************************************		28
29 Total deductions	s. Add lines 14 through 28				29 0.
30 Unrelated business	taxable income before net operating loss deduction. S	Subtract line 20	from line 13		30 2,277.
31 Net operating loss of	deduction (limited to the amount on line 30)	ADMINISTRATION ED	warming to manustratus	***************************************	31 2,277.
32 Unrelated business	taxable income before specific deduction. Subtract lin	e 31 from line	30		32 0.
33 Specific deduction	(Generally \$1,000, but see instructions for exceptions.	.)	1010 (100) 010 010 010 010 010 010 010 010 010	Part of Transportation	33 1,000.
	ess taxable income. Subtract line 33 from line 32.				
of zero or line 32	verteel and make hand and to make	3			34 0.

Part III	rax computation								
35 Or	ganizations Taxable as Corp	orations. See i	instructions for tax compu	utation.					
Co	entrolled group members (sec	tions 1561 and	1 1563) check here	See instructions	s and:				
	ter your share of the \$50,000								
(1		(2)  \$	1	(3)  \$	/ .	1			
	ter organization's share of: (1	_	% tay (not more than \$11		_	1			
						-			
- 100	) Additional 3% tax (not more	111a11 \$ 100,000	0)			1	45		0
C IIII	come tax on the amount on lin	16 34		mmman manana		maneromanian 🕨	35c		0.
36 Tr	usts Taxable at Trust Rates.								
L	Tax rate schedule or	Schedule D	(Form 1041)	(*(*)*))**()**()*()*()*()*()*()	i) (i) (i) (ii) (iii) (iii)		36		
37 Pr	oxy tax. See instructions	**********			ian manuasa		37		
38 Alt	ternative minimum tax		***********		******************		38		7.0
39 To	tal. Add lines 37 and 38 to lin	e 35c or 36, w	hichever applies				39		0.
Part IV	Tax and Payments	3							_
40a Fo	reign tax credit (corporations	attach Form 1	118; trusts attach Form 1	116)	40a				
	her credits (see instructions)		***************************************						
	eneral business credit. Attach		senta eva en universita esta esta esta esta esta esta esta es		40c				
d Cr	edit for prior year minimum ta	v (attach Form	9801 or 8827)	isas i trellata la tallata la tallata	404		1		
o To	stal acadita. Add lines 40a the	anah 40d	10001010027		1 400 ]	-	40-		
44 .00	tal credits. Add lines 40a thro	ough 40a	************			***************************************	40e		-
41 Su	btract line 40e from line 39 her taxes. Check if from:	l = F				(**(***(****)**(*******	41		0.
42 Ot	her taxes. Check if from: L	Form 4255 L	Form 8611 Fo	rm 8697 Form	18866 0	other (attach schedule)	42		
43 To	tal tax. Add lines 41 and 42	C*X5X*)83 (4X5X4)*	*(*********************		بنجورة تجريات	******************************	43		0.
44 a Pa	yments: A 2009 overpaymen	t credited to 20	010		448				
b 20	10 estimated tax payments	rariyasınınınınını	812121313139821121111111111111111111		44b				
с Та	x deposited with Form 8868				44c				
d Fo	reign organizations: Tax paid	or withheld at	source (see instructions)		44d				
e Ba	ckup withholding (see instruc	ctions)		THE REAL PROPERTY AND ADDRESS OF THE PARTY O	44e				
f Cr	edit for small employer health	insurance pre	miums (Attach Form 894	1)	441				
	her credits and payments:	modranos pro	Form 2430						
9 00	Form 4136		Form 2439	Total	1112				
45 T-		Observab 44s	Other	Total	► 44g				
45 To	tal payments. Add lines 44a	through 44g		i insi <del>lam</del> a ii	************	********	45		_
46 Es	timated tax penalty (see instri	uctions). Check	of Form 2220 is attached	<b>L</b>		**(*****)**(*)***	46		
47 Ta	x due. If line 45 is less than t	ne total of lines	43 and 46, enter amount	owed		minimus IIII 🕨	47		0.
	verpayment. If line 45 is large				greenstanaeses		48		0.
	ter the amount of line 48 you				4	Refunded >	49		
Part V	Statements Regar	ding Cert	ain Activities and	Other Inform	ation (see ir	nstructions)			
1 At any	time during the 2010 calenda	r year, did the	organization have an inter	est in or a signature	or other author	ity over a financial ac	count	Yes	No
	securities, or other) in a foreig							1000	
	al Accounts. If YES, enter the					port or rorangin Danni	uliu		x
2 During ti	he tax year, did the organization re see instructions for other forms the	ceive a distributio	in from, or was it the grantor of	t, or transferor to, a foreig					X
The second secon	he amount of tax-exempt inte		The state of the s	and 6	*************				
Schodul	e A - Cost of Goods	Sold E	accided during the tax y	ear D	17				
	ory at beginning of year			Inventory at end o		**********************	6		
2 Purcha			1 10	Cost of goods sole					
3 Cost of				from line 5. Enter l	here and in Par	t I, line 2	7		
4a Additio	nal section 263A costs	4a		Do the rules of sec	ction 263A (with	h respect to		Yes	No
b Other c	costs (attach schedule)	4b		property produced	or acquired fo	or resale) apply to			
5 Total.	Add lines 1 through 4b	. 5		the organization?			race Community	00000	X
	Under penalties of perjury, I decla	re that I have exa	mined this return, including a	companying schedules	and statements, a	and to the best of my kno	wledge and be	llef, it is true,	
Sign	correct, and complete. Declaration	n of preparer (other	er than taxpayer) is based on a	all information of which p	reparer has any k				
Here			1	N EXECU	TIVE D	COMORAG	lay the IRS disc se preparer sho	cuss this return	with
1	Signature of officer		Date	Title	1111		structions)?		7
	Delat/Time aconsecute and		December of section		D. II.		THE RESERVE OF THE PERSON NAMED IN	Δ Tes	No
	Print/Type preparer's nar	ne	Preparer's signatur	e	Date		if PTIN		
Paid					111	self- employed	252	200502	
Prepare	TERI GAGE					1 471		237350	
Use Onl	Firm's name KAF			CO.		Firm's EIN	88-	011639	6
	9		H STREET					17.75	
	Firm's address ▶ E]	LKO, NV	89801			Phone no.	775-7	38-513	4
023711 03-04	-11						Fo	rm 990-T	(2010)
								A	,,

