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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

A	For th	e 2009 ca	lendar year, or tax year beginning AUG 1, 2009 and ending	JUL 31, 2010	
— В	Check if	Please	C Name of organization	D Employer identifica	ation number
	applicat	le use IRS	1.		
Γ	Addre	ess label or ge print or	TNC	İ	
Ē	Name Chan	type	Doing Business As	84-05	83095
Ē	Initial	Ī a	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		
F	Term	. Canada	0110 P NICHOLC AVE	(330)	694-0323
Ė	ated	nded tions	City or town, state or country, and ZIP + 4	G Gross receipts \$	2,874,425.
F	returr Appli tion		CENTENNIAL, CO 80112	H(a) Is this a group reto	
_	pend	ing F Nar	me and address of principal officer RANDY BLACH	for affiliates?	Yes X No
		I	LO E. NICHOLS AVE, CETENNIAL, CO 80112	H(b) Are all affiliates inclu	
_	Tayay		us: X 501(c) (6) ◀ (insert no)		st (see instructions)
			W.CATTLE-FAX.COM	H(c) Group exemption	
				r of formation: 1968 M	
	art I	Summ		TOTIONIABION. 1900 IVI	Oute of legal dofficie.
-	T •	·	escribe the organization's mission or most significant activities: COLLECT/A	NALYZE DATA R	EGARDING
Activities & Governance		_	CATTLE INDUSTRY		
5	2		is box In the organization discontinued its operations or disposed of moi	re than 25% of its net ass	ets.
٥	3		of voting members of the governing body (Part VI, line 1a)	3	10
č	4		of independent voting members of the governing body (Part VI, line 1b)	4	10
જે છ	5		nber of employees (Part V, line 2a)	5	17
	6		nber of volunteers (estimate if necessary)	6	0
; _	7a		ss unrelated business revenue from Part VIII, column (C), line 12	7a	7,500.
٩	h	_	ated business taxable income from Form 990-T, line 34	7b	<7,491.>
_			[**************************************	Prior Year	Current Year
	, 8	Contribut	tions and grants (Part VIII, line 1h)	1,745,509.	1,699,048.
ž	9		service revenue (Part VIII, line 2g),	884,071.	858,251.
Revenue	10	Investme	nt income (Part VIII, column (A) Tines 3, 4 Jan 2010 2011	<105,266.>	
a	11		renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,800.	12,334.
	12		enue - add lines 8 through 11 (must equal Part VIII, icolumn (A), line 12)	2,540,114.	2,571,956.
	13		nd similar amounts paid (Part IX; column (A); lines 1-3)		
	14		paid to or for members (Part IX, column (A), line 4)		
ų	15		other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,682,817.	1,755,812.
2011	16a		onal fundraising fees (Part IX, column (A), line 11e)		
ģ	} b		draising expenses (Part IX, column (D), line 25)		
≔ű	ì ₁₇	Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24f)	666,555.	652,596.
20,	18	-	enses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,349,372.	2,408,408.
	19		less expenses. Subtract line 18 from line 12	190,742.	163,548.
ets or	sas		В	eginning of Current Year	End of Year
sets	20	Total asse	ets (Part X, line 16)	1,896,308.	2,291,040.
=8	21	Total liabs	ilities (Part X, line 26)	269,360.	333,918.
<u>~</u> ₹	E 22	Net asset	ts or fund balances. Subtract line 21 from line 20	1,626,948.	1,957,122.
SCANNED	art II	Signa	iture Block		
2			alties of perjury, I declare that I have examined this return, including accompanying schedules and statements etg. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		and belief, it is true, correct,
		Laid doinipid			
O Si	gn		hall F. Dlock	6-1	5-2011
(C)	ere	Sign	nature of officer	Date	
		RA	ANDY BLACH, CEO		
		Тур	e or print name and title		
Pa	id	Preparer's		heck if Preparer's	s identifying number uctions)
_	iu eparer's	signature	6//3/201/ er	mployed	
	e Only	Firm's nam yours if	CAUSEI DEMGEN & MOORE INC	EIN ▶	
US	o only	self-employ address, ar	nd nd 1001 CIMITORATII DOLLIN 1000		
_		ZIP + 4	DENVER, CO 80202	Phone no. ► 30	3-296-2229
<u>M</u> :	ay the l	RS discus	s this return with the preparer shown above? (see instructions)		X Yes No
933	2001 02-	04-10 L.F	A For Privacy Act and Paperwork Reduction Act Notice, see the separate in	structions.	Form 990 (2009)

