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

[Insert title and date of hearing]

For Individuals:

- 1. Name: Margaret Soulen Hinson
- 2. Address: [Information redacted for privacy]
- 3. Email Address: [Information redacted for privacy]
- 4. Phone Number: [Information redacted for privacy]

* * * * *

For Witnesses Representing Organizations:

- 1. Name: Margaret Soulen Hinson
- 2. Name of Organization(s) You are Representing at the Hearing:

Public Lands Council/American Sheep Industry Association

3. Business Address:

PLC - 1301 Pennsylvania Ave. Suite 300, Washington, DC 20004 ASI - 9785 Maroon Circle, Suite 360; Englewood, CO 80112-2692

4. Business Email Address:

[Information redacted for privacy] [Information redacted for privacy]

5. Business Phone Number:

PLC: 202-879-9126 ASI: 303-771-3500

Name/Organization	
Title/Date of Hearing	

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.

N/A

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.

N/A

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

Owner/ Operator of Soulen Livestock Company Served on the Federal Lands Task Force for the Idaho State Land Board

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.

Soulen Livestock is a family owned range sheep and cattle operation started in the 1920's by my grandfather. Over the generations our family has worked cooperatively with the Forest Service in managing our livestock to maintain healthy rangelands. A large part of my responsibilities for our company has been working with the federal agencies, including the Forest Service, Bureau of Land Management and US Fish and Wildlife. In addition, for witnesses representing organizations:

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

American Sheep Industry Association Executive Board four years / Secretary/Treasurer 2 years / Vice President 2 years / Currently serving as President

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).

PLC – None ASI – 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).

PLC – None ASI – 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.

PLC – None ASI – 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 documents attached.

	Q	90	Return of Organization Exempt Under section 501(c), 527, or 4947(a)(1) of the Internal R			OMB No. 1545-0047
For	n 🗸 '		benefit trust or private found		ie (except biller rung	Open to Public
		f the Treasury nue Service	The organization may have to use a copy of this return to			Inspection
AF	or the	2009 cale		d ending	SEP 30, 2010	
_	heck if pplicabl nAddre	e: Use IRS	C Name of organization		D Employer identifica	ation number
	chang		AMERICAN SHEEP INDUSTRY ASSOCIATION	N, INC	- 84-04	49271
L]chang ⊐Initial	e See	Doing Business As Number and street (or P.0. box if mail is not delivered to street address)	Room/suite		
	feturn Termir		9785 MAROON CIRCLE	360	- ···	71-3500
	Amen Teturn	ded tions.	City or town, state or country, and ZIP + 4		G Gross receipts \$	630,505.
F	Applic	a- (CENTENNIAL, CO 80112-2692		H(a) is this a group ret	
	pendir	⁹ F Nam 978	e and address of principal officer:LARRY KINCAID 5 MAROON CIRCLE, STE. 360, CENTENN	IAL, C	for affiliates? O H(b) Are all affiliates inclu	Yes X No ided? Yes No
TI	ax ex	empt status	s: 🛣 501(c) (5) ◀ (insert no.) 🛄 4947(a)(1) or 🛄 52	7	If "No," attach a li	st. (see instructions)
J۷	Vebsi	te: 🕨 WWI	W.SHEEPUSA.ORG		H(c) Group exemption	
		organization		L Yea	r of formation: 1865 M	State of legal domicile: LL
Pa	rt I	Summa	rry cribe the organization's mission or most significant activities: ${f NAT}$.	ΤΟΝΆΤ.	OPCANTZAUTON	
8	1	Briefly des DEDEE(Cribe the organization's mission or most significant activities: INAL SENTING THE INTERESTS OF MORE THAN	82 00	ORGANIZATION	CERS
Governance			box fithe organization discontinued its operations or disc			
Veri	-					59
			independent voting members of the governing body (Part VI, line 1b			59
న న			per of employees (Part V, line 2a)			C
Activities	·. ·		per of volunteers (estimate if necessary)			C
lctin			s unrelated business revenue from Part VIII, column (C), line 12			50,912.
.	b	Net unrelat	ted business taxable income from Form 990-T, line 34		7b	323.
					Prior Year	Current Year
ę			ons and grants (Part VIII, line 1h)		387,940.	365,903.
Revenue		-	ervice revenue (Part VIII, line 2g)		198,631.	194,575.
Re			t income (Part VIII, column (A), lines 3, 4, and 7d)		40,268.	<u> 19,115.</u> 50,912.
			nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		690,902.	630,505.
94 494			t similar amounts paid (Part IX, column (A), lines 1-3)	1		
			aid to or for members (Part IX, column (A), line 4)			
es		•	ther compensation, employee benefits (Part IX, column (A), lines 5-10		0.	
nse			al fundraising fees (Part IX, column (A), line 11e)			
Expens	ь	Total fundi	raising expenses (Part IX, column (D), line 25) 🛛 🕨			trada de esta de estrad
ш			enses (Part IX, column (A), lines 11a-11d, 11f-24f)		621,324.	578,826.
			nses. Add lines 13-17 (must equal Part IX, column (A), line 25)		621,324.	578,826.
- 9	19	Revenue le	ess expenses. Subtract line 18 from line 12		69,578.	51,679.
ance		-			Beginning of Current Year	<u>End of Year</u> 1,983,779.
Net Assets or Fund Balances			ts (Part X, line 16)		3,914.	14,993.
Net			ties (Part X, line 26) or fund balances. Subtract line 21 from line 20		1,917,107.	1,968,786.
Pa	rt II		ure Block			
			ies of perjury, I declare that I have examined this return, including accompanying schedules e. Declaration of preparer (other than officer) is based on all information of which preparer ha	s and statements as any knowledg	s, and to the best of my knowledge e.	and belief, it is true, correct,
Sigr	ı				· · · · · · · · · · · · · · · · · · ·	
Her	e		ature of officer RRY KINCAID, CHIEF FINANCIAL OFFIC	ER	Date	
	-	📕 Туре	or print name and title			
Paid		Preparer's	Date	ls	elf- (see instr	's identifying number uctions)
Prep	arer's	signature		e	mployed 🕨 🛄	
	Only	yours if	BONDI & CO. Inc			
		self-employe address, and			D	3 700 6006
Max			ENGLEWOOD, CO 80112			3-799-6826
			this return with the preparer shown above? (see instructions)			
	01 02-0	04~10 LH/	A For Privacy Act and Paperwork Reduction Act Notice, see the HEDULE O FOR ORGANIZATION MISSION	separate in	structions.	Form 990 (20

erm Par	990 (2009) t III Statemen	AMERICAN t of Program Servic	SHEEP INDUS	TRY ASSOCIA	TION, INC	84-044	19271	Page
مىينىيەت ا	Briefly describe the NATIONAL	e organization's mission: ORGANIZATION DUCERS LOCATE	REPRESENTIN	G THE INTER	ESTS OF MC D STATES.	DRE THAN	82,00	0
l	the prior Form 990 If "Yes," describe t Did the organizatio If "Yes," describe t Describe the exem Section 501(c)(3) a	hese new services on Sch n cease conducting, or m hese changes on Schedu pt purpose achievements nd 501(c)(4) organizations	nedule O. ake significant chang le O. for each of the organ and section 4947(a)	es in how it conducts, ization's three largest ; 1) trusts are required t	any program service program services by o report the amount	es?	☐Yes ☐Yes	X N X N
	(Code: NATIONAL	rs, the total expenses, and) (Expenses \$ ORGANIZATION DUCERS LOCATE N OF 45 STATE	578,826. inc REPRESENTIN D THROUGHOU	luding grants of \$	ESTS OF MC	(Revenue \$ DRE THAN ASI IS NDIVUDU2	A	
5	(Code:) (Expenses \$	inc	cluding grants of \$)) (Revenue \$		
	(Code:) (Expenses \$	inc	cluding grants of \$	}	(Revenue \$		
		vices. (Describe in Schedu				······		
	(Expenses \$ Total program ser	includir	ng grants of \$ 578,826) (Reve	nue \$)		

Form 990 (2009)	AMERICAN	SHEEP	INDUSTRY	ASSOCIATION,	INC
Part IV Checklist of F	lequired Scheo				

			Yes	No		
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			1		
	If "Yes," complete Schedule A	1		X		
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					
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4				
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		x		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to					
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part is	6		X		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,					
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	_	X		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x		
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide					
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u> </u>		
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	,	x		
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VII, IX, or X as applicable	1.	x			
٠	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.					
٠	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total					
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.					
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total					
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.					
	 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 					
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.					
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses					
40	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.					
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.			v		
124	how here a second se	12		X		
	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X					
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X		
	Did the organization maintain an office, employees, or agents outside of the United States?	14		X		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			T		
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14	5 L	X		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization					
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	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, Part III	16		X		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37		
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>		
10	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			v		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	-	X		
-	complete Schedule G, Part III	19		x		
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X		

Form 990 (2009)	AMERICAN			ASSOCIATION,	INC	84-0449271	Page 4		
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		٠X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year 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			
07	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III			37
28	Schedule L, Part III	27		X
20	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	00-	alete.	X
b		28a 28b		<u> </u>
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	200		<u> </u>
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity?		v	
35	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	34	X	
	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?			
27	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			37
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
00	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			
	Note. All Form 990 filers are required to complete Schedule O.	38	X	

	m 990 (2009) AMERICAN SHEEP INDUSTRY ASSOCIATION, INC 84-044 art V Statements Regarding Other IRS Filings and Tax Compliance	9271	P	age 5
1 22			Yes	No
1	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -D- if not applicable 1a	6		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	Ō		
1	; Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
2	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	0		
1	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
4	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
I	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.			
5	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
1	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
0	e If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Sheiter Transaction?	5c		
68	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	<u>6a</u>		X
ł	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).			
á	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		X
	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			l
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year7d	4		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	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	1.5652		
~	at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
2 L		9a		
10		<u>9b</u>		
10	Section 501(c)(7) organizations. Enter:			
е г				
14 14				
11	Section 501(c)(12) organizations. Enter:			
а 1		-		
Ľ	Gross income from other sources (Do not net amounts due or paid to other sources against			
10	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
<u>t</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	No de la	1999) 1999 - 1999	e di Aline Historia

AMERICAN	SHEEP	INDUSTRY	ASSOCIATION,

84-	-04	49	27	1 Page	6
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INC

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.

<u> </u>	don A. doverning body and management				
				Yes	No
1a	Enter the number of voting members of the governing body	1a 🛛	59		4.555
þ	Enter the number of voting members that are independent	1b	59		
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	1.1.1.1.1	х
3	Did the organization delegate control over management duties customarily performed by or under the				
	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 Fo				X
5	Did the organization become aware during the year of a material diversion of the organization's asset				X
6	Does the organization have members or stockholders?				X
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	mbers of the	·····		
	governing body?		7a		x
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per	sons?			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during the year	la de		day da
	by the following:				
а	The governing body?		8a	X	i teres
b	Each committee with authority to act on behalf of the governing body?			X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched at the			
	organization's malling address? If "Yes," provide the names and addresses in Schedule O		9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
				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?	0	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fil	ing the form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Does the organization have a written conflict of interest policy? If "No, " go to line 13		12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	ld give rise			
	to conflicts?		12b	X	

		1	-	í
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done			x
		120		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	11 A. 194	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	E : 1		
	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		ľ

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed NONE
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for
	public inspection. Indicate how you make these available. Check all that apply.
	Own website Another's website 🛛 Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial
	statements available to the public.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.

LARRY	KINCAID -	303-771-3500	

AMERICAN SHEEP INDUSTRY ASSOCIATION, INC 84-0449271 Page 7 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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours			Pos			. 1. 3	(D) Reportable	(E) Reportable	(F) Estimated
	per week	Individual trustee or director	Institutional trustee	Officer	Γ	Highest compensated by the second sec	Ī	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
BOB BENSON EXECUTIVE BOARD MEMBER	2.00	x						0.	0.	0.
TOM COLYER EXECUTIVE BOARD MEMBER	2.00	x						0.	0.	0.
GLEN FISHER EXECUTIVE BOARD MEMBER	2.00	x						0.	0.	0.
WILL GETZ EXECUTIVE BOARD MEMBER	2.00	x						0.	0.	0.
BURDELL JOHNSON EXECUTIVE BOARD MEMBER CLINT KREBS	2.00	x						0.	0.	0.
EXECUTIVE BOARD MEMBER GARY MCGEHEE	2.00	x						0.	0.	0.
EXECUTIVE BOARD MEMBER BURTON PFLIGER	2.00	x						0.	0.	0.
EXECUTIVE BOARD MEMBER MARGARET SOULEN HINSON	2.00	x						0.	0.	0.
EXECUTIVE BOARD MEMBER	2.00	x						0.	0.	0.
EXECUTIVE BOARD MEMBER	2.00	x						0.	0.	0.
EXECUTIVE BOARD MEMBER	2.00	x						0.	0.	0.
EXECUTIVE BOARD MEMBER MIKE LIPPERT	2.00	x						0.	0.	0.
EXECUTIVE BOARD MEMBER CHARLES THOMPSON	2.00	x						0.	0.	0.
BOARD MEMBER JAMES MORGAN	2.00	x						0.	0.	0.
BOARD MEMBER DWAYNE DOBSON	2.00	x						0.	0.	0.
BOARD MEMBER NANCY EAST	2.00	x						0.	0.	0.
BOARD MEMBER	2.00	x						0.	0.	0.

932007 02-04-10

Form 990 (2009) AMERICAN Part VII Section A. Officers, Directors, Tru								OCIATION, IN		49.		Page 8
(A) Name and title	(B) Average hours			(Pos	C) sitior			(D) Reportable compensation	(E) Reportable compensation		(F) Estimat amount	t of
	per week	Individual trustee of director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS0))	other compens from th organiza and rela organizat	ation ne ation ated
MIKE HARPER BOARD MEMBER	2.00	x		Γ				0.		ο.		^
KEVIN WOOLAM	2.00		┢──	-		+	-	0.	·····	<u>•</u> -		0.
BOARD MEMBER	2.00	X			ļ	ļ		0.		0.		0.
BILL POWERS BOARD MEMBER	2.00	x						0.		0.		0.
DOUG MEYERS BOARD MEMBER	2.00	x						0.		٥.		Ο.
JOHN DAVIS		 		1	1	T						
BOARD MEMBER JAN DEAN	2.00	X	-	-	-			0.		0.		0.
BOARD MEMBER	2.00	x						0.		0.		Ο.
DAN MORRICAL	2 00	.						<u>,</u>				
BOARD MEMBER KEN WIXOM	2.00	X		+	┿			0.		0.		0.
BOARD MEMBER	2.00	x						0.		0.		0.
ANNE CRIDER BOARD MEMBER	2.00	x						0.		0.		0.
STANLEY POE BOARD MEMBER	2.00	x						0.		٥.		Ο.
1b Total	1	-		.	·		I	0.		0.		0.
2 Total number of individuals (including but r compensation from the organization	not limited to th	nose	e list	ed a	abov	re) w	ho r	eceived more than \$100	1,000 in reportable			0
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s						-				[Yes 3	No X
 For any individual listed on line 1a, is the search of the	um of reportab	le c	omp	ens	atio	n an	d ot				3 4	X
5 Did any person listed on line 1a receive or				fron	n ang	y uni	relat	ted organization for serv	ices rendered to		89), yisi	
the organization? If "Yes," complete Scheo Section B. Independent Contractors	lule J for such	pers	son		<u>,</u>					<u></u>	5	X
1 Complete this table for your five highest co the organization. NONE	ompensated in	dep	end	enti	cont	ract	ors	that received more than	\$100,000 of comp	jens:	ation from	
(A) Name and business	address							(B) Description of s	services	с	(C) ompensatio	on
									:-			
· · · · · · · · · · · · · · · · · · ·												
2 Total number of independent contractors (\$100,000 in compensation from the organi	ization 🕨					0						
SEE SCHEDULE J-2 FOR ⁸³²⁰⁰⁸ 02-04-10		II	, 1	SE	СТ	IO	N.	A CONTINUATI	ON		Form 990	(2009

