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 |
|-----|-----|----|----|--------|---|
|-----|-----|----|----|--------|---|

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. |
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| 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. |
| | | | | | |
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| 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 |
| | | | | | | | | | | |
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| 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 | |
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| 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 | |
| get 4958(f(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 6 7 Notes and can receivable, net 7 8 Inventories for sale or use 41,880. a 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost baas 10a 25,800. b Less: accumulated depreciation. Complete 10b 215. 0. 10c 25,585 11 Investments - publicly traded securities. 11 12 11 12 10 Investments - publicly traded securities. 11 13 14 11 12 Investments - publicly traded securities. 14 11 13 14 14 12 Investments - publicly traded securities. 15 13 Investments - publicly traded securities. 16 14 Intangible assets. 11 13 14 Intangible assets. 17 3,914 16 Getrad Assets. 1,852,628 16 1,921,021 17 Accounts payable and accrued expenses 38,351. 17 | | 6 | | | | | | |
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| 8 hventories for sale or use 41,880. a 35,352 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost basis 9 10b Land, buildings, and equipment cost basis 10a 25,800. 11 Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 13 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets. 14 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,852,628.16 1,921,021 17 Accounts payable and accrued expenses 38,351.17 3,914 19 Deferred revenue 19 20 22 Payables to current and forms officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 21 Payables to current and forms officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 22 Other liabilities. Complete Part X of Schedule D 24 23< | ş | 7 | | | | | | |
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| 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,852,628.16 1,921,021 17 Accounts payable and accrued expenses 38,351.17 3,914 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 20 21 21 Escrow account liability. Complete Part IV of Schedule D 21 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 24 Unsecured notes and loans payable 24 24 24 25 Other liabilities. Complete Part X of Schedule D 25 38,351.28 3,914 0rganizations that follow SFAS 117, check here ▶ X and complete lines 30 and 34. 1,526,788.27 1,614,863 27 Unrestricted net assets 29 29 29 29 20 28 Temporarily restricted net assets 29 302,244 30 | | 12 | | | | | | |
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| 17 Accounts payable and accrued expenses 38,351.17 3914 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 24 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 29 Organizations that follow SFAS 117, check here Imporarily restricted net assets 287,489.28 302,2244 29 Permanently restricted net assets 287,489.28 302,2244 29 Organizations that do not follow SFAS 117, check here Imporarily restricted net assets 30 30 30 Capital stock or trust principal, or current funds 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 31 31 <tr< td=""><td></td><td>16</td><td></td><td></td><td></td><td>1,852,628.</td><td></td><td>1,921,021.</td></tr<> | | 16 | | | | 1,852,628. | | 1,921,021. |
| 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 Total liabilities, or lines 33 and 34. 29 29 29 29 29 Permanently restricted net assets 20 300, 244 30 29 Permanently restricted net assets 29 300 30 30 Capital stock or trust principal, or current funds 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 | | 17 | Accounts payable and accrued expenses | | | | 17 | 3,914. |
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| 21 Escrow account liability. Complete Part IV of Schedule D 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable 24 25 Other liabilities. Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 38,351. 26 3,914 Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29, and lines 33 and 34. 1,526,788. 27 1,614,863 27 Unrestricted net assets 28 287,489. 28 302,244 29 Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. 29 29 29 30 Capital stock or trust principal, or current funds 30 30 31 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 34 1,814,277. 33 1,917,107 34 Total liabilities and net assets/fund balances 1,852,628. 34 1,921,021 21 34 Total liabilities and net asset | | 20 | | | | | 20 | |
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| or Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable 24 25 Other liabilities. Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 38, 351. 26 3,914 0rganizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29, and lines 33 and 34. 1, 526, 788. 27 1, 614, 863 27 Unrestricted net assets 28 7 unrestricted net assets 287, 489. 28 302, 244 29 Permanently restricted net assets 29 0rganizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 30 31 31 Pati- No capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowrment, accumulated income, or other funds 32 33 Total itabilities and net assets/fund balances 1, 814, 277. 33 1, 917, 107 34 Total liabilities and net assets/fund balances 1, 852, 628. 34 1, 921, 021 Part XI Financial Statements and Reporting Yes | ìab | | highest compensated employees, and disqualifi | ed person | ns. Complete Part II | | | |
| 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 lines 27 through 29, and lines 33 and 34. 1,526,788. 27 1,614,863 27 Unrestricted net assets 287,489. 28 302,244 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 1,814,277. 33 1,917,107 34 Total liabilities and net assets/fund balances 1,852,628. 34 1,921,021 Part XI Financial Statements and Reporting Yes Not | L | | of Schedule L | | | | 22 | |
| 25 Other liabilities. Complete Part X of Schedule D 26 26 Total liabilities. Add lines 17 through 25 38,351. 26 26 Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 1,526,788. 27 1,614,863 28 Temporarily restricted net assets 287,489. 28 302,244 29 Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117, check here ▶ and 30 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 1,814,277. 33 1,917,107 34 Total liabilities and net assets/fund balances 1,852,628. 34 1,921,021 Part XI Financial Statements and Reporting Yes Not | 1.11 | 23 | Secured mortgages and notes payable to unrela | ted third | parties | | 23 | |
| 26 Total liabilities. Add lines 17 through 25 38,351. 26 3,914 Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29, and lines 33 and 34. 1,526,788. 27 1,614,863 27 Unrestricted net assets 287,489. 28 302,244 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 1,814,277. 33 1,917,107 34 Total liabilities and net assets/fund balances 1,852,628. 34 1,921,021 Part XI Financial Statements and Reporting Yes No | | 24 | Unsecured notes and loans payable | | | | 24 | |
| Organizations that follow SFAS 117, check here ► X and complete Interstricted Interstrise Interstricted | | 25 | Other liabilities. Complete Part X of Schedule D | | | | 25 | |
| see 1 ines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here 20 Capital stock or trust principal, or current funds 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Total net assets or fund balances 33 Total liabilities and net assets/fund balances 34 Total liabilities and net assets/fund balances 34 Total liabilities and Reporting | | 26 | | ·, | | 38,351. | 26 | 3,914. |
| 27 Unrestricted net assets 1,526,788. 27 1,614,863 28 Temporarily restricted net assets 287,489. 28 302,244 29 Permanently restricted net assets 29 29 0 Organizations that do not follow SFAS 117, check here □ and 30 30 30 Capital stock or trust principal, or current funds 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 1,814,277.33 1,917,107 34 Total liabilities and net assets/fund balances 1,852,628.34 1,921,021 Part XI Financial Statements and Reporting Yes No | | | Organizations that follow SFAS 117, check he | ere 🕨 🛽 | X and complete | | | an an india |
| 33 1,814,277.33 1,917,107 34 Total liabilities and net assets/fund balances 1,852,628.34 1,921,021 Part XI Financial Statements and Reporting Yes No | Sec | | • | | | i uk je dožena kao se s | · | n an |
| 33 1,814,277.33 1,917,107 34 Total liabilities and net assets/fund balances 1,852,628.34 1,921,021 Part XI Financial Statements and Reporting Yes No | ğ | 27 | | | | | 27 | 1,614,863. |
| 33 1,814,277.33 1,917,107 34 Total liabilities and net assets/fund balances 1,852,628.34 1,921,021 Part XI Financial Statements and Reporting Yes No | Bai | 28 | | | ····· | 287,489. | 28 | 302,244. |
| 33 1,814,277.33 1,917,107 34 Total liabilities and net assets/fund balances 1,852,628.34 1,921,021 Part XI Financial Statements and Reporting Yes No | pu | 29 | | | | | 29 | |
| 33 1,814,277.33 1,917,107 34 Total liabilities and net assets/fund balances 1,852,628.34 1,921,021 Part XI Financial Statements and Reporting Yes No | л П | | | neck here | e 🕨 🛄 and | | . | |
| 33 1,814,277.33 1,917,107 34 Total liabilities and net assets/fund balances 1,852,628.34 1,921,021 Part XI Financial Statements and Reporting Yes No | õ | | | | | | | |
| 33 1,814,277.33 1,917,107 34 Total liabilities and net assets/fund balances 1,852,628.34 1,921,021 Part XI Financial Statements and Reporting Yes No | set | | | | | | | |
| 33 1,814,277.33 1,917,107 34 Total liabilities and net assets/fund balances 1,852,628.34 1,921,021 Part XI Financial Statements and Reporting Yes No | As | | | | | | | |
| 33 1,814,277.33 1,917,107 34 Total liabilities and net assets/fund balances 1,852,628.34 1,921,021 Part XI Financial Statements and Reporting Yes No | Net | | | | | | | |
| 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 | |

