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990 Form

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2007

Open to Public

	•		enue Service	► Th	ie o	rganization may have to use a	copy of this retui	rn to sati	sfy st	ate reporti	ıng re	equirements		Inspection
<u> </u>	, Δ	_	or the 2007 calend	dar year, o	r ta	x year beginning			2007	, and end	ing		•	, 20
201	• E	B CI	heck if applicable	Please	,	C Name of organization						D Employer identi	fication r	number
		¬ `	ddress change	use IRS	s	ARKANSAS CATTLEMENS	ASSOCIATION	N				71-033		
2	¹ [=	ame change	print or		Number and street (or P O box if ma	all is not delivered to s	street addr	ess)	Room/si	uite	E Telephone num	ber	
	Ē	╡	itial return	type. See	١	310 EXECUTIVE COURT				1		(501) 2		114
AUG	,	╗	ermination	Specific Instruc-		City or town, state or country, and Zil	P+4					F Accounting met	hod:	Cash X Accrual
⋖	; T	冐	mended return	tions.		LITTLE ROCK	AR	7220	5			Other (specif		
4	֓֟֟֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֡֡֓֓֓֓֡֡֓֓֡֡֡֡	=	pplication pending	Section	tion	501(c)(3) organizations and 4947(a)(1)	nonexempt charitable		H and	I are not app	olicabl	e to section 527 org		18
Z.	3 -			trust	ts m	ıst attach a completed Schedule A (For	m 990 or 990-EZ).	ŀ		-		ım for affiliates?		Yes X No
										_		nber of affiliates		>
	We	bsite:	•							Are all affilia				Yes No
Ę	=-		ion type (check only o	one)	▶	X 501(c) (5) ◀ (insert no)	4947(a)(1) or	527		(If "No," atta	ch a lı	st See instructions		
ų,	Jr -	ck he			_	t a 509(a)(3) supporting organization	and its gross		H(d)	Is this a sep- organization	arate i	return filed by an red by a group rukng	17	Yes No
	-		· 	-		return is not required, but if the organize	_			Group Exem			,	
			tum, be sure to file a c			•		l	м			f the organization	n is n	ot required
ī			eipts Add lines 6b, 8b,		_	e 12	13,338				_	B (Form 990, 9		
·		t I	, ` 		_	and Changes in Net Ass	sets or Fund	Balan	ces			structions)		
	Ť	1				similar amounts received								
2010		а	Contributions to o	donor advis	sed	funds				• 1a				
	ı	b	Direct public supp	port (not inc	clud	fed on line 1a)				. 1b		-		
γ==1 -	l	С	, , , , ,			uded on line 1a)				· 1c			7.	
•	- {	d	Government conf	tributions (c	grai	nts) (not included on line 1a)				· 1d			455	
100		е	Total (add lines 1		-		noncash \$)			1e	
0		2				ling government fees and cont	racts (from Part \	VII, line 9	93)				2	303,859
\Box	- {	3	Membership due	s and asse	ssn	nents · · · · · · · · · · · · · · · · · · ·							3	293,730
SCANNED	Ì	4	Interest on saving	gs and tem	por	ary cash investments · · ·							4	15,749
		5	Dividends and in										5	
Ą	-	6a	Gross rents · ·							• 6a				
3	- 1	b	Less rental expe	nses · ·						· 6b				
- •	R	С	Net rental income	or (loss)	Sul	otract line 6b from line 6a .					٠.		6c	
	e	7	Other investment	income (d	esc	ribe 🕨) [7	
	e n	8a	Gross amount fro	m sales of	as	sets other	(4	A) Secur	ities		(B) Other	3	
	u e		than inventory		•	<u> </u>				8a				
	- [b	Less cost or other	er basis and	d s	ales expenses RECE	IVED.			8b				
	1	C	Gain or (loss) (at	tach sched	lule) } . [\cdots			8c				
		d	Net gain or (loss)	Combine	line	e 8c, columns (A) and (B) ttach schedu(E) If any amount					• •		8d	
		9	Special events as	nd activities	s (a	ttach schedue) If any amount	is from gaming,	check h	ere	▶ □		[47, č.	
		а	Gross revenue (r	ot including	g \$	of	J oc	1				ĺ.	أبي	
	-		contributions rep	orted on lin	ne 1	of b) OGDE In fundraising expenses	- +U·/			• 9a				
		b	Less. direct expe	nses other	tha	n fundraising expenses		7		• 9b				
		C	Net income or (lo	ss) from sp	pec	al events Subtract line 9b from	n line 9a · · ·	• • • •				• • • • • •	9c	
		10a				eturns and allowances · · ·							A STATE OF THE STA	
	1	b	Less cost of goo	ds sold •	• •		• • • • • • • •			- 10b				
		C				of inventory (attach schedule)							10c	
		11				ne 103) • • • • • • • • • • • • • • • • • • •							11	
		12				3, 4, 5, 6c, 7, 8d, 9c, 10c, and							12	613,338
	- 1	13	Program services	(from line	44	, column (B))	• • • • • • • • • • • • • • • • • • • •		• • •		• •		13	271,568
	P 1	14				n line 44, column (C))							14	370,611
	e n	15				mn (D)) • • • • • • • • • • •							15	0
	~ 1	16	Payments to affil	ates (attac	:h s	chedule) · · · · · · · · ·	• • • • • • •	• • • •				[16	
	5	17	Total expenses.	Add lines 1	16 a	nd 44, column (A)	• • • • • • • •						17	642,179
_ 	N	18	Excess or (defici	t) for the ye	ear	Subtract line 17 from line 12							18	(28,841)
		19				beginning of year (from line 73							19	299,645
		20	Other changes in	net assets	s or	fund balances (attach explana	tion) · · · · ·						20	
	ei	21				end of year Combine lines 18,							21	270,804