					· · · · · · · · · · · · · · · · · · ·		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
imilaramoun a p c q	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribution All other contributions, gifts, grants	1b 1c 1d ons) 1e	302,753. 63,150.				
and othe b b	similar amounts not included above Noncash contributions included in lines 1 Total. Add lines 1a-1f	la-1f: \$	•	365,903.			
2 a	CONVENTIONS CONTRACT SERVICE		Business Code 900099 900099	108,625. 52,500.			
Revenue p o	MATERIALS		900099	33,450.	33,450.		
	All other program service reven Total. Add lines 2a-2f			194,575.			
3 4	Investment income (including c other similar amounts) Income from investment of tax- Royalties	dividends, intere -exempt bond p	st, and 	19,115.			19,119
b c	Gross Rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	(i) Real	(ii) Personal				
b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	(i) Securities	(ii) Other				
8 a	Net gain or (loss) Gross income from fundraising including \$ contributions reported on line 1 Part IV, line 18 Less: direct expenses	events (not of 1c). See a	·····				
c 9a b	Net income or (loss) from fundr Gross income from gaming act Part IV, line 19 Less: direct expenses	raising events tivities. See a b	.				
10 a b	Net income or (loss) from gamin Gross sales of inventory, less r and allowances Less; cost of goods sold Net income or (loss) from sales	eturns a b					
	Miscellaneous Revenue ADVERTISING		Business Code 541800	50,912.		50,912.	
l c							

932009 02-04-10

Form 990 (2009) AMERICAN SHEEP INDUSTRY ASSOCIATION, INC 84-0449271 Page 10 Part IX Statement of Functional Expenses

	All other organizations must comp	olete column (A) but are		ete columns (B), (C), ai	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1					
	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			ang al bagan binakan	
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
-	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
•					
9	Other employee benefits				
10	Payroli taxes				
11	Fees for services (non-employees):				
a L	•	20,417.	20,417.		
b	9	20,41,1	20,417.		
c ہر					
d			weight terminal terminal	a a sa na sa a sina ka	
e					
f	0	110,112.	110,112.		l
9 12	Other Advertising and promotion	104,140.	104,140.		
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	53,996.	53,996.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			· ·····	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,580.	2,580.		
23	Insurance				
24	Other expenses, itemize expenses not covered				
	above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
	expenses shown on line 25 below.)				
а		189,826.	189,826.		
b	OVERHEAD	56,684.	56,684.	.*	
C		14,382.	14,382.		
d		11,946.	11,946.		
e	GOAT COMMITTEE	6,410.	6,410.		
f	All other expenses	8,333.	8,333.		
25	Total functional expenses. Add lines 1 through 24f	578,826.	578,826.	0.	0.
26	Joint costs. Check here 🕨 🛄 if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation	1			

Form 990 (2009) AMERICAN SHEEP INDUSTRY ASSOCIATION, INC 84-0449271 Page 11 Part X Balance Sheet

					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,751,657.	1	1,802,615
	2	Savings and temporary cash investments				2	1
	з	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			108,427.	4	131,159
	5	Receivables from current and former officers, di			pakaanne apolaan soo oo		
		employees, and highest compensated employee of Schedule L	es. Comp	lete Part II		5	
	6	Receivables from other disqualified persons (as 4958(f)(1)) and persons described in section 495	defined ı	under section			
		Part II of Schedule L				6	
2	7	Notes and loans receivable, net				7	······································
	8	Inventories for sale or use				8	27,000
	9					9	······································
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	25,800			
	Ь	Less: accumulated depreciation	10b	2,795	. 25,585.	10c	23,005
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ				16	1,983,779
	17	Accounts payable and accrued expenses				17	14,993
	18	Grants payable			· · · · · · · · · · · · · · · · · · ·	18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
	22	Payables to current and former officers, director			And the second second		. Navjetenečtve Boreni je
		highest compensated employees, and disqualifi of Schedule L	ed perso	ns. Complete Part II		22	
	23	Secured mortgages and notes payable to unrela	ated third	parties		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities. Complete Part X of Schedule D				25	· · · · · · · · · · · · · · · · · · ·
	26	Total liabilities. Add lines 17 through 25			3,914.	26	14,993
,		Organizations that follow SFAS 117, check he lines 27 through 29, and lines 33 and 34.	ere 🕨	X and complete			
	27	Unrestricted net assets			1,614,863.	27	1,652,002
	28	Temporarily restricted net assets				27	316,784
	29				304,411	28 29	510,704
	25	Organizations that do not follow SFAS 117, cl	hook hor	e 🕨 🔲 and		29	
		complete lines 30 through 34.	HECK HEI				
	30	Capital stock or trust principal, or current funds				20	n the character term
	31	Paid-in or capital surplus, or land, building, or eq		fund		30	
	32	Retained earnings, endowment, accumulated in				31 32	
	33					32 33	1,968,786
	33 34	Total net assets or fund balances			1,921,021.		
	- 34	Total liabilities and net assets/fund balances			1 1,761,061%	34	1,983,779 Form 990 (2009

Form	990 (2009) AMERICAN SHEEP INDUSTRY ASSOCIATION, INC 84-04492	71	Pa	ge 12
Pa	t XI Financial Statements and Reporting		······	<u> </u>
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			l

C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both:			
	Separate basis 🛛 Consolidated basis 💭 Both consolidated and separate basis			
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

SCHEDULE J-2

Continuation Sheet for Form 990

OMB No. 1545-0047 009L Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

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

See the Instructions for Form 990.

Internal Revenue Service	> See	tne	Inst	ruci	lion	s tot	. Foi	rm 990.	Lister.	mapection
								OCIATION, IN		9271
Part I Continuation of Officers,	<u>, Directors, Tr</u>	ust	ees	s, K	ley	Err	pla	oyees, and Highes	t Compensated	Employees
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	1		Reportable	Reportable	Estimated
	hours	(c)	heck				Iv)	compensation	compensation	amount of
	per	È			ľ.			from	from related	other
	week					ee (the	organizations	compensation
		ctor				9d II		organization	(W-2/1099-MISC)	from the
		liji				le de l		(W-2/1099-MISC)		organization
		stee o	ustee			esua				and related
		i truc	nal tr		oyee	d L O				organizations
		individual trustee or director	institutional trustee	Officer	key employee	Highest compensated employee	Former			
JEFF EBERT		<u>a</u>	tan 1	OLE	ξē.	Hig	Ferr			
-	2 00	v						0.	0	
BOARD MEMBER	2.00	X			ļ	ļ	L	<u> </u>	0.	0.
ROGER THACKER										
BOARD MEMBER	2.00	X			_			0.	0.	0.
JOAN HOBBS										
BOARD MEMBER	2.00	X						0.	0.	0.
RICHARD BRZOZOWSKI		T								
BOARD MEMBER	2.00	x						0.	0.	0.
DALE THORNE		<u> </u>								
BOARD MEMBER	2.00	x						0.	0.	0.
BANIEL PERSONS	2.00	1						· · ·	V •	· · ·
	2.00	x						0.	0.	<u>م</u>
BOARD MEMBER	2.00			ļ			ļ	U •	U.	0.
LYNDON IRWIN	0.00								•	
BOARD MEMBER	2.00	X			ļ		ļ	0.	0.	0.
DAVID HINNALAND						1				
BOARD MEMBER	2.00	X						0.	0.	0.
BARBARA PUGH										
BOARD MEMBER	2.00	X						0.	0.	0.
DEAN SWENSON		1				1				
BOARD MEMBER	2.00	X						0.	0.	0.
CHARLES REPPERT					1	1		· · · · · · · · · · · · · · · · · · ·		
BOARD MEMBER	2.00	x						0.	0.	0.
RUTH SCRUTON		<u> </u>				<u> </u>		<u>``</u>	~ •	<u> </u>
BOARD MEMBER	2.00	x						0.	0.	o.
DON KNIFFEN	2.00								V •	· · ·
	2.00							0.	0	
BOARD MEMBER	2.00	 ^		<u> </u>	ļ		ļ	V •	0.	0.
JIM COOPER									_	
BOARD MEMBER	2.00	X			ļ	ļ	ļ	0.	0.	0.
PETE PARIS										
BOARD MEMBER	2.00	X						0.	0.	0.
W KEITH STUMBO							Γ			
BOARD MEMBER	2.00	X						0.	0.	0.
SUSAN SHULTZ		1			1	1			:2	
BOARD MEMBER	2.00	x						0.	0.	0.
LYNN MARY TRUPP		t	t	1	t	<u>†</u>	1			<u> </u>
BOARD MEMBER	2.00	x		1				0.	0.	0.
GREG HUBBARD		† [*]			†	 	-		· · ·	
BOARD MEMBER	2.00	v						0.	0.	0.
TARA WYATT		┢╴			╂	╆		<u>0.</u>	<u> </u>	
	2.00							0.	0.	0
BOARD MEMBER			<u> </u>	<u> </u>	I	<u> </u>	L			0.
LHA For Privacy Act and Paperwork Redu	ction Act Notice.	see	the	Ins	truc	tion	is fo	r Form 990.	Schedule J-2	2 (Form 990) 2009

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

Schedule J-2 (Form 990) 2009

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 ų Open to Public Inspection

Name of the Organization	386	uie	1115	truc	uon	5 10	rrc	orm 990.		Inspection
AMERICAN	SHEEP	IN	DU	ST	RY	A	ss	OCIATION, IN	Employer identi C 84-044	9271
Part I Continuation of Officers, D	irectors, T	rus	tee	<u>s, I</u>	<u>(ey</u>	En	npl	oyees, and Highes	t Compensated	Employees
(A)	(B)			(C)			(D)	(E)	(F)
Name and title	Average				sitior			Reportable	Reportable	Estimated
	hours	(0	heci	kali	that	app	oly)	compensation	compensation	amount of
	per week							from the	from related organizations	other
		ctor				Nold		organization	(W-2/1099-MISC)	compensation from the
		or dire				ted en		(W-2/1099-MISC)	(organization
		istee (truste		6	esuad				and related
		ual tr	ional		pfoye	tcom				organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
TAMMY BASEL		1	1		\square	-				
BOARD MEMBER	2.00	X						0.	0.	0.
BILL KUECKER BOARD MEMBER	2 00								_	
BOB BROCKMAN	2.00	X	ļ			ļ	ļ	0.	0.	0.
BOARD MEMBER	2.00	x							0	_
JOHN YOUNG	2.00	⊢	ļ					0.	0.	0.
BOARD MEMBER	2.00	x						0.	0.	0
JOHN SPONAUGLE								V.	U •	0.
BOARD MEMBER	2.00	х						0.	0.	0.
KIMBERLY HAGEN									<u>.</u>	<u>.</u>
BOARD MEMBER	2.00	Х						0.	0.	0.
MARK MARTINEZ										
BOARD MEMBER	2.00	X						0.	0.	0.
TODD TAYLOR BOARD MEMBER										
RONALD FLETCHER	2.00	X						0.	0.	0.
BOARD MEMBER	2.00	x								
EUGENE HARDY	4.00	^						0.	0.	0.
BOARD MEMBER	2.00	x						0.	ο.	0.
HELEN APPEL								· · ·	· ·	0.
BOARD MEMBER	2.00	x						0.	ο.	0.
DONALD GNOS										<u>, , , , , , , , , , , , , , , , , , , </u>
BOARD MEMBER	2.00	X						0.	0.	0.
s										
				_						
			-						······	
			-+		_					
-										
			-+		\dashv					
HA For Privacy Act and Paperwork Reduction	. A at Matin					<u>. </u>	_	<u> </u>		

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

Schedule J-2 (Form 990) 2009

932201 02-02-10

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990

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



Name of the organization

AMERICAN SHEEP INDUSTRY ASSOCIATION,

Employer identification number 84 - 0449271

INC

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LOCATED THROUGHOUT THE UNITED STATES.

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE ORGANIZATION'S FORM

990 WAS PROVIDED TO THE BOARD OF DIRECTORS FOR REVEIEW AND APPROVAL PRIOR TO IT'S FILING.

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS

AVAILABLE TO THE PUBLIC UPON REQEUST.

PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. ⁹³²²¹¹ ⁹²⁻⁰³⁻¹⁰ Schedule O (Form 990) 2009

SCHEDULE R (Form 990) Department of the Treasury Internal Revioue Service	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Attach to Form 990. 	Related Organizations and Unrelated Partnerships anization answered "Yes" to Form 990, Part IV, line 33, 3 tach to Form 990.	33, 34, 35, 36, or 37, ons.		OMB No. 1545-0047 2009 Open to Public Inspection
Name of the organization AMERICAN SHEEP	INDUSTRY	ON, INC		Ē	Employer identification number 84-0449271
Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)	ete if the organization answered "Yes" to	o Form 990, Part IV, line 33.)			
(a) Name, address, and ElN 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
FOOD AND FIBER RISK MANAGERS, LLC - 38-3752251, 9785 MAROON CIRCLE, STE 360, CENTENNIAL, CO 80112	PROVIDE INSURANCE PRODUCTS FOR THE AGRICULFURAL COMMUNITY	COLORADO	40,097.	41,232.	AMERICAN SHEEP INDUSTRY ASSOCIATION, INC.
Part if Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	zations (Complete if the organization and	swered "Yes" to Form 990, Pa	rt IV, line 34 because	e it had one or more	related tax-exempt
(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
WOOL TRUST FOUNDATION - 84-1592464 9785 MAROON CIRCLE, STE 360 CENTENNIAL, CO 80112	TO PROMOTE SHEEP AND AGRICULTURAL AWARENESS		501C5		AMERICAN SHEEP INDUSTRY ASSOCIATION, INC.
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	tice, see the Instructions for Form 990				Schedule R (Form 990) 2009

932161 02-04-10

School do P (Form 000) 2000 AMER	AMERTCAN SHEEP INDUSTR		Y ASSOCIATION	. INC			ný skoletka na králetka králet	84-C	-0449271	Page 2
Part III Identification of Related Orgonizations treated as a part	ons Taxable	nership (Co	mplete if the organiz	zation answer	ed "Yes" to Form 9	90, Part IV, line 3	4 because it h	ad one or	· more related	
(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile	(d) Direct controlling	(e) Predominant income (refeted inrefeted		otal		(h) Disproportion-	(I) Code V-UBI	(j) General or managing
of related organization		(state of foreign country)	entity	excluded from tax under sections 512-514)			assets tealor	ations?	20 of Schedule K-1 (Form 1065)	Partner? Ves No
								······		
Part IV Identification of Related Orc organizations treated as a cor	identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	ooration or (year.)	Trust (Complete if th	he organizatio	n answered "Yes"	to Form 990, Part	: IV, line 34 be	cause it h	ad one or more	related
(a)			(q)	(c)	(0	(e)	£		(6)	(4)
Name, address, and ElN of related organization	NIE	Pari	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income		Share of Pe end-of-year ov assets	Percentage ownership
SHEEP VENTURE COMPANY INC 3	38-3752249	TO PROMO	PROMOTE SHEEP AND	A	AMERICAN SHEEP					
9785 MAROON CIRCLE, STE 360		AGRICULTURAL	URAL		INDUSTRY			•		
CENTENNIAL, CO 80112		AWARENESS	S	S C C	ASSOCIATION,	C CORP	<27,760	·.0	347,936.	100.00%
									- Are	
932162 07-21-10				-			-	Sche	Schedule R (Form 990) 2009	90) 2009

Schedule R (Form 990) 2009 AMERICAN SHEEP INDUSTRY ASSOCIATION, INC	84-(84-0449271 Page 3
Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)		
 Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? a Beceint of fil interest fill annuities fill novalities or five rent from a controlled entity. 		1a Xes No
c Gift, grant, or capital contribution from other organization(s)		1c X
d Loans or loan guarantees to or for other organization(s)		td X
e Loans or loan guarantees by other organization(s)		te X
f Sale of assets to other organization(s)		#
	*	
h Exchange of assets		
i Lease of facilities, equipment, or other assets to other organization(s)		11 X
1		
) cease or idemines, equipment, or onner assets nom ourer organization(s)		
refloringing of services or memory or rundrashing solucitations by other organization(s)	*****	1 = 1
		++
		10 X
p Reimbursement paid by other organization for expenses		1p
d Other transfer of cash or property to other organization(s)		1q X
. 1		tr X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	on thresholds.	
(a) Name of other organization(s) ty	(b) Transaction type (a-t)	(c) Amount involved
(1) SHEEP VENTURE COMPANY	Р	146,900.
(2) WOOL TRUST FOUNDATION	E	29,689.
(3) WOOL TRUST FOUNDATION	0	56,133.
(4)		
(5)		
(9)		
932163 02-04-10	Sche	Schedule R (Form 990) 2009