Add columns 5 and 10.

Enter here and on page 1, Part I,

line 8, column (A)

0

Add columns 6 and 11.

Enter here and on page 1, Part I.

line 8, column (B).

Form 990-T (2010)

(4)

Totals

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

(See Instructions)				
1. Description of income	2. Amount of income	<ol> <li>Deductions directly connected (attach schedule)</li> </ol>	4. Set-asides (attach schedule)	<ol> <li>Total deductions and set-asides (col. 3 plus col. 4)</li> </ol>
(1)				
(2)				
(3)		18		
(4)				
	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page Part I, line 9, column (B).
Totals	0.			0
Schedule I - Exploited Exempt Activity Income, Othe (see instructions)	er Than Advertis	ing Income		

Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)				4		
(2)				W 7		
(3)			4	7 19		
(4)			- 4	0.10		
Totals	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.

Schedule J - Advertising Income (see instructions)

#### Part I | Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)	14,234.	11,957.		0.	0.	
(2)		10 10				
(3)		- "OM" .				
(4)		7000				
Totals (carry to Part II, line (5))	14,234.	11,957.	2,277.			0

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

1. Name of periodical	2. Gross advertising Income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)	-					
(2)						
(3)						
(4)						
(5) Totals from Part I	14,234.	11,957.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	14,234.	11,957.				0.

#### Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2, Title	3. Percent of time devoted to business	<ol> <li>Compensation attributable to unrelated business</li> </ol>		
(1)		%			
(2)		%			
(3)		%			
(4)		%			
Total. Enter here and on page 1, Part II, line 14			0.		

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

SAGE SIGNALS PUBLICATION AND BULL SALE CATALOG

TO FORM 990-T, PAGE 1

	FOOTNOTES	STATEMENT	2
-			

NOL CARRYOVER, FORM 990T

NOL CARRYOVER FROM PRIOR YEARS NET INCOME, FYE 9/30/11, FORM 990T BALANCE, NOL CARRYFORWARD 34,893. <2,277.> 32,616.

Department of the Treasury

### Depreciation and Amortization

(Including Information on Listed Property)

See separate instructions. Attach to your tax return.

990

OMB No. 1545-0172

Sequence No. 67 Name(s) shown on return Business or activity to which this form relates Identifying number NEVADA CATTLEMEN'S ASSOCIATION FORM 990 PAGE 10 88-6004337 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 500,000. 1 Maximum amount (see instructions) 1 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation 3 2,000,000. 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filling separately, see instructions (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Part II | Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 14 15 Property subject to section 168(f)(1) election 15 528. 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2010 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System (b) Month and year placed in service (c) Basis for depreciation (business/investment use only - see instructions) (a) Classification of property (a) Depreciation deduction 19a 3-year property b 5-year property 7-year property C d 10-year property 15-year property e 20-year property 25-year property 25 yrs. S/L g 27.5 yrs. S/L MM h Residential rental property 27.5 yrs. MM S/L MM S/L 39 yrs. Nonresidential real property MM S/L Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year 12 yrs. S/L 40-year 40 yrs. MM S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (q), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 528. 22 23 For assets shown above and placed in service during the current year, enter the