Form	990 (2009) INC	84-0583095 Page 2
Pai	rt III Statement of Program Service Accomplishments	
1	Briefly describe the organization's mission: TO COLLECT AND ANALYZE DATA REGARDING THE CATTLE IN	DUSTRY.
2	Did the organization undertake any significant program services during the year which were not listed the prior Form 990 or 990-EZ?	on Yes X No
	If "Yes," describe these new services on Schedule O	· [] [7]
3	Did the organization cease conducting, or make significant changes in how it conducts, any program s If "Yes," describe these changes on Schedule O.	
4	Describe the exempt purpose achievements for each of the organization's three largest program service Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the arr	•
	allocations to others, the total expenses, and revenue, if any, for each program service reported	
4a	(Code.) (Expenses \$ including grants of \$ MARKET RESEARCH AND ANALYSIS: COLLECT, RESEARCH, AN RESPECT TO RAISING AND/OR FEEDING OF CATTLE IN ORDE BUSINESS INTERESTS AND ECONOMIC STABILITY OF THE CA	R TO PROMOTE COMMON
	CONDUCT EDUCATIONAL SEMINARS AND RESEARCH PROJECTS CATTLE INDUSTRY. ATTENDANCE AT VARIOUS PROGRAMS IS PEOPLE; DATA PUBLISHED IN VARIOUS REPORTS WERE SENT	RELATED TO THE ESTIMATED AT 5,000
	4,500 PEOPLE.	
4b	(Code.) (Expenses \$ including grants of \$ CONSULTING FEES: PROVIDE EXPERTISE AND ASSISTANCE TOLLECTING AND ANALYZING DATA IN CONNECTION WITH THE	
	CODDECTING AND ANADIZING DATA IN CONNECTION WITH IN	E CATTLE INDOSTRI:
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$
-		
4d	Other program services. (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► \$	Form 990 (2009)

Page 3

Form 990 (2009) INC Part IV Checklist of Required Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			-
_	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? 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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	i		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			, 10
	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.		İ	
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12		X
12A	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			
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		<u>X</u>
D	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	446		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		
10	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	İ	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
.0	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,	- 10		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		<u>X</u>
		Form '	990 c	กดดา

84-0583095 Page 4 Form 990 (2009) Part IV Checklist of Required Schedules (continued) Yes No 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 17 If "Yes," complete Schedule I, Parts I and II X 21 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 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 X Schedule J. 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 24a X 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? ... 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person duning 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 25b Schedule L. Part I 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 X Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete X Schedule L., Part III 27 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X Was the organization related to any tax-exempt or taxable entity? 34 X If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? 35

Form **990** (2009)

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X

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If "Yes." complete Schedule R, Part V, line 2

If "Yes," complete Schedule R, Part V, line 2

Note. All Form 990 filers are required to complete Schedule O.

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization?