							یں۔ 190,		ാ ലാ
Form	g	90	Return of Organization E Under section 501(c), 527, or 4947(a)(1) of th benefit trust or pr	e Internal Revenu	le Code	COME T	ax lung	OMB No. 1545-0	³⁰⁴⁷
		t of the Treasury /enue Service	The organization may have to use a copy of the organization may h			anortina require	monte	Open to Pu	
			ar year, or tax year beginning OCT 1, 20				009	Inspection	<u>n .</u>
BC		1 1	lame of organization					cation number	···
ap	oplica	ble: use IRS	5		ľ	D Linployer	uentint	sation number	
	Addi char Nam char	nge print or ALM lige type. Lige C	ERICAN SHEEP INDUSTRY ASSO		INC		4-04	449271	
]initia retur Term		lumber and street (or P.O. box if mail is not delivered to si	· · ·	1	E Telephone	umber	-	
	ation	Instruc- 97	85 MAROON CIRCLE	360	0	3	03-'	<u>771-3500</u>	
	Iretur Appl		ity or town, state or country, and ZIP + 4		Ļ	G Gross receipts	\$	690,9	02.
Ĺ	Jtion pend		NTENNIAL, CO 80112-2692			H(a) Is this a g	roup re	turn	
	•	F Name ar	nd address of principal officer: LARRY KINCA			for affiliate		Yes 🛛]No
				CENTENNIAL	<u>, c</u>	H(b) Are all affili	ates incl	uded? 🗌 Yes [No
		kempt status:		or 527		lf "No," at	ta c h a i	list. (see instructions	5)
			SHEEPUSA.ORG			H(c) Group exe	mptior	number 🕨	
the second s		forganization:	Corporation Trust X Association	Nther 🕨 🔤 🛛	L Year o	f formation: 18	<u>65 м</u>	State of legal domicite	e: IL
Pa	rt I	<u>. </u>			·				
8	1	Briefly describ	e the organization's mission or most significant activity	ies: <u>NATIONA</u>	AL OF	RGANIZAT	ION		
Property describe the organization is mission or most significant activities: <u>NATIONAL ORGANIZATION</u> <u>REPRESENTING THE INTERESTS OF MORE THAN 82,000 SHEEP PRODUCERS</u> 2 Check this box ▶ □ if the organization discontinued its operations or disposed of more than 25% of its assets. 3 Number of voting members of the governing body (Part VI, line 1a)									
er	2		u	ions or disposed o	of more t	than 25% of its	assets		
ğ	3		ing members of the governing body (Part VI, line 1a)	•••••			3		59
	4	Number of inde	ependent voting members of the governing body (Par	t VI, line 1b)			4		59
Activities &	5	Total number o	of employees (Part V, line 2a)				5		0
1 N	6	Total number o	of volunteers (estimate if necessary)				6		0
Act	7 a	Total gross uni	elated business revenue from Part VIII, line 12, colun	ın (C)			7a	64,06	63.
	b	Net unrelated t	pusiness taxable income from Form 990-T, line 34				7b	8,10	01.
						Prior Year		Current Year	
e	8		and grants (Part VIII, line 1h)			322,8	56.	387,94	40.
Revenue	9		e revenue (Part VIII, line 2g)			206,9	82.	198,63	
Re	10	Investment inc	ome (Part VIII, column (A), lines 3, 4, and 7d)			57,2	85.	40,26	58.
	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e			159,0		64,06	53.
			add lines 8 through 11 (must equal Part VIII, column				66.	690,90)2.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)								
			o or for members (Part IX, column (A), line 4)						
ses	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)					
Expenses	16 a	Professional fui	ofessional fundraising fees (Part IX, column (A), line 11e)						
N.				<u></u>					
~	17	Other expenses	s (Part IX, column (A), lines 11a-11d, 11f-24f)		.	611,00)9.	621,32	24.
			. Add lines 13-17 (must equal Part IX, column (A), line	25)	.	611,00)9.	621,32	
	19	Revenue less e	xpenses. Subtract line 18 from line 12			135,1	57.	69,57	
Net Assets or Fund Balances						ginning of Yea		End of Year	
Bale		Total assets (Pa			.	1,852,62		1,921,02	21.
let/		Total liabilities (38,3		3,91	
	22		ind balances. Subtract line 21 from line 20			1,814,27	77.	1,917,10)7.
Par	<u>t 11</u>	Signature							
		and complete. Deci	perjury, I declare that I have examined this return, including accompany aration of preparer (other than officer) is based on all information of whi	ing schedules and staten ch preparer has any know	ments, and wledge,	I to the best of my kr	owledge	and belief, it is true, correc	st,
D: -				-	-	ı			
Sign		Signature of	nt officer			l			
Here				_ :		Date			
			KINCAID, CHIEF FINANCIAL	OFFICER					
			ווג חקווול מוזע ועול	Data	100				
Paid		Preparer's		Date	Check		Preparer's see instru	a identifying number actions)	_
Prepar	'er's	signature Firm's name (or				iyed 🕨 📃			
Use Or	5	yours if	BONDI & CO. LLC			EIN 🕨			
		self-employed), address, and	44 INVERNESS DRIVE EAST						
		ZIP + 4	ENGLEWOOD, CO 80112			Phone no.	► <u>30</u> :	<u>3-799-6826</u>	
endy th	<u>ne IF</u>		eturn with the preparer shown above? (see instruction						No
832001			r Privacy Act and Paperwork Reduction Act Notice	, see the separate	e instru	ctions.		Form 990 (20	JO8)
	Ъ.	ee SCHED	ULE O FOR ORGANIZATION MIS	SION STATE	EMEN'	T CONTIN	UAT:	ION	

_	rt III Statement of Program Service Accom	INDUSTRY ASSOCIATI plishments (see instructions)	ON, INC 84-04	49271 Page
1	Briefly describe the organization's mission: <u>NATIONAL</u> ORGANIZATION REPRES <u>SHEEP</u> PRODUCERS LOCATED THRO	ENTING THE INTERES UGHOUT THE UNITED	TS OF MORE THAN STATES.	82,000
2	Did the organization undertake any significant program s the prior Form 990 or 990-EZ? If "Yes", describe these new services on Schedule O.	ervices during the year which were r		Yes X N
3	Did the organization cease conducting, or make significa If "Yes", describe these changes on Schedule O.	nt changes in how it conducts, any p	program services?	Yes X N
ŀ	Describe the exempt purpose achievements for each of section 501(c)(3) and 501(c)(4) organizations and section allocations to others, the total expenses, and revenue, if	1 4947(a)(1) trusts are required to rep	ort the amount of grants and	
la	(Code:) (Expenses \$ NATIONAL ORGANIZATION REPRES SHEEP PRODUCERS LOCATED THRO FEDERATION OF 45 STATE SHEEP MEMBERS.	UGHOUT THE UNITED	STATES. ASI IS	A
b	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
	Other program services. (Describe in Schedule O.)			
	(Expenses \$ including grants of \$) (Revenue \$	х. ⁻	

Form 990 (2008)	AMERICAN	SHEEP	INDUSTRY	ASSOCIATION,	INC	84-0449271	Page 3
Part IV Checklist of R	Required Schec	lules					<u>, ugo e</u>

			, 	<u> </u>
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	r	Yes	No
'				**
2	If "Yes," complete Schedule A	1	<u> </u>	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2		X
•	public office? If "Yes," complete Schedule C, Part I			x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	3	ļ	<u> </u>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			<u></u>
	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,			<u></u>
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		ĺ	
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		<u>X</u>
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			
40	located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
17	located outside the United States? If "Yes," complete Schedule F, Part III	16		<u>X</u>
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	_17		X
18 19	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
20	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
21	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	20		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 17 // Yes, " complete Schedule I, Parts I and II	21		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	22		<u>X</u>
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		<u>X</u>
-	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.	ĺ		
	If "No", go to question 25	04-	ĺ	v
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		<u>X</u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		·····
	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			
		25a		
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			
	prior year? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			
·	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		х

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		X
С				
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
4	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
5	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
6	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		
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		T	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х

_	990 (2008) AMERICAN SHEEP INDUSTRY ASSOCIATION, INC 84-0449 rt V Statements Regarding Other IRS Filings and Tax Compliance	271	. F	Page 5
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	[res	NO
14	U.S. Information Returns, Enter -0- if not applicable 1a1			
h	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
c				
Ŭ	(gambling) winnings to prize winners?	10	x	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	10		
24	filed for the calendar year ending with or within the year covered by this return			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
5	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e- <i>file</i> this return. (see instructions)	20		· · · ·
3a	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	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	- 30	-23	<u> </u>
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country:	-74	<u> </u>	<u> </u>
5	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and]	
	Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			<u> </u>
	Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a	<u> </u>	x
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		x
b	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?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			:
	benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		<u> </u>
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have			
	excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	<u>9a</u>		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: N/A			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
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: N/A			
a ⊾	Gross income from members or shareholders			
þ	Gross income from other sources (Do not net amounts due or paid to other sources against			 1 .
10-	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	<u>12a</u>		
<u> </u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	j	000	

AMERICAN SHEEP INDUSTRY ASSOCIATION, INC

84-0449271 Page 6

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

Section A. Governing Body and Management

	and a doto hing body and managomon			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O. See instructions.			[
1a				
b	Enter the number of voting members that are independent1b 5	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			ļ
	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?			X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		1	X
6	Does the organization have members or stockholders?	-	1	X
7a				
	governing body?	7a		x
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	1	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		1	<u> </u>
	by the following:			
а		8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a		<u>9a</u>		X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	94	<u> </u>	<u>_</u>
: -	and branches to ensure their operations are consistent with those of the organization?	96		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must	90		
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	x	
: 11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	10		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			v
Sec	tion B. Policies	11	<u> </u>	<u>X</u>
			Vee	NI -
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes X	No
́ь.	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	120	<u> </u>	
1	to conflicts?	12b	X	
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	120		
	in Schedule O how this is done	40-		v
13		12c	·	X X
14	Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy?	13		X
15	Did the process for determining compensation of the following persons include a review and approval by independent	_14_		<u> </u>
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
		4-		*7
		15a		<u>X</u>
8 -	Other officers or key employees of the organization?	<u>15b</u>		X

 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?

 b
 If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed NONE

8 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) availab
--

public inspection. Indicate how you make these available. Check all that apply.

Own website 📃 Another's website 🔀 Upon request

9	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial
	statements available to the public.

20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization:	•
	THE ORGANIZATION - 303-771-3500	*****
	9785 MAROON CIRCLE, NO. 360, CENTENNIAL, CO 80112-2692	

Form 990 (2008) AMERICAN SHEEP INDUSTRY ASSOCIATION, INC 84-0449271 Page 7 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

ta 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.

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

(A) Name and Title	(B) Average				C)		<u>uste</u>	(D)	(E)	(F)
Name and The	hours per week			Pos k all			ily)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other
	WOEK	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
BOB BENSON EXECUTIVE BOARD MEMBER	2.00	x						0.	0.	0.
TOM COLYER EXECUTIVE BOARD MEMBER	2.00	x						0.	0.	0.
GLEN FISHER EXECUTIVE BOARD MEMBER	2.00							0.	0.	
WILL GETZ										0.
EXECUTIVE BOARD MEMBER BURDELL JOHNSON	2.00	X						0.	0.	0.
EXECUTIVE BOARD MEMBER CLINT KREBS	2.00	X						0.	0.	0.
EXECUTIVE BOARD MEMBER GARY MCGEHEE	2.00	X						0.	0.	0.
EXECUTIVE BOARD MEMBER	2.00	x	 					0.	0.	0.
BURTON PFLIGER EXECUTIVE BOARD MEMBER	2.00	X			 			0.	0.	0.
MARGARET SOULEN HINSON EXECUTIVE BOARD MEMBER	2.00	x						0.	0.	0.
ART SWANNACK EXECUTIVE BOARD MEMBER	2.00	X						0.	0.	0.
BILL TALIAFERRO EXECUTIVE BOARD MEMBER	2.00	x						0.	0.	0.
ANGELO THEOS EXECUTIVE BOARD MEMBER	2.00	x						0.	··· 0.	0.
TOM WATSON EXECUTIVE BOARD MEMBER								0.	0.	0.
CHARLES THOMPSON BOARD MEMBER	2.00							0.	0.	
DWAYNE DOBSON										0.
BOARD MEMBER JAMES MORGAN	2.00							0.	<u> </u>	0.
BOARD MEMBER JEAN BROWN	2.00	X						0.	0.	0.
BOARD MEMBER	2.00	X						0.	0.	0.

832007 12-18-08

Form 990 (2008) AMERICA Part VII Section A. Officers, Directors,		mpl	loyee	es, anc	Hig	iest	Compensated Employ	ees (continued)		1	Page
(A) Name and title	(B) Average hours	(0		(C) Positic (all the		oly)	(D) Reportable compensation	(E) Reportable compensation		(F) Estima amoun	ted
	per week	Individual trustee or director	Institutional trustee	 Officer Key employse 	Highest compensated emninvee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	0	othe ompens from t organiza and rela rganiza	sation the ation ated
JOHN CUBIBURU BOARD MEMBER	2.00										
ANTHONY THEOS BOARD MEMBER	2.00						0.	<u>0</u> . 0.			0
RUSS ROBINSON BOARD MEMBER	2.00	x					0.	0.			0
BILL POWERS BOARD <u>MEMBER</u> N KEITH STUMBO	2.00	x					0.	0.			0
W KEITH STOMBO BOARD MEMBER DON KNIFFEN	2.00	x					0.	0.			0
BOARD MEMBER JOHN DAVIS	2.00	x					0.	0.			0
BOARD MEMBER JAN DEAN	2.00	x					0.	0.			0
BOARD MEMBER KEN WIXOM BOARD MEMBER	2.00	X X					0.	0.			0
ANNE CRIDER BOARD MEMBER	2.00	X					0.	0.			0
1b Total 2 Total number of individuals (including the compensation from the organization	se in 1a) who rea	ceiv	ed m	ore tha	▶ an \$1	0,00	0. 00 in reportable	0.			0
 3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for 4 For any individual listed on line 1a, is the s and related organizations greater than \$15 5 Did any person listed on line 1a receive or the organization? If "Yes," complete Sche 	such individual sum of reportabl 50,000? If "Yes, accrue comper	e cc " co isati	mpe mple	nsatio te Sch	n and e <i>dul</i> e	oth J fc	er compensation from the such individual	ne organization	<u>3</u> 4	Yes	No X X X
Section B. Independent Contractors Complete this table for your five highest c the organization. NONE	ompensated inc	lepe	nder	nt cont	racto	rs th	at received more than \$	100,000 of compens		from	
(A) Name and busines	s address						(B) Description of se	rvices C		(C) ensatio	
								~			
							-				
2 Total number of independent contractors from the organization	(including those	in 1) who	o receiv	ved n	lore	than \$100,000 in comp	ensation			

Part V	2 (2008) AMER AMER : AMER : AMER :	nue	EF INDUS!	TRY ASSOCIA	ATION, INC	84-044	<u>9271 Page</u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
unou	a Federated campaigns b Membership dues c Fundraising events	1b 1c	320,140.		· · · · · · · · · · · · · · · · · · ·		
er similar	 d Related organizations e Government grants (contribut f All other contributions, gifts, gran 	tions) 1e its, and	67,800.				
and oth	similar amounts not included abo 9 Noncash contributions included in lines h Total. Add lines 1a-1f			287 040			
	Total. Addinges fait			387,940.			
2	a <u>CONVENTION/ TRA</u>		Business Code 900099		110 510		
	<u>CONTRACT</u> SERVIC		900099	118,510.			
	MATERIALS	<u> </u>	900099	<u>50,000.</u> 30,121.			
eve .			500033	<u> </u>	30,121.		
2 2 t tevenne v v	······			<u> </u>	<u> </u>		
+	All other program service reve	nue					
	Total. Add lines 2a-2f			198,631.			
3	Investment income (including	dividends inter		190,031.			
	other similar amounts)			40,268.			10.000
4	Income from investment of tax			<u>40,200.</u>			40,268
5	Royalties	e onompe bond					
-	· · · · · · · · · · · · · · · · · · ·	(i) Real	(ii) Personal				
6 a	Gross Rents		(ii) i ersonal				
	Less: rental expenses						
	Rental income or (loss)		-				
	Net rental income or (loss)	L					
1	Gross amount from sales of	(i) Securities					
1 1 0	assets other than inventory	(i) Securities	(ii) Other				
Ь Б	Less: cost or other basis				a that the second		
						÷	
	and sales expenses					1	
-			L	· .	-		
	Net gain or (loss)		▶				
8a	Gross income from fundraising including \$						
	contributions reported on line				· · ·		
	•	,					
6	Part IV, line 18	a			. · .		
	Less: direct expenses		L				
1	Net income or (loss) from fundr	-	<u> </u>				ļ
9а	Gross income from gaming act						
.	Part IV, line 19			[
8	Less: direct expenses				-		
	Net income or (loss) from gamin	-	<u> </u>				
τυa	Gross sales of inventory, less re				And the second	18 -	
	and allowances			li de la	and the second second		
	Less: cost of goods sold			the state of the			
<u>c</u>	Net income or (loss) from sales						
	Miscellaneous Revenue		Business Code		and the second		· · · · ·
	ADVERTISING INCO		900099	64,063.		64,063.	······
b							
C							
ď	All other revenue			· .			
е	Total. Add lines 11a-11d			64,063.		<u> </u>	
12	Total Revenue. Add lines 1h, 2g, 3, 4,			690,902.	198,631.	64,063.	40,268.