Form	990 (2007) ARKANSAS CATTLEMENS ASSOCIATION				71-03352	78 Page 2
Par						
	Functional Expenses organizations and section	n 494	7(a)(1) nonexempt cl	haritable trusts but or	tional for others (Se	e the instructions)
	Do not include amounts reported on line	-	(A) Total	(B) Program	(C) Management	(D) Fundraising
	6b, 8b, 9b, 10b, or 16 of Part I		(A) 1041	services	and general	(D) Tarioralsing
22 a	Grants paid from donor advised funds (attach schedule)					,
	(cash \$)					
	If this amount includes foreign grants, check here	22a				
22 b	Other grants and allocations (attach schedule)					
	(cash \$)					
	If this amount includes foreign grants, check here	22b	ļ		^	
23	Specific assistance to individuals (attach					
	schedule) · · · · · · · · · · · · · · · · · · ·	23				,
24	Benefits paid to or for members (attach					•
	schedule) · · · · · · · · · · · · · · · · · · ·	24				
25 a	Compensation of current officers, directors,]				
	key employees, etc listed in Part V-A	25a	93,361		93,361	
b	Compensation of former officers, directors,					
	key employees, etc listed in Part V-B	25b		ļ		
С	Compensation and other distributions, not			1		
	included above, to disqualified persons (as					
	defined under section 4958(f)(1)) and persons	05-				
00	described in section 4958(c)(3)(B) · · · · · · · · · · · · · · · · · · ·	25c	<u> </u>	 		
26	Salaries and wages of employees not included on lines 25a, b, and c	20	86,710		86,710	
27		26	88,710	-	88,710	
27	Pension plan contributions not included on lines 25a, b, and c	27				
28	Employee benefits not included on lines					
20	25a - 27 · · · · · · · · · · · · · · · · · ·	28	6,427	,	6,427	
29	Payroll taxes · · · · · · · · · · · · · · · · · · ·	29	17,017		17,017	
30	Professional fundraising fees	30	27,027		2,,02,	
31	Accounting fees	31	8,930	,	8,930	
32	Legal fees · · · · · · · · · · · · · · · · · ·	32	1 7,55	 		
33	Supplies · · · · · · · · · · · · · · · · · · ·	33	11,956		11,956	
34	Telephone · · · · · · · · · · · · · · · · · · ·	34	7,993		7,993	
35	Postage and shipping	35	4,866	1	4,866	
36	Occupancy · · · · · · · · · · · · · · · · · · ·	36	39,883	+	39,883	
37	Equipment rental and maintenance	37	1,871		1,871	
38	Printing and publications	38	146,587			
39	Travel	39	61,296	;	61,296	
40	Conferences, conventions, and meetings · · · · · ·	40	56,227	56,227		
41	Interest · · · · · · · · · · · · · · · · · · ·	41				
42	Depreciation, depletion, etc (attach schedule)	42	4,731	1,365	3,366	
43	Other expenses not covered above (itemize)					
а	INSURANCE	43a	9,380	5,520	3,860	
b	DUES & SUBSCRIPTONS	43b	2,950	 	2,950	
C	BEEF PROMO & MEMBER SUPP	43c	54,629	<u> </u>		
d	CONTRIBUTIONS&SPONSORSHI	43d	7,240			
8	BOOKEEPING/COMPUTER	43e	20,125	j	20,125	
f		43f				
9		43g				
44	Total functional expenses. Add lines 22a					
	through 43g. (Organizations completing	1				
	columns (B)-(D), carry these totals to lines	1			_	
	13-15)	44	642,179	271,568	370,611	0
	t Costs. Check ▶☐ If you are following SOP 98-2			4 4-1-	_	. C C
	any joint costs from a combined educational campaign and fundamental (2)	draisir				· ▶ ☐ Yes X No
	es," enter (i) the aggregate amount of these joint costs \$			nount allocated to Pro	_	·
- { {	he amount allocated to Management and general \$. and (IV) th	e amount allocated to	rungraising 5	

Park 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

го	grams and accomplishments			
٧h	at is the organization's primary exempt purpose? IMPRO	VE BEEF CATTLE INDUSTRY		Program Service
All (organizations must describe their exempt purpose achievemen	nts in a clear and concise manner. State the number		Expenses (Required for 501(c)(3) and
of c	clients served, publications issued, etc. Discuss achievements	that are not measurable (Section 501(c)(3) and (4)		(4) orgs , and 4947(a)(1)
org	anizations and 4947(a)(1) nonexempt charitable trusts must all	so enter the amount of grants and allocations to others)	trusts, but optional for others)
а	See SERVICES			
				
	(Grants and allocations \$) If this amount includes foreign grants, check here	▶ 🗌	_ 270,203
b				
	(Grants and allocations \$) If this amount includes foreign grants, check here	▶[
С				
	(Grants and allocations \$) If this amount includes foreign grants, check here	▶□	
d				
	-			
	(Grants and allocations \$) If this amount includes foreign grants, check here	•	
8	Other program services (attach schedule)	, a a a a a a		
	(Grants and allocations \$) If this amount includes foreign grants, check here	▶□	
f	Total of Program Service Expenses (should equal line 44, co	· · · · · · · · · · · · · · · · · · ·	• • • • •	270,203

Form 990 (2007)

Page 4

	Note:	Where required, attached schedules and amounts within the description	(A)		(B)
		column should be for end-of-year amounts only	Beginning of year		End of year
_	45	Cash - non-interest-bearing · · · · · · · · · · · · · · · · · · ·	42,746	45	33,894
		-	275,144		277,472
	46	Savings and temporary cash investments	2/5,144	7.73	211,412
	47 -	4		100	
		Accounts receivable	25 754		27 412
	D	Less allowance for doubtful accounts · · · · · · · 47b 1,406	35,754	47c	27,412
				,	
		Pledges receivable			
		Less allowance for doubtful accounts		48c	
	49	Grants receivable · · · · · · · · · · · · · · · · · · ·		49	
	50 a	Receivables from current and former officers, directors, trustees, and			
		key employees (attach schedule)		50a	
A	b	Receivables from other disqualified persons (as defined under section			
S		4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) • • • •		50b	
8	51 a	Other notes and loans receivable (attach			
6		schedule) · · · · · · · · · · · 51a			
t		Less allowance for doubtful accounts · · · · · · · 51b		51c	
8	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	6,788		16,047
		Investments - publicly-traded securities · · · · · · · ▶ ☐ Cost ☐ FMV		54a	
		Investments - other securities (attach schedule) · · · · · ▶ ☐ Cost ☐ FMV		54b	
	55 a	Investments - land, buildings, and			
	_	equipment basis · · · · · · · · 55a		T.	
	b	Less: accumulated depreciation (attach		4.4.	
	_	schedule) • • • • • • • • • • • • • • • • • • •		55c	
	56	Investments - other (attach schedule)		56	
	1	Land, buildings, and equipment basis · · · · · · 57a 98,412			
	Ь	Less accumulated depreciation (attach STM116		是 送	
		schedule) • • • • • • • • • • • • 57b 90,204	95,556	57c	8,208
	58	Other assets, including program-related investments			
		(describe)	455 000	58	
	59	Total assets (must equal line 74). Add lines 45 through 58	455,988	-	363,033
L	60	Accounts payable and accrued expenses	62,860	 -	21,029
ı	61	Deferred revenue	11 010	61	71 000
a b	62	· · · · · · · · · · · · · · · · · · ·	11,010	62	71,202
ı	63	Loans from officers, directors, trustees, and key employees (attach schedule)		~~~	
!	64.0	schedule) · · · · · · · · · · · · · · · · · · ·		63 64a	
t				64b	
ŧ	65	Other liabilities (describe)		65	
0	"")		05	
8	66	Total liabilities. Add lines 60 through 65	73,870	66	92,231
		inizations that follow SFAS 117, check here X and complete lines	73,070	W 123	32,231
	0.5	67 through 69 and lines 73 and 74.			
	67	Unrestricted	299 ⁻ , 645	67	270,802
N F	68	Temporarily restricted • • • • • • • • • • • • • • • • • • •	0	68	0
n	69	Permanently restricted · · · · · · · · · · · · · · · · · · ·		69	0
d	1	inizations that do not follow SFAS 117, check here	-		_
A S B		complete lines 70 through 74.			
s a	70	Capital stock, trust principal, or current funds		70	
e I	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
s n	72	Retained earnings, endowment, accumulated income, or other funds		72	
С Ө	73	Total net assets or fund balances. Add lines 67 through 69 or lines	-		
S		70 through 72. (Column (A) must equal line 19 and column (B) must			
		equal line 21) · · · · · · · · · · · · · · · · · · ·	299,645	73	270,802
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	373,515		363,033
		· · · · · · · · · · · · · · · · · · ·	,		