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Page 5

84-0583095

a Enter the number reported in 6ox 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns: Enter 0-1 find applicable Enter the number of Forms W262 included in line 1 a Enter 0-1 find applicable Det the organization comply with backipy withholding rules for reportable payments to vendors and reportable gaming (gamthing) wrimings to prize writings. Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. If I is a least one is reported on the 28, did the organization file after employment tax returns? Note, if the sum of Ines 1 and 2 as greater than 250, you may be required to e-file this returns (see instructions) Note, if the sum of Ines 1 and 2 as greater than 250, you may be required to e-file this returns (see instructions) Note, if the sum of Ines 1 and 2 as greater than 250, you may be required to e-file this returns (see instructions) If "Yes," has at filled a Form 990 T for this year,? If "No, *provide an explanation in Schedule 0 At Any time the manier of the foreign country: If "Yes," has at filled a Form 990 T for this year,? If No, *provide an explanation in Schedule 0 If "Yes," the organization are foreign country: See the instructions for exceptions and filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? See 1 If "Yes," this in Sa or 5th, did the organization that it was fore it prohibited tax shelter transaction? By D dany taxable party notify the organization that it was fore it prohibited tax shelter transaction? By D dany taxable party notify the organization that it was fore it prohibited tax shelter transaction? By D day taxable party notify the organization that it was fore it prohibited tax shelter transaction? By D d the organization or notification that were not tax deductible? Constitutions that the v	Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
1s Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter 0 if not applicable 1				Yes	No
U.S. Information Returns Enter Q-f inct applicable be Enter the number of Forms W2G included in line 1s Enter Q-f not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to price winnings? 2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, lifed for the calendar year ending with or within the year covered by this return. 17 Ib If at least one is reported on line 28, did the organization file all required federal employment tax returns? Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file this return (see instructions) 3 Did the organization have unrelated business gross incrino of \$1,000 or more dumpt the year covered by this return? 3 If "Yes," has it filed a Form 990-T for this year? If "No. *provide an explanation in Schedule 0" 3 If "Yes," has it filed a Form 990-T for this year? If "No. *provide an explanation in Schedule 0" 3 If "Yes," enter the name of the foreign country. If you have a bank account, securities account, or other financial account;? If "Yes," enter the name of the foreign country. If you have a bank account, securities account, or other financial account;? If "Yes," enter the name of the foreign country. If you have a provide a property of the year you have a provided to the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductable? 1 If "Yes," in this short was a provided the organization foreign country in the provided to the payor? 1 If "Yes," indicate the number of Forms 8885T, Disclosure by Tax Schemp Intrifty Reparation Prohibited Tax Schetter Transaction? 2 If "Yes," indicate the number of tax deductable? 3 If "Yes," indicate the number of Forms 8882 filed during the year 4 If you have a construction of the value of the goods or services provided? 5 If "Yes," indicate the number of Forms 8882 filed dur	1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
b Enter the number of Forms W2G included in line 1a Enter O. if not applicable 1		•			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, lifed for the calendar year ending with or within the year covered by this return. 5 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of ines 1a and 2a is greater than 250, you may be required to e-fife this return (see instructions) 3a Did the organization have innes 1a and 2a is greater than 250, you may be required to e-fife this return (see instructions) 3b Did the organization have inness to and 2a is greater than 250, you may be required to e-fife this return (see instructions) 4a At any time during the catendar 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 At any time during the catendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. E- 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b L X 16 "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that twere not tax deductible? 6b L "Yes," did the organization on include with every solicitation an express statement that such contributions or griss were not tax deductible? 6b L "Yes," did the organization on the financial account in a contribution and partity for goods and services provided to the payor? 7c If "Yes," did the	ь		1		
gambing) wnnings to prize winners? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return. b If at beast one is reported on line 2a, did the organization file all required federal employment tax returns? Note, If the sum of lines 1 and 2a is greater than 250, you may be required to effeth this return (see instructions) 3b Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If "Yes," has filled a Form 990 For for the year of "No." provided an explaination in Schedule (O to the part of the financial account in a foreign country (such as a bank account, securities account, or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Uf "Yes," the said of your did not organization that it was or is a party to a prohibited tax shelter transaction? 6c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6c If "Yes," to line that we not tax deductible? 6c If "Yes," to line that we not tax deductible? 6d If "Yes," to line that we not tax deductible? 6d If "Yes," to line that we are not tax deductible? 6d If "Yes," indicate the number of Form 8282 filed during the year and the properties of the prograzion shelt with the organization on shelf with the organization on shelf with the organization on shelf with the organization					
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 2a 1.7 b if at least one is reported on ine 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3b. Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b if "Yes," has if filed a Form 990.1 for this year? If "No," provide an explanation in Schedule O 4a. At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountly over, a financial account in a foreign country (such as a bank account, securities account, or other financial account). b if "Yes," enter the name of the foreign country is a profit of the properties of the financial account in a foreign country is a profit of the properties of	ŭ		10		
b If at least one is reported on line 2a, did the organization file all required federal employment tax retums? Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Dot the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If Yes, *In at filed a Form 990 For for this year? If *No, *provide an explanation in Schedule O 3a X X 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; but as a bank account, securities account, or other financial account)? 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? 5b If Yes, * to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, * to line 5a or 5b, did the organization file Form 8896-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shefter Transaction? 5c If Yes, * to line 5a or 5b, did the organization file Form 8896-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shefter Transaction? 5c If Yes, * to line 5a or 5b, did the organization file Form 8896-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shefter Transaction? 5c If Yes, * to line 5a or 5b, did the organization file form 8896-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shefter Transaction? 7c If Yes, * to line 5a or 5b, did the organization file form 8896-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shefter Transaction? 7d Organizations that may receive deductible contributions under section 170(c). 8d Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization shelf the sheft of the formation of the sheft of th	22				
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a At any time during the claim or ground or \$1,000 or more during the year covered by this return? b If "Yes," that if filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a At any time during the claim or ground or year. All the organization in Schedule O 5b If "Yes," either the name of the foreign country: ▶ 5ce the instructions for exceptions and filing requirements for Form TD F 90·22.1, Report of Foreign Bank and Financial Accounts. 5ce Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5ca Was the organization a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5 ao r5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5 ao r5b, did the organization file Form B886-T, Disclosure by Tax Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not 1ax deductible? 5c Jif "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c Jif "Yes," did the organization neture a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 5c Jif "Yes," indicate the number of Forms 8292 filed during the year 5c Jif "Yes," indicate the number of Forms 8292 filed during the year 5c John the organization or equalization self-and the lectual property, did the organization have excess business holdings at any time during the year; receive any	Za	· · · · · · · · · · · · · · · · · · ·			
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		amounts due or received from them)			ı
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