AMERICAN SHEEP INDUSTRY ASSOCIATION, INC 84-0449271 Page 10 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.

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
 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 			<u> </u>	
 2 Grants and other assistance to individuals in 				
the U.S. See Part IV, line 22				
 Grants and other assistance to governments, 				1
organizations, and individuals outside the U.S.				
See Part IV, lines 15 and 16	1			
4 Benefits paid to or for members				
5 Compensation of current officers, directors,				·
trustees, and key employees				
6 Compensation not included above, to disqualified	······································			<u> </u>
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k)		<u> </u>	-	
and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):	:			
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees			······································	
g Other	113,797.			
2 Advertising and promotion				<u> </u>
3 Office expenses	257.			
4 Information technology				
6 Royalties				
6 Occupancy				
7 Travel	51,056.			
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
⁹ Conferences, conventions, and meetings				
0 Interest				
Payments to affiliates				
² Depreciation, depletion, and amortization	215.			
			ļ	
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.)	101 000			
ISSUES MANAGEMENT	191,899.		сць. -	
^b OVERHEAD	50,247.			
COMMUNICATIONS	9,592.			
TAXES	8,496.			
SPECIAL PROJECTS	5,000.			
All other expenses	5,436.			
Total functional expenses. Add lines 1 through 24f	621,324.			
Joint Costs. Check here L if following				
SOP 98-2. Complete this line only if the organization				
^{reported} in column (B) joint costs from a combined				
Seducational campaign and fundraising solicitation	L			

Form 990 (
Part X	Balance	Sheet

18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow account liability. Complete Part IV of Schedule D 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 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 25 26 Total liabilities. Add lines 17 through 25 38, 351. 26 3, 914 Organizations that follow SFAS 117, check here ▶ X and complete 1, 526, 788. 27 1, 614, 863 28 Temporarily restricted net assets 287, 489. 28 302, 244 29 Permanently restricted net assets 29 29 29 0 capital stock or trust principal, or current funds 30 30 31 30 Capital storkus, or land, building, or equipment fund 31 31 31 Total liabilities and net assets/fund balances 1, 814, 277. 33 1, 917, 107 31	Į					(A) Beginning of year		(В) Елd of year
2 Savings and temporary cash Investments 2 3 Pledges and grants receivable, net 3 4 Accounts neclivable, net 3 4 Accounts neclivable, net 123,156.4 108,427 6 Receivables from current and former officers, directors, trustes, key 5 9 employees, or other disquified persons (sa defined under section 5 9 Part II of Schedule 1 6 9 Prepaid expenses and defered charges 9 10a Land, buildings, and equipment: cost basis 10a 215, 800. 11 Investments- publicly traded securities 11 12 Investments- publicly traded securities 11 13 Investments- publicly traded securities 11 14 Intrastinets- program. 16 15 Total assets 20 10a 16 Total assets. 20 102 17 Accounts payable and accrued exponses 20 20 20 Tax counts payable and accrued exponses 20 20 21 Payable at cournet and former officers, directors, trustass, key employees, the public public pu		1	Cash - non-interest-bearing			1,687,592.	1	
3 Pladges and grants receivable, net 3 4 Accounts receivable, net 123,156.4 108,427 5 Receivables from current and former officers, directors, trustess, key employees, or other related parties. Complete Part ii of Schedule L 5 6 Receivables from checkles differed charges 5 7 Notes and loans receivable, net 5 9 Prepade avepness and defored charges 9 10b 215.0 10c 10b 215.0 10c 25,585 11 Investments - program-related. See Part IV, line 11 11 12 11 Investments - program-related. See Part IV, line 11 12 14 12 Investments - program-related. See Part IV, line 11 14 14 13 Investments - program-related. See Part IV, line 11 14 14 14 Intrassets. Add lines 1 through 15 (must equal line 34) 1,852,628.1 16 1,921,021 14 Schwalts 20 22 22 24 24 24 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,852,628.1 19 20 12 22		2	Savings and temporary cash investments					<u> </u>
4 Accounts receivable, net 123,155.4 108,427 5 Receivables from corner and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L 5 6 6 Receivables from corner discustified persons (as defined under section 4956(C)(B). Complete Part II of Schedule L 5 6 7 Notes and loans receivable, net 7 7 8 Inventories for sale or use 41,880. 8 35,352 9 Prepaid expenses and defined charges 9 9 9 9 10 Land, buildings, and equipment: toots basis 10e 215.0.0.10e 25,585 11 Investments - publicly friedd securities 11 12 11 10 Investments - program-related. See Part IV, line 11 13 13 13 14 16 Tortal assets. Add lines 1 through 15 (must equal line 34) 1,852,628.16 1,921,021 17 Account abilities 20 20 20 20 21 Exerce warpt bord liabilities 20 20 21 22 22 Payable and accrued expenses 38,351.17 3,914 <td< td=""><td></td><td>3</td><td></td><td></td><td></td><td></td><td>-</td><td><u> </u></td></td<>		3					-	<u> </u>
5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L 5 6 Receivables from current and former officers, directors, (as defined under section 4956(())(b). Complete Part II of Schedule L 5 7 Notes and loans receivable, net. 7 8 Inventories for sale or uses 41, 880, a 9 10a 25, 800. 9 10a 215, 0. 10a 215, 0. 0. 10b 215. 0. 11 11a 11a 12 Investments - chrosscultas See Part IV, line 11 13a 13 Investments - dual accrued expenses 38, 351, 17 14 Total assets, Ad		4	Accounts receivable, net			123.156.	1	108.427
employese, or other related parties. Complete Part II of Schedule L		5						<u> </u>
6 Receivables from other disqualified persons (as defined under section 4956(i)(1)) and persons described in section 4956(i)(3). Complete Part I of Schedule L 6 9 Notes and loans receivable, net 7 10 Land, buildings, and equipment: cost basis 10a 25,800. 10 Land, buildings, and equipment: cost basis 10a 25,800. 11 Investments - publicly traded securities 11 12 12 Investments - publicly traded securities 11 12 13 Investments - program-related. See Part IV, line 11 12 14 14 Intagible assets. See Part IV, line 11 13 14 15 Total assets. Add lines 1 through 15 fmust equal line 34) 1, 852, 628, 16 1, 921, 021 17 Accounts payable and accrued expenses 38, 351, 17 3, 914 19 Deferred revenue 20 21 22 21 Escrow account liability. Complete Part IV of Schedule D 21 22 22 22 Socured nortigages and notes payable to unrelated third parties 23 32 32 21 Escrow account liability. Complete Part IV of Schedule D 24 22 3				-			5	
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Part XI Financial Statements and Reporting Yes No]							1,917,107.
Yes No	Par	34 + VI	Total liabilities and net assets/fund balances			1,852,628.	34	1,921,021.
	<u>u a</u>		Financial Statements and Reporting					
	1	Δccc	unting method used to prepare the Form 990:	Cash	X Accrual	Other		Tes NO

1	Accounting method used to prepare the Form 990: 🔛 Cash 🛛 🗶 Accrual 📃 Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
C	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits?	3b		

³²⁰¹¹ 12-18-08

SCHEDULE J-2

(Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047 8 **Open to Public** Inspection

Department of the Treasury

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

Part I Continuation of Officers, D (A) Name and Title	Directors, (B) Average hours per week	<u>Fru</u>	chec	Po	Key (C) sitior	<u>/ Er</u>	<u>55</u> npl	OCIATION, IN oyees, and Highes (D) Reportable	t Compensated (E)	Employees (F)
(A)	(B) Average hours per		(chec	Po	(C) sitior	n	4	(D)	(E)	(F)
Name and Title	hours per					-				í · ·
	•	ar director	1010			r api	piy) T	compensation	Reportable compensation	Estimated amount of
		Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
STANLEY POE		ĺ					1			
BOARD MEMBER	2.00	<u> X</u>	<u> </u>	ļ	ļ	<u> </u>	ļ	0.	0.	0.
DR. DAN MORRICAL BOARD MEMBER	2 00									
JOSH ABELDT	2.00		• 	+		-	<u> </u>	0.	0.	0.
SOARD MEMBER	2.00	v								_
OGER THACKER	2.00		·	<u> </u>		<u> </u>		0.	0.	0.
BOARD MEMBER	2.00	X						0.	0	0
RICHARD BRZOZOWSKI	<u></u>	_		<u> </u>	+			· · ·	0.	0.
OARD MEMBER	2.00	X						0.		0
OAN HOBBS		1		<u>†</u>				V •	<u>v.</u>	0.
OARD MEMBER	2.00	x	ĺ	l				0.	0.	0
ORDON MACPHEE				1				¥.	V.	0.
OARD MEMBER	2.00	x						0.	0.	0.
EWIS COX	-	1						``	0.	<u> </u>
OARD MEMBER	2.00	X						0.	0.	0.
ALE THORNE									i	0.
OARD MEMBER	2.00	X						0.	0.	
ANIEL PERSONS						Ī				<u>_</u>
OARD MEMBER	2.00	X						0.	0.	0.
YNDON IRWIN										
OARD MEMBER OHN HELLE	2.00	X						0.	0.	0.
OARD MEMBER	0 00			ĺ			ĺ			
IKE LIPPERT	2.00	X	┝──┤					0.	0.	0.
OARD MEMBER	2 00	77						_	3	
AZEN STONE	2.00	A	┝──┼					0.	0.	0.
OARD MEMBER	2.00	v								
ETE PARIS	4.00	-						0.	0.	0.
OARD MEMBER	2.00	v						0		
JTH SCRUTON	4.00	- 27							0.	0.
DARD MEMBER	2.00	x						0.		2
DAN KINCAID						-+-		······································	0.	0.
DARD MEMBER	2.00	x						0.		0
ARBARA PUGH				-	-				V.	0.
DARD MEMBER	2.00	x						0.		0.
EAN SWENSON									······································	<u> </u>
DARD MEMBER	2.00	X						0.	0.	0.
JSAN SHULTZ	1									<u>v</u> .
A For Privacy Act and Paperwork Reduction		x						.0.	0.	0.

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

Schedule J-2 (Form 990) 2008

2201 12-18-08

SCHEDULE J-2

(Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047 **2008**Open to Public

Department of the Treasury Internal Revenue Service

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

Name of the Organization

AMERICAN SHEEP INDUSTRY ASSOCIATION INC. 84-0449271

Part I Continuation of Officers, I	Directors. Tr	TIN TIN	DU: tee	<u>ST.</u> S. I	<u>RY</u> Kev	A En	<u>SS(</u> nnle	OCIATION, IN	C 84-044	<u>9271</u> Employees
(A)	(B)				<u>(C)</u>			(D)	(E)	(F)
Name and Title	Average hours per	(0		Pos	ition	app	oly)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
YNN TRUPP OARD MEMBER	2.00	v						0.	0	0
REG HUBBARD OARD MEMBER					·				0.	0
ARA WYATT	2.00			-				0.	0.	0
OARD MEMBER ARRY PRAGER	2.00	X						0.	0.	0
OARD MEMBER ILL KUECKER	2.00	X						0.	0.	0
OARD MEMBER	2.00	x			ļ			0.	0.	0
EE BLOODWORTH OARD MEMBER	2.00	X						0.	0.	0
M F JUNIOR GORING OARD MEMBER	2.00	X						0.	0.	0
IMBERLY HAGEN OARD MEMBER	2.00	X						0.	0.	0
OHN SPONAUGLE OARD MEMBER								0.	0.	0
L SCHWIDER DARD MEMBER										
DE AUCREMANNE									0.	0
DARD MEMBER DDD TAYLOR	2.00	X						0.	0.	0
DARD MEMBER AVE JULIAN	2.00	X						0.	0.	0
OARD MEMBER	2.00	x						0.	0.	0
									#	

^{HA} For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2008

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service 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.



Name of the organization

AMERICAN SHEEP INDUSTRY ASSOCIATION, INC

Employer identification number 84-0449271

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LOCATED THROUGHOUT THE UNITED STATES.

FORM 990, PART VI, SECTION A, LINE 10: AVAILABLE UPON REQUEST

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS

AVAILABLE TO THE PUBLIC UPON REQEUST.

PROCESS HAS NOT CHANGED FROM PRIOR YEAR

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	 Attach to Form 990. To be comp 	lete	Related Organizations and Unrelated Partnerships d by organizations that answered "Yes" to Form 99 See separate instructions.	0, Part IV, lines 33, 3	M, 35, 36, or 37.	OMB No. 1545-0047 2008 Open to Public Inspection
Name of the organization	zation AMERICAN SHEEP	INDUSTRY A	CON, INC		Ë	Employer identification number 84-049271
Part I Identifica	Identification of Disregarded Entities					
o N S	(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
FOOD AND FIBER F 38-3752251, 9785 CENTENNIAL, CO	BER RISK MANAGERS, LLC - 9785 MAROON CIRCLE, STE 360, CO 80112	PROVIDE INSURANCE PRODUCTS FOR THE AGRICULTURAL COMMUNITY	COLORADO	86,977.	1,135.	AMERICAN SHEEP INDUSTRY ASSOCIATION, INC.
Part II Identifica	Identification of Related Tax-Exempt Organizations	ations				
Na	(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
WOOL TRUST FOUNDATION - 9785 MAROON CIRCLE, STE CENTENNIAL, CO 80112	ATTON - 84-1592464 LE, STE 360 80112	TO FROMOTE SHEEP AND AGRICULTURAL AWARENESS	COLORADO	501C5		AMERICAN SHEEP INDUSTRY ASSOCTATION INC
						1
LHA For Privacy Ac	t and Paperwork Reduction Act Noti	LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 332181				Schedule R (Form 990) 2008

12-23-08

Schedule R (Form 990) 2008 AMERICAN SHEEP INDUSTRY ASSOCIATION, INC

Y ASSOCIATION, INC

Page 2

84-0449271

Part III Identification of Related Organizations Taxable as a Partnership

(7)	0	Yes No	 	 		 		 		 	
0	Code V-UBI amount in box 20 of Schedule	K-1 (Form 1065)									
Ð	-uo su	Ň	 	 	 		 	 		 	
	Dispr ate all	Yes	 	 		 	 	 	_	 	
(פ)	Share of end-of-year assets										
(F)	Sh				 	 					
(E)	Predominant income (related, investment, unrelated)	<u>(</u>									
	Direct controlling entity										
0	Legal domicite (state or foreign	country)		 		 		 		 	
(B)	Primary activity										
(A)	Name, address, and EIN of related organization										

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicite (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
SHEEP VENTURE COMPANY INC 38-3752249 9785 MAROON CIRCLE, STE 360 CENTENNIAL, CO 80112	TO FROMOTE SHEEF AND AGRICULTURAL AWARENESS	S	AMERICAN SHEEP INDUSTRY ASSOCIATION	C CORP	9 261	< 40 074 <	
832162 12-23-08						Schedule R (Form 990) 2008	n 990) 2008

Schedule R (Form 990) 2008 AMERICAN SHEEP INDUSTRY ASSOCIATION, INC

Page 3 84-0449271

Part V Transactions With Related Organizations

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.		Yes	°N No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	<u>1</u>		X
	4		×
c Gift, grant, or capital contribution from other organization(s)	4		×
d 1 ans or learning to or for other organization(s)			Þ
	9		4;
	1 6		×
f Sale of assets to other organization(s)	Ħ		⋈
g Purchase of assets from other organization(s)	19		$ \times$
h Exchange of assets	1P		×
i Lease of facilities, equipment, or other assets to other organization(s)	;		×
			**
j Lease of facilities, equipment, or other assets from other organization(s)	;		×
k Performance of services or membership or fundraising solicitations for other organization(s)	¥		×
Performance of services or membership or fundraising solicitations by other organization(s)	=		×
m Sharing of facilities, equipment, mailing lists, or other assets	1		×
n Sharing of paid employees	ŧ		×
o Reimbursement paid to other organization for expenses	9	×	
	4		×
q Other transfer of cash or property to other organization(s)	4		×
r Other transfer of cash or property from other organization(s)	I		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			
(A) (B)	0		
Name of other organization(s) Transaction type (a-t)	Amount	nvolveo	7
(1) WOOL TRUST FOUNDATION O	L L L L L L L L L L L L L L L L L L L	50,247	17.
(2)			
(4)			
(5)	-		
(9)			
632163 12-23-08 Sch	Schedule B (Form 990) 2008	(066 u	2008