Ρå	Reconciliation of Revenue per Auginstructions)	dited Fina	ancial Statemo	ents With Revo	enue per	Retur	n (See the
	Total revenue, gains, and other support per audited financia	al statement	s · · · · · ·		· · · a	N/A	
- 3	Amounts included on line a but not on Part I, line 12				7		
1	Net unrealized gains on investments • • • • • • • • • • • • • • • • • • •		b1				
	Donated services and use of facilities · · · · · · · ·						
	Recoveries of prior year grants		b3				
	1.000tonoo o, phoi you, gramo						
4	Other (specify)		_{b4}				
				 			
	Add lines b1 through b4 · · · · · · · · · · · · · · · · · ·				• • • b		
C	Subtract line b from line a	• • • • • •			• • • с		
d	Amounts included on Part I, line 12, but not on line a:				2, 4		
1	Investment expenses not included on Part I, line 6b · •	• • • • • •	• • • • d1	***			
2	Other (specify)						
			d2				
	Add lines d1 and d2 · · · · · · · · · · · · · · · · · ·				· · · d		
е	Total revenue (Part I, line 12) Add lines c and d · · ·				• ▶ e		
Pa	irt IV-B Reconciliation of Expenses per Au	lited Fina	ncial Stateme	ents With Expe	enses per	Retu	rn
A C	Total expenses and losses per audited financial statements	3			· · · a	N/A	
- h	Amounts included on line a but not on Part I, line 17	-					
 4	Donated services and use of facilities		b1				
	Prior year adjustments reported on Part I, line 20 · · · ·			· · · · · · · · · · · · · · · · · · ·			
			b3			}	
							
4	Other (specify)					ĺ	
			<u>b4</u>				
	Add lines b1 through b4 · · · · · · · · · · · · · · · · · ·	• • • • • •		• • • • • • • • •	• • • р		
С	Subtract line b from line a · · · · · · · · · · · · · · · · · ·	• • • • • •	• • • • • • • •	• • • • • • • • •	· · · C		
d	Amounts included on Part I, line 17, but not on line a:						
1	Investment expenses not included on Part I, line 6b · ·	• • • • •	• • • • d1		- 8		
2	Other (specify)				' ''		
			d2				
	Add lines d1 and d2 · · · · · · · · · · · · · · · · · ·				• • • d		
e	Total expenses (Part I, line 17) Add lines c and d				. ▶ e		
16:	Current Officers, Directors, Trustee	e and Ke	y Employees	(List each perso	n who was a	n office	r, director, trustee,
3146	or key employee at any time during the year eve	en if they we	re not compensate	ed) (See the instru	ctions }		
	or ney employee at any time during the year ex-		/B)	(C) Compensation	(D) Contribute	ons to	(E) Expense account
	(A) Name and address	Title and av	erage hours per	(If not paid, enter	employee ber plans & defer	red	and other allowances
m()	MY LALMAN	PRESIDE	oted to position	-0)	compensation	pians	<u> </u>
		FRESTDE	l o	0	ļ	a	O
		CECMV /		ļ	 		· ·
CHI	RIS OAKLEY	SECTY/1	•	١ .	ļ		•
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	HEBER SPRIN AR		0	0		q	
JII	M STROOPE	2ND VP	1	1			
	norman ar		0	<u> </u>	1	q	C
AD	AM MCCLUNG	EXEC D	RECTOR			1	
	LITTLE ROCK AR] 0	(c	į	þ	C
CL	AUDE SMITH	PREVIOU	JS EXEC				
_			40	93,361		d	C
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		E	FA				Form 990 (2007)

Part V-A	Current Officers, Directors, Trustees, a	nd Key Employees	(continued)			Yes	No
	e total number of officers, directors, and trustees permi			rd			
meeting	s	• • • • • • • • • • • • • • • • • • • •	• • • • • • •	4	1		
b Are any	officers, directors, trustees, or key employees listed in	Form 990, Part V-A, or hi	ighest compensate	d	Ì		
employe	ees listed in Schedule A, Part I, or highest compensated	d professional and other i	independent				,
contract	ors listed in Schedule A, Part II-A or II-B, related to eac	h other through family or	business				
relation	ships? If "Yes," attach a statement that identifies the ind	lividuals and explains the	relationship(s) •		75b		X
c Do any	officers, directors, trustees, or key employees listed in F	Form 990, Part V-A, or hi	ghest				
comper	sated employees listed in Schedule A, Part I, or highes	t compensated professio	nal and other				
ındeper	dent contractors listed in Schedule A, Part II-A or II-B, r	receive compensation fro	m any other				
organiz	ations, whether tax exempt or taxable, that are related to	o the organization? See t	the instructions for				ٔ ا
the defi	nition of "related organization "			• • • • • • • •	75c		X
If "Yes,"	attach a statement that includes the information descri	bed in the instructions					
d Does th	e organization have a written conflict of interest policy?				75d		X
Part V-B	Former Officers, Directors, Trustees, a	nd Kev Employees	That Received	Compensation	n or (Othe	
	Benefits (If any former officer, director, trustee, or						•
	during the year, list that person below and enter the					•	
	See the instructions)	·					
			(C) Compensation	(D) Contributions to	(E)	Expens	e e
	(A) Name and address	(B) Loans and Advances	(if not paid, enter -0-)	employee benefit plans & deferred compensation plans		nt and of owance:	
			Citel -0-)	compensation plans		Jwances	<u> </u>
	· · · · · · · · · · · · · · · · · · ·	 	 				
		_					
		_					
							