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| 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 |
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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> | | |
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| 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

DAA

| 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 |

DAA

| 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. |

102

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 | | | ***** | ***** | | |
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| | (Grants \$) If this amount | includes foreign grants, che | eck here | <u>. Þ Li</u> | 29a | ······································ |
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| | | | | | | |
| | | | | | | |
| | (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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| | -EZ (2009) | | P | age 3 |
|-----|---|--------|---|--------------|
| art | Other Information (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 not 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 Form 1041 —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 4 |
|------------|---|---|---|---|---------------------|--------------------------------|----------------|
| 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. | xempt charitabl 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 | | |
| 47 | Did the organization engage in lobbying activities | | | | 47 | | <u> </u> |
| 4 8 | 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 | | | | | | | |
| | | | | | | | |
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| | | | | | <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 | | | |
| | | | | | | | |
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| | | | | | | | |
| 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 990-EZ (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 not | |
| | 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 not 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 | | | • | | | | | ***** |
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| | 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 o 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> |
| . | <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.) |
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| (Grants \$) If this amount inclu | udes foreign grants, check | <u>here</u> | <u>, > []</u> | 28a | |
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| (Grants \$) If this amount inclu | | | | 29a | |
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| 30 | | | | | |
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| (Grants \$) If this amount inclu | | | | 30a | |
| 31 Other program services (attach schedule) | | | | | |
| (Grants \$) If this amount inclu | udes foreign grants, check | here | <u>. > 🗋</u> | 31a | |
| 32 Total program service expenses (add lines 28a th | rough 31a) | | > | 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 |
| | 201113 | | | | <u>+</u> |
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| Form | 390-EZ (2008) | | I | Page 3 |
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| 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)

1

Page 4

Form 990-EZ (2008)

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

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

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

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

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

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

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

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