Schedule R (Form 990) 2008

1908		· ·					: .	•
orm	99		Return of Organiz Under section 501(c), 527, or 4947 bene The organization may have to use	ation Exempt Fr (a)(1) of the Internal Reve fit trust or private founda	om Inc nue Code tion)	ome Tax (except black lui	ng	OMB No. 1545-0047 2007 per to Public Inspection
epartm iternal I	ent of th Revenue	e Treasury e Service	The organization may have to use	a copy of this return to sat	isfy state r	eporting requireme	nts.	pen to Public aispection
Fo	the 2		ear, or tax year beginning $10/01/1$	07, and ending 9/	/30/08		D Employer	identification number
Che	ck il appli	cable: Please use IRS	C Name of organization		$\frac{1}{2}$ \overline{T}			449271
Add	ress chan	ige label or	AMERICAN SHEEP IN	DUSTRI ASSOCI	ALLON			ne number
Nan	ie change		INC.			Room/suite	•	771-3500
	ai return	type. See	Number and street (or P.O. box if mail is			Roonvsuite		ng method: Cash
ב ר		Specific	9785 MAROON CIRCL				X Accrual	Other (specify)
-	nination	Instruc-	City or town, state or country, and ZIP + 4	• CO 80112-	2692			
_ Am	ended ret		CENTENNIAL Section 501(c)(3) organizations and 4947(a			re not applicable to se	ction 527 organi	zations.
App	lication p	ending	trusts must attach a completed Schedule A	(Form 990 or 990-EZ).		this a group return for		Yes X No
			1	•		'Yes," enter number o		
	ebsite:		IEEPUSA.ORG		1	e all affiliates included		Yes No
	-	ation type	501(c) (5) ◀ (insert no.)	4947(a)(1) or 527		"No," altach a list. See ins		— —
(CI	песк ог				- ``	this a separate return		
	eck her		ne organization is not a 509(a)(3) supporting orga		1 1 1	ganization covered b		
rec	eipts ar	re normally not mo	pre than \$25,000. A return is not required, but if t	he organization chooses		roup Exemption N		,
to	file a ret	turn, be sure to file	e a complete return.					is not required
· 0		tuto . A dal Pura	ch ch ch and 10h to line 12	757,950	+	attach Sch. B (Fo	-	
Pa		Ceipts: Add lines	s 6b, 8b, 9b, and 10b to line 12 , Expenses, and Changes in Ne					
ra			ifts, grants, and similar amounts received:					·····
				,	1a			
			pport (not included on line 1a)		1b		. 100	
			upport (not included on line 1a)		1c			
		•	ntributions (grants) (not included on line 1a)		1d	······		
			a through 1d) (cash \$			·)	1e	<u>.</u> <u>0</u>
	е 2	Program service	e revenue including government fees and	contracts (from Part VII, lin	e 93)		2	206,982
	23	Membershin du	les and assessments	SE	E STA	FEMENT 1	3	322,856
	3 4	Interest on savi	ngs and temporary cash investments	• • • • • • • • • • • • • • • • • • • •			4	56,897
			interest from securities				. 5	388
	5 6a	Gross rents			6a			
	b	Less: rental exr	penses		6b			
	c		me or (loss). Subtract line 6b from line 6a				6c	····
	7 .		ent income (describe ►	,			. 7	·
an	8a		from sales of assets other	(A) Securities		(B) Other		
Revenue		than inventory			8a			
2	b		ther basis and sales expenses		8b			
	C		(attach schedule)		8c			
	d		ss). Combine line 8c, columns (A) and (B)				8d	
	9	Special events	and activities (attach schedule). If any an	nount is from gaming, chec	k here . 🕨			
ļ	a	Gross revenue	e (not including \$	of				
			eported on line 1b)		9a			
	b		penses other than fundraising expenses		9b			
	С		(loss) from special events. Subtract line 9			, ,	9c	
	10a	Gross sales of	f inventory, less returns and allowances		10a	31,5		
	b	Less' cost of a	noods sold		10b	11,7		40 504
	C	Gross profit or	(loss) from sales of inventory (attach sch	edule). Subtract line 10b fro	om line 10a	STMT 2	2 <u>10c</u>	19,794
	11	Other revenue	e (from Part VII, line 103)	, , . ,				139,249
	12	Total revenue	e. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10	c, and 11	<u></u>	- and and a set of a stand of a set of	12	746,166
	13	Program servi	ices (from line 44, column (B))				13	
Set	14	Management	ices (from line 44, column (B)) and general (from line 44, column (C))	THIS	Copy	7. IS	14	
Expenses	15	Fundraising (f	from line 44, column (D))					
цхр	16	Payments to a	from line 44, column (D)) affiliates (attach schedule)	ror I(JUK I	r illes	16	
	17	Total expens	es. Add lines 16 and 44, column (A)		<u></u>			611,009
Ś	18		ficit) for the year. Subtract line 17 from line				18	135,157
- y	1		fund balances at beginning of year (from I				19	1,679,120
sset	19						1 00 1	
at Asset	20		es in net assets or fund balances (attach e					1 014 000
Net Assets	20 21	Net assets or		nes 18, 19, and 20			· · · · }	1,814,277 Form 990 (2007

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		CUTTD	TNDIICTDV		<u> 84-0449271</u>
Form 990 (2007)	AMERICAN	SUPPE	TNDOBIUT	UDDOCTULT	

Page 2

Do not	include amounts reported on li	ne 🛙		· ·	· (B)	Program	(C) Management	
	, 8b, 9b, 10b, or 16 of Part I.			(A) Total	(5)	services	and general	(D) Fundraising
	I from donor advised funds (attach sched	dule)		· ·				
	non- cash \$)						
If this amou	int includes foreign grants, check here	▶ Í Ì	22a					
	and allocations (attach schedule)				~~~~~			
(cash \$	non- cash \$)						
If this amou	unt includes foreign grants, check here		22b					
	sistance to individuals (attach				•			
schedule)			23					
4 Benefits pa	aid to or for members (attach							
schedule)			24					
5a Compensa	ition of current officers, directors,					1		
key employ	yees, etc. listed in							**
Part V-A	, ,		25a					
b Compensa	ation of former officers, directors,							
key employ	yees, etc. listed in			· .				
Part V-B			25b					.
c Compensa	ation and other distributions, not included	l above,						
	fied persons (as defined under section							
) and persons described in section 4958	(c)(3)(B)	25c			. 1200		
6 Salaries a	nd wages of employees not included							
	5a, b, and c		26	22,285	<u> </u>		Concutinue)	
7 Pension p	lan contributions not included on							
lines 25a,			27			······································		
• •	benefits not included on lines							
			28 29					
	Kes		30					
	nal fundraising fees		31	······			· · · · · · · · · · · · · · · · · · ·	
	g fees		32	213,864			· ·	
	S		33					
	•••••••••••••••••••••••••••••••••••••••		34		f			
	e		35		1			
	and shipping		36		1			
	cy nt rental and maintenance		37					
	ind publications		38	18,041	1			
			39	33,425				-
	ices, conventions, and meetings		40	30,509				
			41					
42 Deprecia	tion, depletion, etc. (attach schedule)		42					
•	penses not covered above (itemize):							
	STATEMENT 3		43a	292,885	5			
			43b					·····
			43c					
đ			43d					
			43e					
			43f	<u> </u>	<u> </u>			
9			<u>43g</u>	L				
44 Total fu	nctional expenses. Add lines 22a							
	43g. (Organizations completing							
columns	(B)-(D), carry these totals to lines	· •						
13-15) ,	. Check 🕨 🔄 if you are following SOF	<u></u>	44	611,009	2		0	0

in energy i	Statement of Program Se	some people serves as t	nents (See the instructions.) the primary or sole source of information about a	
om: adicu	lar organization. How the public perceives at	n organization in such cas	ses may be determined by the information presented	
n its	return. Therefore, please make sure the return	rn is complete and accura	ate and fully describes, in Part III, the organization's	
	ms and accomplishments.			· .
► F	is the organization's primary exempt purpose ROMOTE SHEEP AND RELA anizations must describe their exempt purpo	TED INDUSTRI	ar and concise manner. State the number	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1)
of clie	nts served, publications issued, etc. Discuss	achievements that are no	ot measurable, (Section 501(c)(3) and (4)	trusts; but optional for
organ	izations and 4947(a)(1) nonexempt charitable	e trusts must also enter tr	ne amount of grants and allocations to others.)	others.)
a	LAMB MARKETING-PROMOT	E FOOD VALUE	AND SHEEP PRODUCIS.	
		, , ,	· · · · · · · · · · · · · · · · · · ·	
			Kitkie empunt includes foreign grants check here	1
· ((Grants and allocations \$		If this amount includes foreign grants, check here L PRODUCTS; PUBLISH NEWS	
	LETTERS AND OTHER INF INDUSTRY.	ORMATION TO	PROMOTE THE WOOL	
• •		·····		
	Grants and allocations \$		If this amount includes foreign grants, check here	
c .	Grants and allocations \$) ES-PROVIDE IN SHEEP INDUST	NFORMATIONAL MATERIAL TO	
C .	Grants and allocations \$ COMMUNICATION SERVICE THE PUBLIC ABOUT THE Grants and allocations \$	SHEEP INDUST	NFORMATIONAL MATERIAL TO TRY AND PRODUCTS.	
C .	Grants and allocations \$ COMMUNICATION SERVICE THE PUBLIC ABOUT THE	SHEEP INDUST) ROVIDE MARKE ON TO SHEEP:	NFORMATIONAL MATERIAL TO TRY AND PRODUCTS. If this amount includes foreign grants, check here ► T INFORMATION AND INCREASE THE EFFICIENCY	
C .	Grants and allocations \$ COMMUNICATION SERVICH THE PUBLIC ABOUT THE Grants and allocations \$ PRODUCERS SERVICES-PI PRODUCTION INFORMATI OF THE WOOL INDUSTRY INDUSTRY.	SHEEP INDUST) ROVIDE MARKE ON TO SHEEP:	NFORMATIONAL MATERIAL TO TRY AND PRODUCTS. If this amount includes foreign grants, check here ► T INFORMATION AND INCREASE THE EFFICIENCY	
c .	Grants and allocations \$ COMMUNICATION SERVICH THE PUBLIC ABOUT THE Grants and allocations \$ PRODUCERS SERVICES - PI PRODUCTION INFORMATIC OF THE WOOL INDUSTRY INDUSTRY. (Grants and allocations \$	SHEEP INDUST) ROVIDE MARKE ON TO SHEEP:	NFORMATIONAL MATERIAL TO TRY AND PRODUCTS. If this amount includes foreign grants, check here T INFORMATION AND INCREASE THE EFFICIENCY EDUCATION TO THE If this amount includes foreign grants, check here LINCREASE THE EFFICIENCY EDUCATION TO THE	
c	Grants and allocations \$ COMMUNICATION SERVICH THE PUBLIC ABOUT THE Grants and allocations \$ PRODUCERS SERVICES-PI PRODUCTION INFORMATI OF THE WOOL INDUSTRY INDUSTRY.	SHEEP INDUST) ROVIDE MARKE' ON TO SHEEP: AND PROVIDE) SEE STMT 4)	NFORMATIONAL MATERIAL TO TRY AND PRODUCTS. If this amount includes foreign grants, check here T INFORMATION AND INCREASE THE EFFICIENCY EDUCATION TO THE If this amount includes foreign grants, check here If this amount includes foreign grants, check here If this amount includes foreign grants, check here	

		-
01	90	8

AND 100000	<u>990 (2</u> rt IV	2007) AMERICAN SHEEP INDUSTRY Balance Sheets (See the instructions.)	AS	so	CIA	TIO	<u>N 84</u>	-0449271		Page 4
		Where required, attached schedules and amounts within column should be for end-of-year amounts only.	the de	scri	ption			(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing			·····				45	·
	46	Savings and temporary cash investments						1,617,891	46	1,687,592
	47-	Accounts receivable	47a				8,217			
		Less: allowance for doubtful accounts	47b					66,307	47c	38,217
·	Ь			***						
	48a	Pledges receivable	48a		******		99990000000000000000000000000000000000			
		Less: allowance for doubtful accounts	48b						48c	
	49	Grants receivable	\$						49	;
	 50a	Receivables from current and former officers, directors,	trustee	es,a	ind					
	504	key employees (attach schedule)							50a	
	ь	Receivables from other disqualified persons (as defined	under	sec	tion 4	958(1)(1)) and			
·	~	persons described in section 4958(c)(3)(B) (att. schedul							50b	
	51a	Other notes and loans receivable (attach		,						
		schedulė)	51a							· ·
ets	ь		51b						51c	
Assets	52 	Inventories for sale or use						· · · ·	52	·
.	53	Prepaid expenses and deferred charges							53	
	54a				•	Cost	1 1		54a	
	Ь				▶ 🗌	Cost	FMV		54b	
	55a	Investments-land, buildings, and	1							
		equipment: basis	558	+						
	b	Less: accumulated depreciation (attach	55b						55c	
		schedule) Investments—other (attach schedule)	L		दत्रह	ST	MT 5	50,00		50,000 1
	56		57a	11			21,69			
	•	Land, buildings, and equipment: basis		-				-		
		schedule) SEE STATEMENT 6	57b				21,69	3	57c	
	58	Other assets, including program-related investments	L	-			·			
	00	(describe ► SEE STATEMENT 7)	53,66	4 58	76,819
	59	Total assets (must equal line 74). Add lines 45 throug							2 59	1,852,628
	60	Accounts payable and accrued expenses						1 100 774	2 60	38,351
	61	Grants payable							61	- INCL INTERCO
	62	Deferred revenue							62	
(5	63	Loans from officers, directors, trustees, and key emplo	yees (atta	ch					
itie:		schedule)							63	1
Liabilities	64a	and the second s							64a	
Ľ		b Mortgages and other notes payable (attach schedule)	,						64b	<u>)</u>
	65	Other liabilities (describe 🕨)	65	·
										20.051
	66	Total liabilities. Add lines 60 through 65	<u></u>	<u></u>				1.08,74	2 66	38,351
	Or	ganizations that follow SFAS 117, check.here 🕨 🔀	and co	omp	lete li	nes	· · ·			
		67 through 69 and lines 73 and 74.						- 1.679.12	20 67	1,814,277
es	67									
anc	68				••••				68	
Bal	69	Permanently restricted rganizations that do not follow SFAS 117, check here		ч · ·			••••		03	
P	Or		▶∟	Ja	nd					
ШЦ		complete lines 70 through 74.							70	
Net Assets or Fund Balances	70								70	
sets	71								72	
Ass	72									
Net	73									
		70 through 72. (Column (A) must equal line 19 and c						1,679,1	20 73	1,814,277
		equal line 21)	 Llinee (nd 79	• • • • • •		,		
	74	4 Total liabilities and net assets/fund balances. Add	i mies i	vo a	usu 73	<u></u>		<u> </u>	1	Form 990 (2007)