		_					
			 				
							
			<u> </u>				
				1			
Part 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		X
77 Were a	ny changes made in the organizing or governing docum	ents not reported to the	IRS?		77		X
If "Yes,"	attach a conformed copy of the changes				£	ी है। अर्थ	
78 a Did the	organization have unrelated business gross income of	\$1,000 or more during th	e year covered by				x*., }
this retu	ım? • • • • • • • • • • • • • • • • • • •				78a		X
b If "Yes,"	has it filed a tax return on Form 990-T for this year?				78b	N/A	
79 Was the	ere a liquidation, dissolution, termination, or substantial	contraction during the ye	ear? If "Yes," attach				
a stater	•		· • • • • • • • • • • • • • • • • • • •		79		X
30 a Is the o	rganization related (other than by association with a sta	tewide or nationwide org	anization) through		7.	4° ,1	
	n membership, governing bodies, trustees, officers, etc	•	, ,			''	
organiz					80a		X
-	'enter the name of the organization						 ^
		and check whether it i	is exempt or	nonexempt		'	
Sta Enterd	rect and indirect political expenditures (See line 81 ins	_	s exempt of	nonexempt	1		'
	organization file Form 1120-POL for this year?		Uia		81b		v
- Dia tile	and a series of the series and the series are series are series are series and the series are	554				900 /	X 2007)
EEA Form 9				. 334 (euu/ L		

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Form 990 (2007) ARKANSAS CATTLEMENS ASSOCIATION

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 charge			
	or at substantially less than fair rental value?	82a		X
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) · · · · · · · · · · · · · · · · ·			
B3a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Х	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	84b	N/A	
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	
	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			
С	Dues, assessments, and similar amounts from members • • • • • • • • • • • • • • • • • • •			
d	Section 162(e) lobbying and political expenditures • • • • • • • • • • • • • • • • • • •			
0	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices · · · · · · · · · 85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) · · · · · · · · 85f		~	
9	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
h	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	N/A	
B6	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			•
B7 	501(c)(12) orgs Enter a Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them)	1		
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or	-		
	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	88a		
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the	ooa		X
•	meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		v
89a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under	000		X
	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," attach	- 1		
	a statement explaining each transaction	89b	N/A	
С	Enter: Amount of tax imposed on the organization managers or disqualified		-, -	ž .
	persons during the year under sections 4912, 4955, and 4958 · · · · · · · · · · ·	, ,	ا ئر	٠, ،
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		-	
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? · · · · · · · · · · · · · · · · · · ·	89e		
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the		٠, , ١	, 3, 5
	supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings		-'''	
	at any time during the year?	89g		
90a	List the states with which a copy of this return is filed AR			
b	Number of employees employed in the pay period that includes March 12, 2007 (See			
	Instructions.) • • • • • • • • • • • • • • • • • • •			
91a	The books are in care of ▶ % AR CATTLEMENS ASSOC Telephone no ▶ 501-224-21	14		
	Located at ▶ 310 EXECUTIVE CT LITTLE ROCK AR ZIP + 4 ▶ 72205			
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	[Yes	No
	·	91b		Х
	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	4731 × 4	uis.	ر بيدامان مانيان
	EEA	Form	990 (2	(007

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Form 990 (2007) ARKANSAS CATTLEMENS ASSOCIATION

Part							Ye	es No
С	At any time during the calendar year, did t	he organization ma	aintain an office outsic	le of the United Sta	ates? • • • • •	. 	91c	X
	If "Y.es," enter the name of the foreign cou					·		
92	Section 4947(a)(1) nonexempt charitable	trusts filing Form 9	90 in lieu of Form 104	1 - Check here	_. .		• • • • • •	▶ ∐
	and enter the amount of tax-exempt interes	est received or acc	rued during the tax ye	ar •••••	• • • • ▶ 9:	2		
Part	MIN Analysis of Income-Prod	lucing Activiti	es (See the instruct	ions)				
	Enter gross amounts unless otherwise	-	ousiness income		ection 512, 513, or 514		(E)	
ındıca	ated	(A)	(B)	(C)	(D)		Related or empt function	
93	Program service revenue	Business code	Amount	Exclusion code	Amount	~~	income	
а	CONVENTION & MID-YR M			07			38	8,496
b	LICENSES & ADM FEES						-	9,298
·c	AR CATTLE BUSINESS MA	511120	256,065					
ď								
Α.				<u> </u>	· · · · · · · · · · · · · · · · · · ·			
f	Medicare/Medicaid payments · · · ·				_			
	• •							
g 94	Fees and contracts from government agencies Membership dues and assessments • •						29	3,730
	•		·····	14	15	749		
95 oc	Interest on savings & temporary cash investments							
96	Dividends and interest from securities -	ļ						-
97	Net rental income or (loss) from real estate	<u> </u>			<u>'</u>	-		
a	debt-financed property · · · · · · ·			+				
b	not debt-financed property · · · · · ·			-				
98	Net rental income or (loss) from personal property			 				
99	Other investment income	 						
100	than inventory							
101	Net income or (loss) from special events	ļ						
102	Gross profit or (loss) from sales of inventory							
103	Other revenue: a	ļ		ļ				
b								
С								
d								
е								
104	Subtotal (add columns (B), (D), and (E))		256,065	140	15,	749		1,524
105	Total (add line 104, columns (B), (D), and	(E)) • • • • •		• • • • • • • •		-	61:	3,338
Note:	Line 105 plus line 1e, Part I, should equal t	the amount on line	12, Part I					
Pan	Will Relationship of Activities							
Line	No. Explain how each activity for which	n income is reporte	ed in column (E) of Pai	t VII contributed in	nportantly to the acc	complishment		
•	of the organization's exempt purpor	ses (other than by	providing funds for si	ich purposes)				
93a	DUES & OTHER REVENUES A	RE FOR THE I	MPROVEMENT OF	THE CATTLE				
	INDUSTRY THROUGH BETTER	MGMT, IMPROV	ED GENETICS AND	EDUCATION C	F			
-	THE MEMBERSHIP AND PUBL	IC.				•		<u>-</u>
Pari	Information Regarding T	axable Subsic	liaries and Disre	garded Entitie	(See the instruc	ctions)		
	Name, address, and EIN of corporate		(B)	(C)	1	(D)	(E	=)
	partnership, or disregarded entity	uii,	Percentage of ownership interest	Nature of a	activities	Total income	End-of	r-year sets
	The state of the s		%					
			%					
			%					
			%					
	Information Regarding T	ranefare Acco		onal Reposit (Contracte (See	the instructions	;)	
Pan (a)							Yes	XNo
		·=	-				Yes	XNo
(b)	te: If "Yes" to (b), file Form 8870 and Form			J. Soliai beliefit COII	madi.	1	٠, ٥٩	
	to. II 163 to to, life Folili 00/0 and Folili	7, 20 (366 manuci		FF.4			Form 90	90 (2007)
				EEA			1 01111 95	·~ (4001)