23

portion of the basis attributable to section 263A costs

_	m 4562 (2010)		ADA CA									_		337 F	_
Pa	Listed Proper amusement.)	ty (Include a	utomobiles, c	ertain oth	ner vehic	cles, cert	ain com	puters	s, and pro	perty use	d for en	tertainm	ent, rec	reation, o	or
	Note: For any	vehicle for wi	hich you are u	ising the	standard	d mileage	e rate or	dedu	cting lease	expense	e, comp	lete only	24a, 24	1b, colum	nns (a)
	through (c) of	Section A, all						notruo	tions for li	mile for r	accong	ar autom	ohilae 1		_
	Do you have evidence to												-	Yes	No
24a		(b)	(c)	ent use ci	10.00	Y	es (e)	⊔ ио	24b If "Y						i)
	Type of property (list vehicles first )  Type of property (list vehicles first )  Type of property placed in service use percentar		t of			Basis for depreciation		HECOVERY		(g) Method/ Convention		(h) Depreciation deduction		ted n 179 st	
25	Special depreciation all	lowance for o	ualified listed	property	y placed	in service	e during	the t	ax year ar	id				1	
	used more than 50% in	a qualified b	usiness use					*******	***************************************		25				
	Property used more that														
		3 8		%					-		- 1				
				%							$\pm\pm$				
		1 2-3-		%							11				
27	Property used 50% or	less in a qual	ified busines:	s use:						d."					
				%		11.0				S/L-					
		8 8		%		-7717			1	S/L·					
		1 1 1		%		3.5 N =			-	S/L-	-				
28	Add amounts in colum	n (h), lines 25	through 27.	Enter her	e and or	n line 21	page 1				28				
29	Add amounts in colum	n (i), line 26. E	Enter here an	d on line	7, page	1	LILIUS STATE	n raina	Samuel Common	novertova)			29		
				Section	B - Infor	rmation	on Use	of Ve	hicles						
Cor	nplete this section for v	ehicles used	by a sole pro	prietor, p	oartner, o	or other	more th	an 5%	6 owner,"	or related	persor	١,			
-	ou provided vehicles to	your employe	ees, first ansv	wer the q	uestions	in Secti	on C to	see if	you meet	an excep	tion to	completi	ng this	section fo	or
thos	se vehicles.						#		9						
					(a)	(	b)	1 3	(c)	(	d)	(6	e)	(1	)
30	Total business/investment	t miles driven d	luring the	Ve	hicle	Vel	hicle	1	Vehicle	Veh	icle	Veh	Vehicle		icle
	year (do not include com	muting miles)				10	- A								
31	Total commuting miles	driven during	the year			15.	- 10			4					
32	Total other personal (n	oncommuting	g) miles	7		1	-0								
	driven									1					
33	Total miles driven durin			-	AF.										
	Add lines 30 through 3	2	70 min man	1.4	F. 10										
34	4 Was the vehicle available for personal use		Yes	No	Yes	No	Ye	s No	Yes	No	Yes	No	Yes	No	
	during off-duty hours?				1	(F						- 111		0.0	100
35	Was the vehicle used	primarily by a	more	No.	-										
	than 5% owner or rela	ted person?		4.00	100	1									
36	Is another vehicle avail	lable for pers	onal	1.79	NOT :										
	use?	***********		The c	1		5	,		1		100	1		
		Section C	- Questions	for Emp	oloyers \	Who Pro	vide Ve	hicles	for Use I	y Their	Employ	ees			
Ans	swer these questions to	determine if	you meet an	exceptio	n to con	npleting	Section	B for	vehicles u	sed by e	mployee	s who a	re not r	nore than	15%
owi	ners or related persons.		- 10												_
37	Do you maintain a writ	ten policy sta	tement that	prohibits	all perso	onal use	of vehic	les, in	cluding co	mmuting	, by you	ir		Yes	No
	employees?				********	**)><:+;+;+;;		131711331	111513131113		**********				-
38	Do you maintain a writ	ten policy sta	tement that	prohibits	persona	l use of	vehicles	, exce	pt commu	iting, by	your				
	employees? See the in														-
	Do you treat all use of										lessas steries				-
40	Do you provide more t	han five vehic	cles to your e	mployee	s, obtain	informa	tion from	n your	employe	es about					1
	the use of the vehicles								**********						
41	Do you meet the requi										nimi				
	Note: If your answer to	37, 38, 39, 4	10, or 41 is "\	es," do r	not comp	olete Sec	ction B f	or the	covered v	ehicles.					
P	art VI   Amortization							-	7.10			-		16	
(a) Description of costs		(b) ate amortizatio	n	(c) Amortiza	ble		(d) Code	0 01	(e) Amortiz		,	(f) Amortization			
_				begins		amoun	it	- 1	section	0	period or pe			for this year	
42	Amortization of costs	that begins d	uring your 20	10 tax ye	ear:							-			
				1 8											
_				1 1	D.										
	Amortization of costs							211,11,111			(0)(1)(1)	43			
44	Total. Add amounts in	column (f). S	See the instru	ctions fo	r where t	to report		emm	opplement			44			