01908			-	e' o	
****	990 (2007) AMERICAN SHEEP INDUSTRY ASSOCIATION	84-044927	1 nue per Reti	urn (See the	Page 5
на	rt IV A Reconciliation of Revenue per Audited Financial State instructions.)		nue per Neu		
a	Total revenue, gains, and other support per audited financial statements		a	7	46,166
b	Amounts included on line a but not on Part I, line 12:	·			
1	Net unrealized gains on investments	b1	<u> </u>		
2	Donated services and use of facilities				
3	Recoveries of prior year grants	1			
4	Other (specify):				
	λ				
	Add lines b1 through b4		L. L. L		
c	Subtract line b from line a				46,166
d	Amounts included on Part I, line 12, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):				
		1			
· · · ·	Add lines d1 and d2				
A	Total revenue (Part Lline 12) Add lines c and d		· · · · · · · •		746,166
P	Int IV-B Reconciliation of Expenses per Audited Financial Sta	tements With Ex	penses per F	Return	
a	Total expenses and losses per audited financial statements		1.	, (511,009
Б	Amounts included on line a but not Part I. line 17:	· · · · · · · · · · · · · · · · · · ·			
- 1	Donated services and use of facilities	b1			
2	Prior year adjustments reported on Part I, line 20				
3	Losses reported on Part I, line 20				
4	Other (specify):	1 1			
4					
	Add lines b1 through b4			b	
	- · · · ·				611,009
ď	Subtract line b from line a				
ŭ 1	· · · · · · · · · · · · · · · · · · ·	d1			
2		· }			
2	Other (specify):	d2			
	Add lines d1 and d2			d	
~	Total expenses (Part I, line 17). Add lines c and d		▶ -	······	611,009
	art V-A Current Officers, Directors, Trustees, and Key Emplo	Vees (List each perso			
333.53	or key employee at any time during the year even if they were not comp	ensated.) (See the inst	ructions.)		
		(B)	(C) Compensation	(D) Contributions to employee benefit plans & deterred compensation plans	(E) Expense
	(A) Name and address	Title and average hours per week devoted to position	(If not paid, enter -0)	plans & deferred compensation plans	account and other allowances
	EE ATTACHED LIST			• •	
?	, , , , , , , , , , , , , , , , , , , 	1 0	0	0	'0
• • •	• • As • • • • • • • • • • • • • • • • •				
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Form 9	00 (2007) AMERICAN SHEEP INDUSTRY ASSOCIATION 84-0449271	Page 6
Part	V-A Current Officers, Directors, Trustees, and Key Employees (continued)	Yes No
7 5 a E	inter the total number of officers, directors, and trustees permitted to vote on organization business at board	
r F	neetings	
b /	mployees listed in Schedule A, Part I, or highest compensated professional and other independent	
c	ontractors listed in Schedule A, Part II-A or II-B, related to each other through family or business	
r	elationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b X
	a second s	
cl	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other	
i	ndependent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other	
	organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for	
1	he definition of "related organization,"	75c X
	f "Yes," attach a statement that includes the information described in the instructions.	75d X
	Does the organization have a written conflict of interest policy? TVB Former Officers, Directors, Trustees, and Key Employees That Received Compensation or O	
	Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Of (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the	year, list that
	person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)	
	(A) Name and address (B) Loans and Advances (C) Compensation (D) Contributions to employee benefit plans & deferred to a deferre	account and other
	enter-0-) compensation plans	allowances
N/1	······	
<u> </u>		
	······	
		· ·
	· · · · · · · · · · · · · · · · · · ·	
P	Other Information (See the instructions.)	Yes No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a	
	detailed statement of each change	76 X 77 X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	
100	this return?	78a X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach	79 X
6 -	a statement Is the organization related (other than by association with a statewide or nationwide organization) through	
80a	Is the organization related (other than by association with a statewide or nationwide organization) through the organization (through the organization) through the organization of the organiz	
	organization?	80a X
ъ	If "Yes," enter the name of the organization 🕨	
	and check whether it is exempt or in nonexempt	
81a	Enter direct and indirect political expenditures. (See line 81 instructions.)	81b X
b	Did the organization file Form 1120-POL for this year?	Form 990 (2007)

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100000000000000000000000000000000000000	Other Information (continued)	ΤY	es	No
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge			
82a		82a		Х
	or at substantially less than fair rental value? If "Yes," you may indicate the value of these items here. Do not include this			
Ь				
	amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b			
97~	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	хI	
83a 5	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? N/A	83b		
b 845	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
84а ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
U	gifts were not tax deductible? N/A	84b		
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a	X	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		X
D	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization			
	received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members			
d	Section 162(e) lobbying and political expenditures 85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85/?	85g		
	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the			
	following tax year?	85h		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a			
b	Gross receipts, included on line 12, for public use of club facilities	-		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a	-10001		
, b	Gross income from other sources. (Do not net amounts due or paid to other			
	sources against amounts due or received from them.)	-		
88a				
	partnership, or an entity disregarded as separate from the organization under Regulations sections			
	301.7701-2 and 301.7701-3? If "Yes," complete Part IX	<u>88a</u>	<u>X</u>	
b				v
	meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		X
89a				
	section 4911 ► ; section 4912 ► ; section 4955 ►			
ť				
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach	89b	888888	200000000
	a statement explaining each transaction	000		
(
	persons during the year under sections 4912, 4955, and 4958			
	all states at some the during the ten upor the proprietion a party to a prohibited tax shelter			
. (89e	40050099	X
	transaction? All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?			X
	g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the			
	supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings			
	at any time during the year?	89g		X
90.	I AND A AND			
	b Number of employees employed in the pay period that includes March 12, 2007 (See		,	
	90b			0
91	a The books are in care of F LARRY KINCAID Telephone no. F 303	3-771	- 3	500
	9785 MAROON CIRCLE #360			
	Located at CENTENNIAL, CO ZIP + 4 80112-2	2692		
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	,	Ye	
	account)?	91b		X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
	A · · · · · · · · · · · · · · · · · · ·	Fo	rm 9!	90 (2007)

Page 7

Form 990 (2007) AMERICAN SHEEP INDUSTRY ASSOCIATION 84-0449271

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18	· · · · · · · · · · · · · · · · · · ·	··· ·· _ · · _				ě.	17	
	EP INDUSTRY AS	SSOCIAT	ION 84-04	49271		ι.	Yes	age 8
Art VI Other Information (co At any time during the calendar year, did	the organization maintain a	n office outsid	e of the United State	s?		91c	· · · · ·	X
						، استسنیت		<u>_</u>
If "Yes," enter the name of the foreign co Section 4947(a)(1) nonexempt charitable and enter the amount of tax-exempt intel	e trusts filing Form 990 in lie	u of Form 104	11-Check here			•		►
and enter the amount of tax-exempt inter	rest received or accrued du	ring the tax ye	ar		▶ 92			
art VII Analysis of Income-F								
e: Enter gross amounts unless otherwise			ousiness income	Excluded b	y section 512, 513, or 514		(E) lated or	
cated.		(A) usiness code	(B) Amount	(C) Exclusion	(D) Amount		iated or pt functi	
Program service revenue:		usiness code	Amoune	code	Anoun	ir	ncome	
CONVENTIONS AND ME	ETINGS			· · · · ·			.00,	
MATERIALS				ļ			12,	
GRAZING GRANT PROG							40,	941
ADVERTISING		<u>541800</u>	52,884					
·	. <u> </u>			<u> </u>				
Medicare/Medicaid payments				┼┼				
Fees and contracts from government ag							322,	856
Membership dues and assessments				<u> </u>				897
Interest on savings and temporary cash				<u> </u>			<u> </u>	388
Dividends and interest from securities	1000							Ŵ
Net rental income or (loss) from real est						***************	22000000000	
 not debt-financed property	si nroneriv							
Other investment income Gain or (loss) from sales of assets othe								
Net income or (loss) from special event								
2 Gross profit or (loss) from sales of inve							19,	,794
3 Other revenue: a	······		······································	·				
b NEWSLETTER								310
c CONTRACTUAL					`		138	<u>, 939</u>
d						L		
e		-	· .			L		
4 Subtotal (add columns (B), (D), and (E)))		52,884	1	0		693	
5 Total (add line 104, columns (B), (D), a	and (E))				🕨 📖		746	,16
te: Line 105 plus line 1e, Part I, should eq	ual the amount on line 12, F	Part I.	<u>.</u>					
	ivities to the Accom							
Line No. Explain how each activity	for which income is reported	d in column (E)) of Part VII contribut	ed importa	ntly to the accomplish	ment		
	pt purposes (other than by	providing land	s for such purposes)	•				
SEE STATEMENT	8							
	·							
	ling Taxable Subsidi	invine and I	Discovered En	tition (S	ad the instruction	10)		
Part IX Information Regard (A)			(C)		(D) Total income	•	(E)	
Name, address, and EIN of corporation,	(B) Percentage of		lature of activities		Total income	End	i-of-ye: assets	ar
partnership, or disregarded entity	ownership interest	%		·				
SEE STATEMENT 9								
		%						
		 %	, <u> </u>					
Part X Information Regard	ding Transfers Asso		Personal Bene	fit Cont	racts (See the in	structio	ons.)	
(a) Did the organization, during the yea							Yes	XN
(b) Did the organization, during the yea							Yes	XN
Note: If "Yes" to (b), file Form 8870 and				•••				
Hoter a res to top no rom coro and						F	orm 99	90 (20

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Part XI	Information Regarding Transfers To	and From Cont	rolled Entities. Comp	lete only if	the org	anization		
	is a controlling organization as define	a in section 512	<u>b)(13).</u>	<u>.</u>		•	Yes	No
06 Did the r	reporting organization make any transfers to a cont	rolled entity as define	d in section 512(b)(13) of					
the Code	e? If "Yes," complete the schedule below for each o		(-)			·		<u>X</u>
	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Descriptio transfe			(D Amount (isfer
a			· , ·	. '				
	· · · · · · · · · · · · · · · · · · ·							
b								
	· · · · · · · · · · · · · · · · · · ·							
c								
	·			· · · ·				
	Totals						······································	
		<i></i>					Yes	No
	reporting organization receive any transfers from 13) of the Code? If "Yes," complete the schedule b							X
	(A)	(B)	(C)	_		. (D) -	
	Name, address, of each controlled entity	Employer ID Number	Descripti transf			Amount		nsfer
a b	· · · · · · · · · · · · · · · · · · ·							
c	· · · · · · · · · · · · · · · · · · ·							
	Totals							
······		<u></u>			1		Yes	No
	e organization have a binding written contract in eff		6, covering the interest,					
Please	royalties, and annuities described in question 107 a Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete. Declaration o	t this return including ad	companying schedules and state icer) is based on all information	ements, and to t of which prepare	he best of r er has any l	ny knowledge knowledge.		1
Sign Here	Signature of officer		· ·		Date		,	
	Type or print name and title					Preparer's	SSN or	PTIN
	1 b		. Date	Check if self- employed		(See Gen. P0021	Instr, X)
Paid	Preparer's signature					<u> </u>		
Preparer's	signature		MASSARO LLP		EIN	▶ 84-1	1436	5226
	signature		SUITE 2000		Phone	▶ <u>84-1</u> 303-69		

01908 AMERICAN SHEEP INDUSTRY ASSOCIATION 84-0449271 Federal Statements

FYE: 9/30/2008

Statement 1 - Form 990, Part I, Line 3 - Membership Dues and Assessments

	Description	 	Amount
MEMBERSHIP	DUES/ASSESSMENTS		322,856
TOTAL		\$	322,856

<u>Statement 2 - F</u>	orm 990, Line 10c - Sales of	Inventory	
Description	Gross Sales	COGS	Gross Profit
SALE OF HANDBOOKS	\$ 31,578	\$ 11,784	\$19,794
TOTAL	\$31,578	\$ 11,784	\$19,794

Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
- ·	\$	\$	\$	\$ [*] ·
ADVERTISING OTHER EXPENSES EXPENSES	3,397			
APPLIED OVERHEAD CONTRACT SERVICES	46,042 178,400			,
OFFICE EXPENSE OTHER EXPENSE CORPORATE TAXES	21,065 4,510 9,184		· ·	
OTHER EXPENSES WORKSHOPS ETC	30,287			
TOTAL	\$ 292,885	\$(0\$	<u> </u>

Statement 4 - Form 990, Part III, Line e - Other Program Services

Description

CONVENTIONS-HOLD MEETINGS AND CONVENTIONS FOR THE BENEFIT AND THE EDUCATION OF THE INDUSTRY MEMBERS.

Statement 5 - Form 990, Part IV, Line 56 - Other Investments

Description	Beginning of Year	End of Year	Basis of Valuation
INVESTMENT IN SMLLC	\$50,000	\$ <u> </u>	
TOTAL	\$50,000	\$ <u>50,000</u>	

FYE: 9/30/2008

S	tatement 6 - Form 990), Part IV	, Line 57 - La	nd,	Buildings, a	nd	<u>Equipment</u>	
	Description				1. e.			
·		_	Beginning of Year		Accum Depr		End of Year	 Accum Depr
EQUIPMENT		\$-	21,693	\$	21,693	\$	21,693	\$ 21,693
TOTAL		\$_	21,693	\$	21,693	\$	21,693	\$ 21,693

Statement 7 - Form 990, Part IV, Line 58 - Other Assets

Description	E	Beginning of Year		End of Year
SPH HANDBOOKS WOOL TRUST RECEIVABLE INTERCO RECEIVABLE - SVC	\$	53,664	\$	41,880 - 2,639 - 32,300 -
TOTAL	\$	53,664	´\$	76,819

Statement 8 - Form 990, Part VIII - Relationship of Activities

Line No.	Description
93A	PROGRAM PAYMENTS - REVENUE RECEIVED FROM A STATE ASSOCIATION IN REGARDS TO A SPECIFIC PROGRAM.
93B	REVENUE RECEIVED FROM SALES OF MERCHANDISE PROMOTING THE SHEEP AND AG INDUSTRY.
93C	THE SHEEP AND AG INDUSIRI. REVENUE RECEIVED FOR PROMOTING THE USE OF SHEEP AND GOATS FOR CONTROLLING INVASIVE PLANTS.

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FURTHER THE SHEEP AND WOOL INDUSTRY THROUGH EDUCATIONAL MATERIALS TO PRODUCERS AND STUDENTS.

							 	1
		EOY Assets	\$ 117,746 0 \$ 117,746	· · ·	· .	·	4 ⁽⁴⁾	о N
			о о о , , , , , , , , , , , , , , , , ,			· .		
01908 AMERICAN SHEEP INDUSTRY ASSOCIATION 84-0449271 FYE: 9/30/2008	<u> Statement 9 - Form 990, Part IX - Information Regarding Taxable Subsidiaries</u>	Bus	CLLE, SUITE 360 AG COMMUNITY CLLE, SUITE 360					

American Sheep Industry Association Inc Form 990, Part V-A List of Officers, Directors, Trustees, and Key Employees Year Ended September 30, 2008

Name and Address	Title and Average Hours Per Week Devoted to Position	Comp	Contributions to Employee Benefit Plans and Deferred Compensation	Expense Account and Other Allowances
Josh Abeldt Cedar Vale Farms Inc	Director Part-time	\$0	\$0	\$0
1360 200th Ave Hope, KS 67451-9114				
Alf Hampshires 7811 Consolidated School Rd	Director Part-time	\$0	\$0	\$0
Edgerton, WI 53534		4 0		۰. ۳.
Joe Aucremanne Maple Hill Farm PO Box 669	Director Part-time	\$0	\$0	\$0
Hinton, WV 25951-0669				
Gary Beasley PO Box 1164	Director Part-time	\$0	\$0	\$0
Crossett, AR 71635-1164				•
Bob Benson 3839 E 169th St Noblesville, IN 46062-9763	Director Part-time	\$0	\$0	\$0
Jim Bristol 589 E Ogemaw Center Rd W Branch, MI 48661-9543	Director Part-time	\$0	\$0	\$ 0
Jean Brown KJ Slash PO Box 738 Ignacio, CO 81137-0738	Director Part-time	\$0	\$0	\$0
Richard Brzozowski Buckminster Farm 525 Cobbs Bridge Rd New Gloucester, ME 04260-3625	Director Part-time ´	\$O .	\$0	\$0
Marie Bulgin Cergin Livestock Co 17750 Locust Ln Caldwell, ID 83607	Director Part-time	\$0	\$0	\$0
Beau Chapman PO Box 51 13200 - 185th Ave, 57620-7105 Bison, SD 57620-0101	Director Part-time	\$0	\$0	\$0
Tom Colyer Greenwood Hill Farm PO Box 534 59 Brigham St Hubbardston, MA 01452-0534	Director Part-time	\$0	\$0	\$0
Lewis Cox Oak Lane Sheep Farm 303 SE Rodney Dicks Dr	Director Part-time	\$ 0	\$0	\$0

Oak Lane Sheep Farm 303 SE Rodney Dicks Dr Lake City, FL 32025

Name and Address	Title and Average I Per Week Devoted to		Contributions to Employee Benefit Plans and Deferred Compensation	Expense Account and Other Allowances
Anne Crider 32377 E 750 N Rd Arrowsmith, IL 61722-9745	Director Part-time	\$0	\$ 0	\$0
Jan Dean PO Box 523 Honokaa, HI 96727	Director Part-time	\$0	\$0	\$0
Dwayne Dobson Sheep Springs Sheep Co 1200 W Queen Creek Rd Chandler, AZ 85248-3100	Director Part-time	\$0	\$0	\$0
Glen Fisher Askew-Fisher Ranch 750 Loop 467 Sonora, TX 76950	Director Part-time	\$0	\$0	\$0
Paul Frischknecht Frischknecht Livestock 50 N Main St	Director Part-time	\$0	\$0	\$0
Manti, UT 84642 Alexandra Garven Garven Black Ram Farm 619 Fontaine Hill Rd	Director Part-time	\$0	\$0	\$0
Morrisville, VT 05661 Will Getz Fort Valley St Univ 231 Pettigrew Center	Director Part-time	\$0	\$0	\$0
1005 State Univ Dr Ft Valley, GA 31030-4313				
Lynn Glass JL Glass Ranch 801 Overton Big Spring, TX 79720	Director Part-time	\$0	\$0	\$0
Wm F Junior Goring Goring Ranch 9940 N Hwy 38 Deweyville, UT 84309	Director Part-time	\$0	\$0	\$0
DA Harral Harral Livestock Co PO Box 869 Ft Stockton, TX 79735	Director Part-time	\$0	\$0	\$0
John Helle Helle Rambouillet 1350 Stone Creek Rd Dillon, MT 59725-9526	Director Part-time		\$0	\$0
Joan Hobbs 1317 Colesberg St Silver Spring, MD 20905-4115	Director Part-time		\$0	\$0
Greg Hubbard 1535 Purdue Mountain Rd Bellefonte, PA 16823	Directo Part-tim		\$0	\$0