Form 990 (2007) ARKANSAS CATTLEMENS ASSOCIATION

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Par	t XI	Information Reg		ers To and From Co n section 512(b)(13)	ntrolled Entiti	es. Complete	only if the organization	1	
106		ne reporting organization	make any transfer	s to a controlled entity as d	efined in section 5	512(b)(13) of		Yes	No
		(A) Name, address, of e controlled entity	ach	(B) Employer Identification Number	1	(C) scription of transfer	Amount o	D) f transf	er
а									
b				_		-			
С		-							
		Totals							
107			•	fers from a controlled entity chedule below for each cor		tion	·	Yes	No
		(A) Name, address, of e controlled entity		(B) Employer Identification Number		(C) scription of transfer	(Amount o	D) f transf	er
а									
b				-					
С									
		Totals		· · · · · · · · · · · · · · · · · · ·			7.7	Yes	No
108		he organization have a b	•	ract in effect on August 17,	2006, covering the	e interest,		1.55	
Plea		<u> </u>		ned this return, including accompan in of preparer (other than officer) is t	rying schedules and sta pased on all information	tements, and to the I n of which preparer h	pest of my knowledge as any knowledge	//-/	10
Sig Her		Signature of officer Type or print name and	Adam	Milling	K+ccm	Ire V	ice Preside	eu f	
Pald		Preparer's signature	Dues		11 2010	Check if self-employed	Preparer's SSN or PTIN (Se	04	st X)
Prep Use	arer's Only	Firm's name (or yours if self-employed),		SM & CO CPAS LTD NT PLACE, SUITE 62 LE ROCK, AR 72114	► 26-/569 no ► 5013719201	1569443			
					EEA			m 990 (2007)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Organization Exempt Under Section 501(c)(3) (Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),

or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information -- (See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2007

Name of the organization		Employer identification number			
ARKANSAS CATTLEMENS ASSOCIATION	71-0335278				
Part I Compensation of the Five High (See page 1 of the instructions. List each	est Paid E	mployees Oth	er Than Officer	s, Directors, and	Trustees
(a) Name and address of each employee paid more than \$50,000	(b) Title ar	nd average hours evoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
CLAUDE SMITH	EXEC VE	?			
LITTLE RO AR	-!	40	93,361	C	0
		,			
	1	<u></u>			
	J	1			
		1			
	_	7			
Total number of other employees paid over \$50,000 ▶	T	<u> </u>		<u> </u>	[
Part II-A Compensation of the Five High	est Paid I	ndenendent Co	ontractors for F	Professional Serv	ices
(See page 2 of the instructions List each	one (whethe	r individuals or firm	s) If there are none	, enter "None ")	
(a) Name and address of each independent contractor pa				of service	(c) Compensation
NONE			!		

		····			
Total number of others receiving over \$50,000 for	T				
professional services · · · · · · · · · · · · · ·			~	•	
Part II-B Compensation of the Five High (List each contractor who performed servi	est Paid I	ndependent C	ontractors for (Other Services	
firms. If there are none, enter "None " See			ioos, illiotitoi illioitto	100.0	
(a) Name and address of each independent contractor pa			(b) Type	of service	(c) Compensation
NONE			(-, -, -, -, -, -, -, -, -, -, -, -, -, -		V
	-]		
				1	
			4		
			1		

Total number of other contractors receiving over \$50,000 for other services · · · · · · · · · · ·

che	thedule A (Form 990 or 990-EZ) 2007 ARKANSAS CATTLEMENS ASSOCIATION 71-033527				
Par	Statements About Activities (See page 2 of the instructions)		Yes	No	
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B)	1		х	
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.				
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		, ,		
а	Sale, exchange, or leasing of property?	2a		х	
b	Lending of money or other extension of credit?	2b		x	
С	Furnishing of goods, services, or facilities?	2c		х	
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? • • • • • • • • • • • • • • • • • • •	2d		х	
е	Transfer of any part of its income or assets?	2e		х	
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a		х	
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		х	
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3с		х	
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		Х	
	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g · · · · · · · · · · · · · · · · · ·	4a		х	
b	Did the organization make any taxable distributions under section 4966?	4b		Х	
С	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	1	Х	
d	Enter the total number of donor advised funds owned at the end of the tax year · · · · · · · · · · · · · · · · · · ·				
0	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year				
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised				

funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year

Part IV	Reason for Non-Private For	undation Status	(See pages 4 through 8	or the instruc	tions)				
certify the	nat the organization is not a private founda	ation because it is (Ple	ase check only ONE app	licable box)					
5 🗀	A church, convention of churches, or ass	sociation of churches	Section 170(b)(1)(A)(i)						
6 🗌	A school. Section 170(b)(1)(A)(ii) (Also complete Part V)								
7	A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)								
8 🗌	A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v).								
9 🗍	A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state								
10 🗌	An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)								
11a 🗌	An organization that normally receives a 170(b)(1)(A)(vi) (Also complete the Supplemental Complete Complete the Supplemental Complete Compl	•		ntal unit or fro	om the general (public Section			
11b 🗌	A community trust Section 170(b)(1)(A)((vi) (Also complete the	Support Schedule in Pa	rt IV-A)					
12 🔀	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A.)								
13 🔲									
	Provide the following informa	tion about the suppor	ted organizations. (See p	page 8 of the	instructions)				
	(a)	(b)	(c)	(0	j)	(e)			
Nam	Name(s) of supported organization(s) Employer Identification number (EIN) Employer Identification (described in lines 5 through 12 above or IRC governing section) Employer Type of Is the supported organization listed in support organization's governing documents?								
				Yes	No				
				-		<u> </u>			
··		 	<u> </u>	 					
				 					
						· · · · · · · · · · · · · · · · · · ·			
Total	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • •	• • • • ▶				
44 🗀	. An amonimation are a	to took for culpture of the	. Carbon 500/-1/41 /0	0 - 4 **					
14	An organization organized and operated	to test for public safety	y Section 509(a)(4) (Sec	e page 8 of th	e instructions.)				

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

	You may use the worksheet in the instructions for co					1 (1=1			
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total			
15	Gifts, grants, and contributions received (Do		٦						
	not include unusual grants See line 28) · · ·	200, 020	224 075	251 220	242,948	1,127,900			
16	Membership fees received • • • • • • • • • • Gross receipts from admissions, merchandise	308,839	324,875	251,238	242,948	1,127,900			
17	sold or services performed, or furnishing of								
	facilities in any activity that is related to the		۵						
	organization's charitable, etc , purpose · · · ·	0	Y	U		0 0			
18	Gross income from interest, dividends, amounts received from payments on securities					}			
	loans (section 512(a)(5)), rents, royalties,								
	income from similar sources, and unrelated								
	business taxable income (less section 511	1							
	taxes) from businesses acquired by the organization after June 30, 1975	12,449	6,364	5,294	7,90	32,011			
19	Net income from unrelated business	12,443	0,304	3,234	7,30	32,011			
	activities not included in line 18 · · · · · ·	o	d	d		d o			
20	Tax revenues levied for the organization's								
	benefit and either paid to it or expended on					1			
	its behalf • • • • • • • • • • • • • • • • • • •	o	o	d		o o			
21	The value of services or facilities furnished to				_ _	-			
	the organization by a governmental unit without charge. Do not include the value of								
	services or facilities generally furnished to the								
	public without charge	0	o	0		o o			
22	Other income Attach a schedule Do not								
	include gain or (loss) from sale of capital assets	279,677	284,747	298,301	340,93				
23	Total of lines 15 through 22 · · · · · · ·	600,965	615,986	554,833	591,783	 			
24	Line 23 minus line 17 · · · · · · · · · · ·	600,965	615,986	554,833	591,783	· · · · · · · · · · · · · · · · · · ·			
25	Enter 1% of line 23 · · · · · · · ·	6,010	6,160	5,548	5,91				
26	Organizations described on lines 10 or 11: a Ent				26€	0			
þ	Prepare a list for your records to show the name of		•	· · ·	_				
	governmental unit or publicly supported organization amount shown in line 26a Do not file this list with y	· -	=			<u></u>			
_	Total support for section 509(a)(1) test. Enter line 24		ine total of all tiles	e excess amounts					
d	Add. Amounts from column (e) for lines 18	, ooiaiiii (c)	19		200	<u> </u>			
	22		26b	—	▶ 260	1			
е	Public support (line 26c minus line 26d total) • •	• • • • • • • •			266				
f	Public support percentage (line 26e (numerator) di	vided by line 26c ((denominator))		▶ 261				
27	Organizations described on line 12: a For amoun			at were received fr	om a "disqualified				
	person," prepare a list for your records to show the			ın each year from,	each "disqualifie	d person "			
	Do not file this list with your return. Enter the sum	of such amounts for	or each year.						
	(2006) (2005)		(2004)		(2003)				
b	For any amount included in line 17 that was receive	d from each perso	n (other than "disq	ualified persons"),	prepare a list for	your records to			
	show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing								
	the difference between the amount received and the								
	amounts) for each year:								
	(2006)(2005)		(2004)		(2003)				
_	Add. American from advisor (a) for the con-		40 1 107 0	200					
С	Add: Amounts from column (e) for lines 15		16 1,127,9		.	1 107 000			
d	17 20 Add Line 27a total • •	and line 27h total		<u> </u>	276				
	Public support (line 27c total minus line 27d total)	and line 270 total	· · · · · · · · · · · · · · · · · ·		270	 			
e	Total support for section 509(a)(2) test: Enter amou					1,127,300			
g	Public support percentage (line 27e (numerator) di			2 2 2	, 303 , 307 · · · · ▶ 276	47.72%			
h	Investment income percentage (line 18, column (e)	•		nominator))					
28	Unusual Grants: For an organization described in li			: <u></u>					
	prepare a list for your records to show, for each yea		•	•					
	description of the nature of the grant. Do not file thi				• .				