Name and Address	Title and Average Hours Per Week Devoted to Position	Comp	Benefit Plans and Deferred Compensation	Account and Other Allowances
			\$`0	*0
urdell Johnson	Director	\$ 0	\$0	\$0
iamond J Évstk	Part-time			
362 12th St SE				
uttle, ND 58488				
	· · · · · · · · · · · · · · · · · · ·			
ave Julian	Director	\$0	\$0	\$0
ulian Land & Livestock	Part-time			
O Box 142				
rontier, WY 83121				
Under, WT BOTE	•			
an Kaden	Director	\$0	\$0	\$0
t 1, Box 25	Part-time			
oatsville, MO 63535				
Kinopid	Director	\$0	\$0	\$0
ban Kincaid	Part-time	ΨΟ	**	
incaid Brothers	, Part-ume			
81 Russell Gap Rd				
inon, NM 88344				
		**	*^	\$0
on Kniffen	Director	\$0	\$0	φU
niffen's Hamps	Part-time			
06 Main St			• · · · · · · · · · · · · · · · · · · ·	
sbury, NJ 08802				
				**
lint Krebs	Director	\$0	\$0	\$0
(rebs Livestock	Part-time			
9956 Hwy 74				
one, OR 97843-4319				
			•	
3ill Kuecker	Director	\$0	\$0	\$0
4020 Ft Blount Rd	Part-time			1. Sec. 1. Sec
Dixon Springs, TN 37057				
Divert optingo, int or our				
Mike Lippert	Director	\$0	\$0	\$0
	Part-time		·	
89663 330th St	i arrano			
Olivia, MN 89663			· · · · · ·	
	Director	\$O ·	\$0	\$0 ·
Joe Mattos	Part-time	ψψ ,	* •	• -
I O U Sheep Co	ran-ume		· .	
14384 Ave 272			*	
Visalia, CA 93277				
		¢0	\$0	\$O
Brant Miller	Director	\$0	ΦU	ψο
Miller Consulting Co	Part-time		· · ·	:
67 Post Rd				
Bowdoinham, ME 04008-4441				
	- • •	**	C D	\$0
Dr. Dan Morrical	Director	\$0	\$0	φu.
Iowa State Univ, Animal Science De	pt Part-time			
337 Kildee Hall				
Ames, IA 50011-3150				
				**
Pete Paris	Director	\$0	\$0	\$0
HC 30, Box 320	Part-time			
Spring Creek, NV 89815				
oping order, it oboro		· .		
Daniel Persons	Director	\$Ó	\$0	\$0
Rafter P Ranch	Part-time	•	· .	
10169 110th St				
Kensington MN 56343-4535				

Kensington, MN 56343-4535

.

	Title and Average Hours Per Week Devoted to Position	Comp	Contributions to Employee Benefit Plans and Deferred Compensation	Expense Account and Other Allowances
Name and Address Burton Pfliger	Director	\$0	\$0	\$0
3600 80th St SE Bismarck, ND 58504-4000	Part-time			
Bill Powers Powers Farm 324 VanDyke-Maryland Line Rd	Director Part-time	\$0	\$0	\$0
Townsend, DE 19734-9270	·			
Barbara Pugh Cedarbreakes 5332 NC 87 N	Director Part-time	. \$0	\$0	\$0
Pittsboro, NC 27312-7283		•		
Russ Robinson RWR Farm	Director Part-time	\$0	\$0	\$0
743 Murdock Ave Meriden, CT 06450-7088				· · ·
Ruth Scruton Traveling Barnyard 504 Meaderboro Rd Farmington, NH 03835	Director Part-time	\$0	\$0	\$0
Margaret Soulen Hinson Soulen Livestock Co	Director Part-time	\$0	\$0	\$0
1824 Jones Rd Weiser, ID 83672-5536				
Bill Sparrow 3901 Red Mill Rd	Director Part-time	. \$0	\$0	\$0
Durham, NC 27704-9443				
Joe Sperry Sperry Livestock Corp CR 265 Somerset, CO 81434	Director Part-time	\$0	\$0	\$0
John Sponaugle Sponaugle Suffolks	Director Part-time	\$0	\$0	\$ 0
8888 Leroy Rd Grottoes, VA 24441-9720				
W Keith Stumbo Down Valley Farm PO Box 121	Director Part-time	\$0	\$0	\$0
Honeoye, NY 14471-0121	Director	\$0	\$0	\$0
Art Swannack Feustel Farms Inc 1201 Cree Rd Lamont, WA 99017-9802	Part-time	ψŪ	•••	
Lamon, WA 33017-3002	,			A -
Dean Swenson Swenson Stock Farm 16355 CR 2	Director Part-time	\$0	\$0	\$0
Walcott, ND 58077				
Bill Taliaferro Green River Livestock Co. 106 Cedar St	Director Part-time	\$0	\$0	\$0
Rock Springs, WY 82901				

Name and Address	Title and Average Hours Per Week Devoted to Position	Comp	Contributions to Employee Benefit Plans and Deferred Compensation	Expense Account and Other Allowances
Roger Thacker Windhover Farms 11860 Troy Pike Versailles, KY 40383-9429	Director Part-time	\$0	\$0	\$0
Angelo (Butch) Theos Theos Swallow Fork Ranch PO Box 195 Meeker, CO 81641	Director Part-time	\$0	\$0	\$0
Charles Thompson PO Box 184 Lexington, AL 35648	Director Part-time	\$0	\$0	\$0
Dale Thorne Thorne Farms 10090 Hanover Rd Hanover, MI 49241	Director Part-time	\$0	\$0	\$0
Dwight Tisdale Tisdale's Superior Polypay PO Box 176 Kimball, NE 69145-0176	Director Part-time	\$0	\$0	\$0
Lynn Trupp Crescent Lake Farms 27662 NW Sauvie Island Rd Portland, OR 97231-6902	Director Part-time	\$0	\$0	\$0
Ric (Richard) Wallace Miami Valley Corriedale Farm 4671 Cobblestone Dr Tipp City, OH 45371	Director Part-time	\$0	\$0	\$0
Tom Watson Silverdale Farms 32450 Baxter Rd Hermiston, OR 97838	Director Part-time	\$0 '	\$0	\$0

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

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Form 9	990-EZ (2009)					Page Z
Par						Expenses
What	t is the organization's primary exempt purpose?	Promote grazing on federal I	ands for livestock i	ndustry.		red for section
Desc	ribe what was achieved in carrying out the org	anization's exempt purpos	es. In a clear an	d concise		(3) and 501(c)(4) zations and section
man	ner, describe the services provided, the number of	f persons benefited, and o	ther relevant inform	mation for		a)(1) trusts; optional
	program title.				for oth	
28	·					······································
20				*****		