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To be completed ONLY by schools that checked the box on line 6 in Part IV) Does the organization have a statelen of dis ratiolary ondiscommandary policy toward students by statement in schart rytiwas, other governing instrument, or in a resolution of its governing body? Does the organization include a statement of its ratiolary condiscommandary policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Has the organization publicized fix receivally nondiscommandary policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period it is has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (if you need more space, attach a separate slatement) Does the organization maintain the following Records indicating the reaval composition of the student body, faculty, and administrative staff? Records outcomering that scholarships and other financial assistance are awarded on a receipt make an activity of the student body, faculty, and administrative staff? Records outcomering that scholarships and other financial assistance are awarded on a receipt make an activity of the student admissions, programs, and scholarships? Records outcomering that scholarships and other financial assistance? Records outcomering that scholarships and other financial assistance? Records outcomering that scholarships and other financial assistance? Records outcomering that scholarships? Admissions policies? Records outcomering that scholarships and other financial assistance? Re	Pai	Private School Questionnaire (See page 9 of the instructions)			
other governing instrument, or in a resolution of its governing body? Does the organization include a statement of its analytic nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Has the organization publicated its racially nondiscriminatory policy through newspaper or broadcast media during the period of sobiotation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community is stress? If "Yes," please describe; if "No," please explain (if you need more space, attach a separate statement) 22 Does the organization maintain the following a Records indicating the racial composition of the student body, faculty, and administrative staff? 32a 32b Copies of all catalogues, brochrues, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships and other written communications to the public dealing with student admissions, programs, and scholarships? 32c d Copies of all material used by the organization or on its behalf to solicit contributions? 32d If you answered "No" to any of the above, please explain (if you need more space, attach a separate statement) 33 Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 33d 34d Scholarships or other financial assistance? 33d 34d Scholarships or other financial assistance? 33d 34d Adhietic programs? 54d Other extracumcular activities? 15f Use of facilities? 16f You answered "Yes" to either 34a or b, please explain (if you need more space, attach a separate statement) 34d Does the organization receive any financial aid or assistance from a governmental agency? 44d Does the organization receive any financial aid or assistance from a governmental agency? 34d 34a Does the organization certify that it has comp		(To be completed ONLY by schools that checked the box on line 6 in Part IV)			
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		of Rev. Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Sche			ASSOCIATION			71-0335	278 Page 6
Pai	Lobbying Expenditures by Ele (To be completed ONLY by an eligible of	ecting Public organization that	Charities (See filed Form 5768)	page 11 of th	e instruct	ions)	
Chec	k > a If the organization belongs to an affiliated			ecked "a" and	"limited o	ontrol" prov	isions apply
	Limits on Lobbyin	- ,			Affil	(a) lated group totals	(b) To be completed for all electing
	(The term "expenditures" means			- I	_ _		organizations
36	Total lobbying expenditures to influence public opini			- -	36	 	-
37	Total lobbying expenditures to influence a legislative			 	37 38		
38	Total lobbying expenditures (add lines 36 and 37) Other exempt purpose expenditures	_					
39 10	Other exempt purpose expenditures · · · · · · · Total exempt purpose expenditures (add lines 38 ar						
•0 •1	Lobbying nontaxable amount Enter the amount from			-	40		
••	, ,	bbying nontaxal					
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	Over \$1,500,000 but not over \$17,000,000 - \$225,	000 plus 5% of t	he excess over \$1,5	500,000			
	Over \$17,000,000 · · · · · · · \$1,00					,	
42	Grassroots nontaxable amount (enter 25% of line 4				42		
43	Subtract line 42 from line 36 Enter -0- if line 42 is m	ore than line 36	• • • • • • •	⊢	43		
44	Subtract line 41 from line 38 Enter -0- if line 41 is m	ore than line 38	• • • • • • • •	• • • • •	44		<u>q</u>
	Caution: If there is an amount on either line 43 or lin	ne 44, you must f	ile Form 4720				
		`	d Under Sectio	n 501(h)			
	(Some organizations that made a section See the instructions	on 501(h) election	n do not have to con	nplete all of the		mns below	
		t.	obbying Expenditu	During 4 V	· A		
		_	Obbying Expendicu	res During 4-1	ear Avera	aging Perio	d
	Calendar year (or	(a)	(b)	(c)	ear Avera	(d)	(e)
	Calendar year (or fiscal year beginning in) ▶			r	ear Avera		
45	- '	(a)	(b) 2006	(c)	ear Avera	(d)	(e)
_	fiscal year beginning in) Lobbying nontaxable amount	(a)	(b)	(c)	ear Avera	(d)	(e)
_	fiscal year beginning in)	(a)	(b) 2006	(c)	ear Avera	(d)	(e)
46	Lobbying ceiling amount (150% of line 45(e))	(a)	(b) 2006	(c)	ear Avera	(d)	(e)
46	Lobbying ceiling amount (150% of line 45(e))	(a)	(b) 2006	(c)	ear Avera	(d)	(e)
45 46 47 48	Lobbying ceiling amount (150% of line 45(e))	(a)	(b) 2006	(c)	ear Avera	(d)	(e)
46 47	Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures	(a)	(b) 2006	(c)	ear Avera	(d)	(e)
46 47 48 49	Lobbying nontaxable amount	(a) 2007	(b) 2006	(c)	ear Avera	(d)	(e)
46 47 48 49	Lobbying nontaxable amount · · · · · · · · Lobbying ceiling amount (150% of line 45(e)) · Total lobbying expenditures · · · · · · · Grassroots nontaxable amount · · · · · · · · Grassroots ceiling amount (150% of line 48(e)) · Grassroots lobbying expenditures · · · · · · · · · · · · · · · · · · ·	(a) 2007 Sting Public ((b) 2006	(c) 2005		(d) 2004	(e)
446 447 448 49 50	Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures Lobbying Activity by Noneled (For reporting only by organizations that	(a) 2007 cting Public (at did not complet)	(b) 2006 Charities te Part VI-A) (See pa	(c) 2005		(d) 2004	(e) Total
446 447 448 50 P.a.	Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount (150% of line 48(e)) Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures Lobbying Activity by Noneled (For reporting only by organizations that ing the year, did the organization attempt to influence	(a) 2007 cting Public (at did not complet national, state or	(b) 2006 Charities te Part VI-A) (See part Iocal legislation, inc	(c) 2005		(d) 2004	(e) Total
446 447 448 50 P.a.	Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures Lobbying Activity by Noneled (For reporting only by organizations that	(a) 2007 2007 cting Public (at did not complet national, state or or referendum, ti	Charities te Part VI-A) (See part local legislation, incomough the use of	(c) 2005 2005 age 14 of the ii	nstruction	(d) 2004	(e) Total
449 50 Pa	Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount (150% of line 48(e)) Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures Crassroots lobbying expenditures (For reporting only by organizations that ing the year, did the organization attempt to influence mpt to influence public opinion on a legislative matter Volunteers Paid staff or management (Include compensation in	ting Public (at did not complet national, state or or referendum, the expenses report	Charities le Part VI-A) (See part local legislation, incomprough the use of	(c) 2005	nstruction	(d) 2004 s) Yes No	(e) Total
46 47 48 49 50 Pari atter	Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) - Grassroots lobbying expenditures Lobbying Activity by Noneled (For reporting only by organizations that mg the year, did the organization attempt to influence mpt to influence public opinion on a legislative matter Volunteers Paid staff or management (Include compensation in Media advertisements	(a) 2007 Cting Public (at did not complet national, state or or referendum, the expenses reported to the complete of the comp	Charities te Part VI-A) (See part Iocal legislation, incomprough the use of	age 14 of the including any	nstruction	(d) 2004 s) Yes No	(e) Total
449 50 P.a Durn atter a	Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures Lobbying Activity by Noneled (For reporting only by organizations that ing the year, did the organization attempt to influence mpt to influence public opinion on a legislative matter Volunteers Paid staff or management (Include compensation in Media advertisements Mailings to members, legislators, or the public	(a) 2007 2007 cting Public (at did not complet national, state or or referendum, the nexpenses reported to the complete national state or or referendum, the complete national state or or referendum.	Charities te Part VI-A) (See part local legislation, incomprough the use of the control of the c	age 14 of the II	nstruction	(d) 2004 s) Yes No	(e) Total
449 50 EPaa Duri atter a b c	Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount (150% of line 48(e)) Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying amount (150% of line 48(e)) Grassroots lobbying expenditures (For reporting only by organizations that ing the year, did the organization attempt to influence mpt to influence public opinion on a legislative matter Volunteers Paid staff or management (Include compensation in Media advertisements Mailings to members, legislators, or the public Publications, or published or broadcast statements	(a) 2007 2007 2ting Public (at did not complet national, state or or referendum, the nexpenses reported to the complete of the complete national state or or referendum, the nexpenses reported to the complete of the compl	Charities te Part VI-A) (See part local legislation, incomough the use of ted on lines c through	age 14 of the ii	nstruction	(d) 2004 s) Yes No	(e) Total
447 448 49 50 Duri atter a b c	Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures Lobbying Activity by Noneled (For reporting only by organizations that ing the year, did the organization attempt to influence mpt to influence public opinion on a legislative matter Volunteers Paid staff or management (Include compensation in Media advertisements Mailings to members, legislators, or the public	(a) 2007 2007 cting Public (at did not complet national, state or or referendum, the expenses reported in the expense reported in the expenses reported in the expenses reported in the expenses reported in the expense reported in the expenses re	Charities te Part VI-A) (See part local legislation, incomough the use of	age 14 of the ii	nstruction	(d) 2004 s) Yes No X X X	(e) Total

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Total lobbying expenditures (Add lines c through h.)

Sche	dule	A (Form 990 or 990-EZ)	2007 ARKAI	NSAS CATTLEMENS ASSOC	IATION	71-033	278	P	age 7
Par		Exempt Organi	izations (See	nsfers To and Transact page 14 of the instructions)		<u> </u>		le	
51	id	the reporting organization	n directly or indire	ectly engage in any of the follov	ing with any other organiza	ation described in se	ection		
		• •		(3) organizations) or in section		anizations?			_
а				noncharitable exempt organiza			<u></u>	Yes	No
	(i)	Cash · · · · · · ·	• • • • • • •	• • • • • • • • • • • • • • • • • • • •			51a(i)		<u> X</u>
	٠,	Other assets · · · ·		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		a(ii)		<u>X</u>
Ь		er transactions.							
	(i)	=		ncharitable exempt organization			b(i)		X
	(ii)			le exempt organization · · ·			b(ii)		X
	(iii)		•	assets · · · · · · · · · · ·			b(iii)		<u>X</u>
	(iv)			• • • • • • • • • • • • • • • • • • • •			b(iv)		X
	(v)	-		• • • • • • • • • • • • • • • •			b(v)		X
	٠.		•	or fundraising solicitations •			b(vi)		<u>X</u>
С		•	=	other assets, or paid employee			C		X
d		-		mplete the following schedule (the	
				reporting organization. If the organization			in any		
	tran	saction or sharing arrang	gement, show in c	column (d) the value of the good	is, other assets, or service	s received			
(6	a)	(Ф)		(c)		(d)			
Line	по	Amount Involved	Name of no	nchantable exempt organization	Description of transfers,	transactions, and sharing	arrangeme	ents	
			ļ				_		
		i				· · · · · · · · ·			
				•					
			-			-			
									