		includes foreign grants, abs	all hara		28a	
	(Grants \$) If this amount	includes foreign grants, che	CK Here		204	
2 9			*****	*****		
	***************************************			***********		
	(Grants \$) If this amount	includes foreign grants, che	eck here	<u>. Þ Li</u>	29a	······································
30	*****		*****			
	(Grants \$) If this amount	includes foreign grants, che	eck here	. 🕨 🗌	30a	
31	Other program services (attach schedule)					
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. 🕨 🗖	31a	
32	Total program service expenses (add lines 28a	through 31a)		🕨	32	
	t IV List of Officers, Directors, Trustees, and Key	y Employees. List each one ev	en if not compensation	ted. (See the	instruc	ctions for Part IV.)
		(b) Title and average	(c) Compensation	(d) Contributio	ons to	(e) Expense
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred compe	t plans & insation	account and other allowances
Clau	e Krebs					
	54 Hwy 74, Ione, OR 97843	President / Part-time	0		0	0
*******			`			
*****	n Falen	Vice Pres / Part-time	0		0	0
	3 132, Orovada, NV 89425		U			<u> </u>
	e Lee	Secretary/Treasurer / P.T.			~	
	County Road #119, Hesperus, CO 81326		0		0	0
~~~~~	Eisenberg	Exec Director / 20 hrs				_
130	1 Pennsylvania Ave, Washington, DC 20004		82,582		0	0
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			ş	.1	Fo	m 990-F7 (2009)

	-EZ (2009)		P	age <b>3</b>
art	<b>Other Information</b> (Note the statement requirements in the instructions for Part V.)	I	Yes	No
3	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	105	V
ł	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
5	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
ô	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
7a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
Ь	Did the organization file Form 1120-POL for this year?	37b	en antaria	
Ba	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	90799	1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
9	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
0a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶; section 4912 ▶; section 4955 ▶;			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	40b	213.245	
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		1
1	List the states with which a copy of this return is filed.  None			
2a	The organization's books are in care of American Sheep Industry Association Telephone no.	303-77	1-350	0
	Located at  9785 Maroon Circle, Suite 360, Centennial, CO ZIP + 4	80112	-2692	2
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		[ <u>.</u>	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b	1993 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994	
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<u> </u>
_	If "Yes," enter the name of the foreign country:			. –
13	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	•	▶ □
14	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		Yes	No
	•		1	
	Form 990-EZ	44		

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

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

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

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

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Form 990-EZ (2008)

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Page 4

Form 990-EZ (2008)

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

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

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

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

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

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

	(a) Name and address of each independent contractor pai	d more than \$100,000	(b) Type of se	rvice (c) Compensation

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

Form 990-EZ (2008)

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

 and complete the tables for lines 50 and 51.

 46
 Yes No

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

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

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

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

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

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

Total number of other employees paid over \$100,000 ►]	

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

	(a) Name and address of each independent contractor paid more than \$	5100,000	(b) Ty	/pe of se	rvice (c) Compensation
*******	···				

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

				~	marces	TO Orlie	=E +1201
					- mailes		
				-	marcan		1271
	0	00			L	OMB No. 1545-0047	
m	_ y ;	90	Return of Organization Exempt From Inco	ome	Tax 🛛	തെ ന7	
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (ex	cept b			
		the Treasury e Service	benefit trust or private foundation) ► The organization may have to use a copy of this return to satisfy state report	ortina r		Open to Public Inspection	
			endar year, or tax year beginning October 1 , 2007, and ending	~~~~~		20 08	
		Г	Please C Name of organization		Employer identif		_
			Ise IRS Public Lands Council	1	84	0583125	
	ame ch	~	print or Number and street (or P.O. box if mail is not delivered to street address) Room/su	uite E	Telephone numb	er	_
	itial ret		type. See 9785 Maroon Circle 360		(303)	771-3500	
	erminat		Decific City or town, state or country, and ZIP + 4	F	Accounting method:	🗌 Cash 🛛 🔽 Accruai	
		d return	tions. Centennial, CO 80112-2692		Other (specif		
		on pending	· Section sur(c)(a) organizations and for (a)(1) nonexemptionaritable			n 527 organizations. tes? 🔲 Yes 🔽 N	_
				_		tes ►	
V	Vebsite	e: 🕨		-	ates included?	∏Yes ∏ N	
С)rganiz	ation type (ach a list. See insti		-
			H(d) is this	iis a sepa	arate return filed by a	n	
re	scelpts	are normally	not more than \$25,000. A return is not required, but if the organization chooses			ruling? 🗌 Yes 🔽 N	
to	o file a	retum, be su			nption Number ►	ination i	
r.	-	receinte: A				ization is not require 990-EZ, or 990-PF).	
-	rt		e, Expenses, and Changes in Net Assets or Fund Balances (Se				
1			ions, gifts, grants, and similar amounts received:				
			ions to donor advised funds				
				17,950	5		
			ublic support (not included on line 1a)				
		•	ent contributions (grants) (not included on line 1a)				
			d lines 1a through 1d) (cash \$ 17,950_ noncash \$.).	1e	17,95	0
	2		service revenue including government fees and contracts (from Part VII, line	93)	2		
	3	-	hip dues and assessments		3	212,84	_
	4	Interest of	on savings and temporary cash investments , , , , ,		4	18,09	8
	5	Dividend	s and interest from securities		5		
	6a	Gross re					
	b	Less: rer	tal expenses				
	с 7		Il income or (loss). Subtract line 6b from line 6a	· ;	6c 7		
aniiakau	1 -		nount from sales of assets other (A) Securities (B) Other			~~~~~~~~~~~~~~~~~~~~~~~	
	ba		entory ,		-1		
-	h		t or other basis and sales expenses. 8b				
	1		loss) (attach schedule)				
	d		or (loss). Combine line 8c, columns (A) and (B)		8d		
	9		vents and activities (attach schedule). If any amount is from gaming, check here				
	а		venue (not including \$ of				
			ions reported on line 1b)				
	b		ect expenses other than fundraising expenses . 9b				
	c	Net inco	me or (loss) from special events. Subtract line 9b from line 9a	• •	90		
	10a		iles of inventory, less returns and allowances 10a				
	b		st of goods sold				
	1		fit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 1		100		·
	11	Other re	venue (from Part VII, line 103)	• •	11	248,89	90
	12		venue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			240,03	
0	13	•	services (from line 44, column (B))			158,3	
ISC	14		ment and general (from line 44, column (C))			100,00	~~
Expenses	15		sing (from line 44, column (D))				
Ц	16 17	Paymen Tetet co	ts to affiliates (attach schedule)	• •		243,50	04
						5,3	
5	18		or (deficit) for the year. Subtract line 17 from line 12			496,3	
ΥЛ.	19	Net ass	ets or fund balances at beginning of year (from line 73, column (A)).			-TVV;V'	
Net Assets	20	Ath	nanges in net assets or fund balances (attach explanation).		20		

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y

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Form 990 (2007)

Page 2

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Totai	(B) Program services	(C) Management and general	(D) Fundraising
a	Grants paid from donor advised funds (attach schedule)					
	(cash \$)	00-				
	If this amount includes foreign grants, check here	22a				
b	Other grants and allocations (attach schedule)					
	(cash \$)	22b				
	If this amount includes foreign grants, check here	220				
	Specific assistance to individuals (attach schedule)	23				
	Benefits paid to or for members (attach schedule)	24				
a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	92,730	46,365	46,365	
b	Compensation of former officers, directors,	0.51				
	key employees, etc. listed in Part V-B	25b				
C	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons	25c				
6	described in section 4958(c)(3)(B) Salaries and wages of employees not included on lines 25a, b, and c	26	27,144	Artanun fei er festen franken franklinnen franklinnen fra den skene atten franklinnen fra	27,144	annan an Anna Anna Anna Anna Anna Anna
,	Pension plan contributions not included on lines 25a, b, and c	27				
}	Employee benefits not included on lines 25a - 27	28				
3	Payroll taxes	29				
)	Professional fundraising fees	30				
	Accounting fees	31			1	
	Legal fees	32	16,859		16,859	
ļ	Supplies	33	10		10	
	Telephone	34	2,463		2,463	
	Postage and shipping	35				
	Occupancy	36	35,755		35,755	
	Equipment rental and maintenance	37				
	Printing and publications	38	2,139	2,139		
	Travel	39	18,979	12,337	6,642	
	Conferences, conventions, and meetings .	40	37,405	24,313	13,092	
	Interest	41				
	Depreciation, depletion, etc. (attach schedule)	42				
a	Other expenses not covered above (itemize): Insurance	43a	1,020		1,020	·····
b	Contributions/Membership	43b	9,000		9,000	
С		43c				
d		43d				
e		43e				
f		43f 43g		·····		
g	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)–(D), carry these totals to lines 13–15)	44	243,504	85,154	158,350	

If "Yes," enter (i) the aggregate amount of these joint costs \$_____; (ii) the amount allocated to Program services \$_____;

; and (iv) the amount allocated to Fundraising \$

(iii) the amount allocated to Management and general \$

·

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 primary exempt purpose? See question A below	Program Service
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4)	Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for
organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	trusts; but optional for others.)
a To promote the common business interest of livestock industries with respect to grazing on	
federal lands.	
(Grants and allocations \$) If this amount includes foreign grants, check here >	85,154
b	
(Grants and allocations \$) If this amount includes foreign grants, check here ► □	
c	
(Grants and allocations \$) If this amount includes foreign grants, check here ►	
d	
·····	
(Grants and allocations \$) If this amount includes foreign grants, check here ►	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► □	
f Total of Program Service Expenses (should equal line 44, column (B), Program services).	85,154

	990 (2				Page 4
	rt IV			rr	
N 	lote:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing	196.350	45	203,906
	46	Savings and temporary cash investments	300,000	46	300,000
	47a	Accounts receivable			
	b	Less: allowance for doubtful accounts . 47b		47c	
		Pledges receivable		40-	
		Less: allowance for doubtful accounts . 48b		48c	
	49	Grants receivable , , , , , , , , , , , , , , , , , , ,		49	
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	*****
	51a	Other notes and loans receivable (attach		10000	
Assets		schedule)			
I ss		Less: allowance for doubtful accounts . 51b		51c	
4	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges		53	
		Investmentspublicly-traded securities Cost L FMV		54a 54b	
		Investments		040	
		Investments—land, buildings, and equipment: basis			
	b	Less: accumulated depreciation (attach			
		schedule)		55c	
	56	Investments—other (attach schedule)		56	······
	1				
	b	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	59	503,906
	60	Accounts payable and accrued expenses		60	2,170
	61	Grants payable		61	
	62	Deferred revenue		62	
es	63	Loans from officers, directors, trustees, and key employees (attach			
Liabilitie		schedule)	~	63	
iat		Tax-exempt bond liabilities (attach schedule)		64a	
_	i	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 >			,
ø		67 through 69 and lines 73 and 74.			
5 E	67	Unrestricted		67	
alar	68	Temporarily restricted,		68	<u></u>
ä	69	Permanently restricted		69	
Net Assets or Fund Balances	Orga	anizations that do not follow SFAS 117, check here and complete lines 70 through 74.			
ç	70	Capital stock, trust principal, or current funds.		70	
ets	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
1551	72	Retained earnings, endowment, accumulated income, or other funds	496,350	72	501,736
řÅ	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 equal line 21)	A00 000		EN4 700
	74	equal line 21)	496,350 496,350		<u>501,736</u> 503,906
	<u>۲</u>		1	1 4 7 1	000.000

Form	990 (2007)					Page 5
Par	t IV-A Reconciliation of Revenue per Aud instructions.)	ited Financial Statem	ents With Revo	enue per Ret	urn (8	See the
a b	Total revenue, gains, and other support per audit Amounts included on line a but not on Part I, line			<u>a</u>		
1	Net unrealized gains on investments	<u>b1</u>				
2	Donated services and use of facilities	b2				
3	Recoveries of prior year grants	b3				
4	Other (specify):					
		b4				
	Add lines b1 through b4			b		
с				С		
ď	Amounts included on Part I, line 12, but not on lin					
1	Investment expenses not included on Part I, line		d1			
2	Other (specify):					
-			d2			
				d		
е	Total revenue (Part I, line 12). Add lines c and d			► e		
Pa	Total revenue (Part I, line 12). Add lines c and d t IV-B Reconciliation of Expenses per Au	dited Financial Stater	nents With Exp	enses per R	eturn	1
a	Total expenses and losses per audited financial s					
b	Amounts included on line a but not on Part I, line		• • • • •	•••		
1	Donated services and use of facilities		b1			
-			b2			
2	Prior year adjustments reported on Part I, line 20		b3			
3	Losses reported on Part I, line 20					
4	Other (specify):		b4			
	And Kana be boostal ba		b			
_	Add lines b1 through b4		<mark>D</mark>			
c	Subtract line b from line a		••••			
ď	Arnounts included on Part I, line 17, but not on li	44				
1	Investment expenses not included on Part I, line		d1			
2	Other (specify):		40			
	······································		d2			
е	Add lines d1 and d2	d	 	► <u>d</u>		<i>.</i>
Ра	rt V-A Current Officers, Directors, Trustees or key employee at any time during the ye	and Key Employees	(List each perso compensated.) <i>(</i> S	n who was an c ee the instruct	officer, ions.)	director, trustee,
	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0)	(D) Contributions to e benefit plans & def compensation plans	erred	(E) Expense account and other allowances
	/e Krebs	President / Part-time				
	97 Whiskey Creek Road, Wallowa, OR 97885		0		0	0
Jol	nn Falen	Vice Pres / Part-time				
PO	B 132, Orovada, NV 89425		0		0	0
Bri	ce Lee	Secty/Treasurer				
	County Road #119, Hesperus, CO 81326	Part-time	0		0	0
	f Eisenberg	Executive Director				
130	11 Pennsylvania Ave, Washington DC 20004	20 hrs	92,730		0	0
						Í

		-				
						
		-				

Form 990 (2007)					
Part V-A	Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No	
75a Enter th meeting	ne total number of officers, directors, and trustees permitted to vote on organization business at board gs				
employ contrac	officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated rees listed in Schedule A, Part I, or highest compensated professional and other independent stors listed in Schedule A, Part II-A or II-B, related to each other through family or business iships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) .	75b		<u>√</u>	
compe indepe organiz the def	y officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest nsated employees listed in Schedule A, Part I, or highest compensated professional and other ndent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other rations, whether tax exempt or taxable, that are related to the organization? See the instructions for inition of "related organization."	<u>75c</u>		<u> </u>	
d Does t	he organization have a written conflict of interest policy?	75d		1	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances

Pai	t Vi Other Information (See the instructions.)		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		✓
7 7	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.	77		\
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		√
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	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?	<u>80a</u>		✓
	and check whether it is a exempt or a nonexempt			
81a b	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a 0 Did the organization file Form 1120-POL for this year? 0	81b		✓

Form	990 (2007)		F	Page 7
Par	t VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no chargor at substantially less than fair rental value?	e 82a		 ✓
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)			
0 2-1	(See instructions in Part III.)	83 a	√	- ANGREADER
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b		
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		\checkmark
	If "Yes," did the organization include with every solicitation an express statement that such contributions gifts were not tax deductible?	or 84b		
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	. <u>85a</u>		ļ
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	. 85 b	4 1999-1992	√ 1998-1999
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	n		
	Dues, assessments, and similar amounts from members			
	Section 162(e) lobbying and political expenditures			
	Taxable amount of lobbying and political expenditures (line 85d less 85e) . <td>850</td> <td>1 1900-00-00-00-00-00-00-00-00-00-00-00-00-</td> <td>3 2020/06/2003</td>	850	1 1900-00-00-00-00-00-00-00-00-00-00-00-00-	3 2020/06/2003
-	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 8	5f		
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?			
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12			
b	Gross receipts, included on line 12, for public use of club facilities			
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	or . 88 a		1
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within t meaning of section 512(b)(13)? If "Yes," complete Part XI	ne ▶ 88k		
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶;			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attaa statement explaining each transaction		>	
	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	_		
	Enter: Amount of tax on line 89c, above, reimbursed by the organization			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shell transaction?	. 896		
	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract	3063	S 20505	
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did to supporting organization, or a fund maintained by a sponsoring organization, have excess business holdin at any time during the year?	gs a	3	
90a	List the states with which a copy of this return is filed > None			
	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)			2
91a	instructions.) Instructions.) 90b The books are in care of ► American Sheep Industry Association Telephone no. ► (303) Located at ► 9785 Maroon Circle, Suite 360, Centennial, CO ZIP + 4 ► 80) 112-26	71-35 92	500
b	At any time during the calendar year, did the organization have an interest in or a signature or other author over a financial account in a foreign country (such as a bank account, securities account, or other financial	ial	Ye	s No √
				<u> </u>
	If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Ba and Financial Accounts.	 nk		

Form 990 (2007) Part VI Oth	er Information (continued)							Page 8
						910		1
c At any tin	ne during the calendar year, did the enter the name of the foreign countr	organization mai	ntain an office o	utside of the	United States?		.L	▼
92 Section 4	947(a)(1) nonexempt charitable trust	s filina Form 990	in lieu of Form '	1041Checl	(here			▶□
and enter	the amount of tax-exempt interest	received or accru	led during the ta	ix year	▶ 92	• •	•	
	alysis of Income-Producing Ac							
	ss amounts unless otherwise		usiness income	Excluded by sec	tion 512, 513, or 514	1	(E)	
ndicated,		(A)	(B)	(C)	(D)		leiated	
93 Program	service revenue:	Business code	Amount	Exclusion code	Amount		incom	
a	·							
		[L		
с						ļ		
d						<u> </u>		
е								
f Medicar	e/Medicaid payments							
g Fees and	d contracts from government agencie	es				<u> </u>		
	ship dues and assessments			<u> </u>		<u> </u>		
	n savings and temporary cash investmen	ts		ļ	 	1		
96 Dividenc	Is and interest from securities					1993344		<u> A</u> ARANA
	al income or (loss) from real estate:							
	anced property					+		
	t-financed property							
	l income or (loss) from personal propert	у						
	vestment income			+				
	oss) from sales of assets other than invento	ry				+		
	ome or (loss) from special events ,							
	rofit or (loss) from sales of inventory	′ <u></u>				+		
_	venue: a		1		· · · · · · · · · · · · · · · · · · ·			
_					*****	1		
						1		****
e						1		
	(add columns (B), (D), and (E))					1		
	dd line 104, columns (B), (D), and (E)				. ►			
	plus line 1e, Part I, should equal th							
Part VIII 🛛 🖡	Relationship of Activities to the A	ccomplishment	of Exempt Purp	o <mark>oses</mark> (See t	he instructions.,			
	Explain how each activity for which inco				importantly to th	e acco	omplis	hmen
V 0	of the organization's exempt purposes (c	other than by provid	ling funds for such	n purposes).				
	aformation Depending Tarrable A-	Laidiauira and P	iouonousiant matt	Han / C +	(material)			
Part IX	nformation Regarding Taxable Su (A)						(E)	·····
Name, a	ddress, and EIN of corporation.	(B) Percentage of	(C) Nature of a	ctivities	(D) Total income	E	nd-of-	
parth	ership, or disregarded entity	ownership interest				+	asse	15
		%				+		
		%						
		%				+		
Part X	nformation Regarding Transfers As		sonal Benefit Co	ontracts (See	the instructions			
	* *		***********					7
	ganization, during the year, receive any funds organization, during the year, pay pu						res l res ∫	
	s" to (b), file Form 8870 and Form 4							<u>.</u> 144

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Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

address, and ZIP + 4		Phone n	o.►()		
Firm's name (or yours)		EIN	►		
signature		self- employed ►	. opuror o cont or t int		
\$	**********	Date Check if	Preparer's SSN or PTIN	See Ger	n. Inst. X)
		C 1 Veasan			
Suprature of officer	<u></u>	Tan Pat	e		
Mulh			4/22/09	•	
and belief, it is true, correct and comple	ete. Declaration of preparer (othe	or than officer) is based on all information			wledge.
rents, royaities, and annuities des	SCRIDED IN QUESTION 107 a	DOVE ?	ents, and to the best of	 my kno	l
			g the interest,		
				Yes	No
Totals					
·····					·
	•				
~~~~					
(A) Name, address, of each controlled entity	(D) Employer Identification Number	(C) Description of transfer	(D) Amount of	transf	er
				I	L
			section		
				Yes	No
Totais					
					·
controlled entity	Number	transfer	Amount of t		÷r
(A) Name, address, of each	(B) Employer Identification	(C) Description of	(D)		
(A) 1	JRI				
	controlled entity         Totals         Totals         Did the reporting organization receives, of the code? If "Yes,"         (A)         Name, address, of each controlled entity         Totals         Totals         Totals         Did the organization have a bindirents, royalties, and annuities deal of the organization have a bindirents, royalties, and annuities deal of the organization have a bindirents, royalties, and annuities deal of the organization have a bindirents, royalties, and annuities deal of the organization have a bindirents, royalties, and annuities deal of the organization have a bindirents, royalties, and annuities deal of the organization have a bindirents, royalties, and annuities deal of the organization have a bindirents, royalties, and annuities deal of the organization have a bindirents, royalties, and annuities deal of the organization have a bindirents, royalties, and annuities deal of the organization have a bindirents, royalties, and annuities deal of the organization have a bindirents, royalties, and annuities deal of the organization have a bindirents, royalties, and annuities deal of the organization have a bindirents, royalties, and annuities deal of the organization have a bindirents, royalties, and annuities deal of the organization have a bindirents, royalties, and annuities deal of the organization have a bindirents, royalties, and annuities deal of the organization have a bindirent of the organization have a bi	controlled entity       Number         Number       Number         Image: Number       Number         Totals       Image: Number         Image: Number of the code? If "Yes," complete the schedule be controlled entity       (B)         Name, address, of each controlled entity       (B)         Image: Name, address, of each controlled entity       (C)         Image: Name, address entity       (C)         Image: Name, address entity       (C)         Image: Name, address entinin the exa	controlled entity       Number       transfer         Image: state of the	controlled entity       Number       transfer       Anount of the control of the contro of the contrecontrol of the control of the control of t	Controlled entity       Number       transfer       Allouit of italian         Totals



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

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



OMB No. 1545-0047

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

Α	For the 2007 calendar year, or tax year beginning , 2007, and		l ending	, 20					
в	Check if a	applicable:	Please use IRS	C Name of organization				D Employ	er identification number
	Address	ress change label or				-	·····		
	Name ch	hange	print or type,	Number and street (or P.O. box	if mail is not delivered to	street address	) Room/suite	E Telepho	ne number
	Initial return See Specific Other states and 200 + 1						(	)	
	City or town, state or country, and ZIP + 4								nethod: □ Cash □ Accrual er (specify) ►
	Amende					a havita h la	H and I are n		to section 527 organizations.
Ш	Application	on pending		ction 501(c)(3) organizations and sts must attach a completed Sch					for affiliates? 🔲 Yes 🗌 No
G	Website	e: 🕨							er of affiliates ►
			(ala a al. a		(naart na ) []] 40.47(a)(4)	av [] 507	H(c) Are all a		ded?
				only one) ► 🔲 501(c) ( ) ◀ (			H(d) Is this a		•
				organization is not a 509(a)(3) sup ore than \$25,000. A retum is not rec			organizal	ion covered by	/ a group ruling? Yes No
				e a complete return.			I Group E	exemption Nu	mber 🕨
••••••	<u></u>				<b>~ ~</b>				he organization is not required
ilian and	art I			s 6b, 8b, 9b, and 10b to line 1 (penses, and Changes i		und Rolo			orm 990, 990-EZ, or 990-PF).
	1	*****	*****			unu Daia			.110/13.)
	1			gifts, grants, and similar ar to donor advised funds	nounts receivea:	1a			
	b			upport (not included on line	:		950	and the	
	1			support (not included on lin		1c			
	d			ontributions (grants) (not inc	•	1d			
	e			1a through 1d) (cash \$	· ·	h \$	)	. 1e	17 750
	2	Program	i service	e revenue including governm	ent fees and contrac	ts (from Pa	rt VII, line 93)		
	3			ues and assessments				3	212842
	4			ings and temporary cash ir				4 5	12048
	5			interest from securities .		6a	· · · ·	- D	
	6a b			,		6b	·····		
	4			me or (loss). Subtract line				6c	
o	7			ent income (describe ►				) 7	
Revenue	8a	Gross a	imount	from sales of assets other	(A) Securities	(	B) Other		
Rev		than inv	entory			8a			
				ner basis and sales expenses.		8b			
	1			, , , , , , , , , , , , , , , , , , , ,		8c			
	_	_	•	s). Combine line 8c, column				, <mark>8d</mark>	******
	9			nd activities (attach schedule).	•	jaming, che	ск пеге 🕨 🗆		
	a			(not including \$ eported on line 1b) , , ,		9a			
	Ь			penses other than fundrais		9b			
				(loss) from special events.	<b>Q</b> 1			90	
	10a	Gross s	ales of	inventory, less returns and	l allowances	10a			
	þ			goods sold,,,,,,,		10b	***		
	C			oss) from sales of inventory (at					
	11 12	Total re	evenue	(from Part VII, line 103) . Add lines 1e, 2, 3, 4, 5, 6c,	7 8d 9c 10c and			. 11	248 890
	13			ces (from line 44, column (l				13	85154
Sec.	14	-		and general (from line 44, column (					158350
Fxnenses	15	-		· · · · · · · · · · ·				15	
E C		Payme	nts to a	affiliates (attach schedule).				16	
	17			es. Add lines 16 and 44, co	***************************************	<u> </u>		. 17	243504
ster	18			ficit) for the year. Subtract				18	5386
Net Assets	19			fund balances at beginning					496350
ten	20 21			s in net assets or fund bala fund balances at end of year.			• • • •	20	501736
				and pointing at the or your		-, -,	· · · · ·		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

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