								-	-
			· · · · -						
							-		
52a b	des		of the Code (othe	ed with, or related to, one or more than section 501(c)(3)) or in s		ns • • • • • • • • • • • • • • • • • • •	Yes	x] No
		(a)		(b)		(c)			
		Name of organization		Type of organization		Description of relationship			
				-					
									
		· 			 				
		<u> </u>			- 				
			···-						
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Federal Supporting Statements	2007 PG01
	71-0335278
ARKANSAS CATTLEMENS ASSOCIATION	71-0333278
990-T, PART II, LINE 28- OTHER DEDUCTIONS	Statement # 9
Description TRAVEL INSURANCE UTILITIES TELEPHONE OFFICE SUPPLIES POSTAGE EQPT MAINT RENT ACCTG & COMPUTER PROF	**************************************
FORM 990, SCH FOR PART IV, LINE 57 LAND ETC. SCHEDULE	PG 01 Statement #116
Category or Item	8,208
FORM 4562 - LINE 19B	PG01 Statement # 50
BASIS RP CV METHOD DEDUCTION 2,499 5 HY S/L 250 357 5 HY S/L 36 TOTALS 286	

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2007

Attachment Department of the Treasury Sequence No 67 ▶ See separate instructions. Attach to your tax return. Internal Revenue Service Name(s) shown on return Business or activity to which this form relates Identifying number 71-0335278 ARKANSAS CATTLEMENS ASSOCIATION FORM 990 - 1 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I Maximum amount. See the instructions for a higher limit for certain businesses 2 2 Total cost of section 179 property placed in service (see instructions) 3 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (a) Description of property (b) Cost (business use only) 6 7 Listed property Enter the amount from line 29 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 8 Tentative deduction Enter the smaller of line 5 or line 8 9 9 10 Carryover of disallowed deduction from line 13 of your 2006 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2008 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year (see 14 15 15 Property subject to section 168(f)(1) election Other depreciation (including ACRS) 4,445 (Do not include listed property) (See instructions) Partill **MACRS Depreciation** Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2007 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and (d) Recovery (business/investment use vear placed in (e) Convention (f) Method (a) Classification of property (g) Depreciation deduction репод service only-see instructions? 19 a 3-year property Statement # 50 b 5-year property 286 7-year property 10-year property 15-year property 20-year property 25-year property S/L 25 yrs Residential rental 27 5 yrs MM S/L 27.5 yrs ММ property S/L Nonresidential real MM 39 yrs S/L MM S/L property Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System 20 a Class life S/L 12-year 12 yrs SA 40-year MM S/L 40 yrs. Summary (see instructions) Parily Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr 4,731 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Form **8868**

(Rev March 2008)

Application for Extension of Time to File an **Exempt Organization Return**

OMB No	1545-1709
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Department of the Internal Revenue S	-		► File a sepa	rate application for	each return.				
		Automatic 3-Month	Extension, complet	te only Part I and ch	eck this box · · · ·			· · · · · · · · · X	
	-				nly Part II (on page 2 of this	form)			
	_				extension on a previously		n 8868		
Part I	Automa	tic 3-Month Ex	tension of Time	e. Only submit origi	nal (no copies needed)			·	
	required to				nsion - check this box and d	complete		▶ 🗍	
All other corpo			rs), partnerships, RE	MICs, and trusts mu	st use Form 7004 to reque	st an exte	nsion c	of	
Electronic Filli one of the retu electronically r returns, or a co	ng (e-file). Irns noted f (1) you w omposite c	Generally, you can below (6 months fo ant the additional (r or consolidated Forr	r a corporation requi not automatic) 3-mon n 990-T Instead, you	red to file Form 990- nth extension or (2) y u must submit the ful	a 3-month automatic exter T) However, you cannot fil ou file Forms 990-BL, 6069 ly completed and signed p click on e-file for Charities	e Form 8 9, or 8870 age 2 (Pa	868 I, group Irt II) of)	
Type or	Name of	Exempt Organizat	ion			Empl	oyer Id	entification number	
print	ARKA	NSAS CATTI	EMENS ASSC	CIATION		71-	-033	5278	
File by the			rsuite no IfaPO b		-				
due date for filing your		EXECUTIVE							
return See			ite, and ZIP code Fo	or a foreign address,	see instructions				
instructions		LE ROCK		72205					
Check type of			rate application for e			 -			
X Form 990			Form 990-T (cor	rporation)		Form	1 4720		
Form 990-E	3L		Form 990-T (see	c 401(a) or 408(a) tr	ust)	Form	orm 5227		
Form 990-E	Z		Form 990-T (true	st other than above)		Form	n 6069		
Form 990-F	PF		Form 1041-A			Form	1 8870		
If the organIf this is for for the whole g	No ▶ <u>5</u> nization do a Group F group, che	01-224-213 es not have an office Return, enter the orgoick this box ••▶[e or place of busines ganization's four digit	FAX No ss in the United State Group Exemption Nather group, check this		If th	- · · · ·	· · · · · · ▶ □	
1 reques		•	•	•	m 990-T) extension of time				
until	08	<u>-15</u> , 20 <u>08,</u> to	ofile the exempt orga	anization return for th	ne organization named abo	ve The e	xtensio	n is	
	•	n's return for.							
_		ear 20 <u>07</u> or							
▶ t	ax year be	ginning		, 20, and end	ng		_, 20	_	
2 If this ta	x year is fo	or less than 12 mon	ths, check reason	Initial return [Final return Change	e in accou	inting p	eriod	
-			990-PF, 990-T, 4720	O, or 6069, enter the	tentative tax,		3a	\$	
		dable credits. See i		ofundable emdite on	d actimated toy		34	-	
-	•		or 990-T, enter any ro ar overpayment allov		u estillateu tax		3ь	\$	
<u> </u>			ne 3a. Include your p		n or if required		130	•	
			ed, by using EFTPS (-	•				
-	with FID (). See insti	•	u, by using Erirs (LIGOTOTIC FEGERAL I	an i ayınıcını		3c	\$	
			ano fund withdraw-1	with this Earn 9000	see Form 8453-EO and F	orm 9970		L *	
for normant in		=	Jine lunu withurawar	WILLI LIES FULLI 0000,	366 FUIII 0433-EU 8110 F	JIII 00/9	-20		