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.

Sec	tion A. Governing Body and Management						
				[Yes	No
1a	Enter the number of voting members of the governing body	<u>1a</u>		10			
b	Enter the number of voting members that are independent	1b	L	10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other				
	officer, director, trustee, or key employee?				2	<u> </u>	X
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ct supervision				
	of officers, directors or trustees, or key employees to a management company or other person?				3_	<u> </u>	Х
4	Did the organization make any significant changes to its organizational documents since the prior Fo	rm 99	0 was filed?	ļ	4	ļ	X
5	Did the organization become aware during the year of a material diversion of the organization's asset	ts?	-	-	5_		X
6	Does the organization have members or stockholders?				6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	ember	s of the				
	governing body?				7a_		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per	sons?	•		7b		X
8	$\label{thm:contemporaneously} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	during	the year				
	by the following:						
а	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?				8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ched	at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	e Code.)				
						Yes	No
	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	chapt	ers, affiliates,				
	and branches to ensure their operations are consistent with those of the organization?	-	,	ļ	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fi	ling th	e 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	ıld gıv	е пѕе				
	to conflicts?			ļ	12b		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes, "	describe				
	in Schedule O how this is done].	12c		
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 approva	al by ir	ndependent				
	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.)			i			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent v	vith a				
	taxable entity during the year?				16a		<u> </u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eval		•				
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization of the control o	anızatı	on's				
<u> </u>	exempt status with respect to such arrangements?				16b		
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed NONE	. (504)					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(501(c)(3)s only) ava	ilable 1	or		
	public inspection Indicate how you make these available. Check all that apply					-	•
	Own website X Another's website X Upon request	_				_	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, c	onflict	of interest poli	cy, an	d fina	ncial	
	statements available to the public.				_		
20	State the name, physical address, and telephone number of the person who possesses the books are	nd rec	ords of the org	anızatı	on: 🕨		
	SHARON COLEMAN - (303) 694-0323						
	9110 E NICHOLS AVE, CENTENNIAL, CO 80112		· · · · · · · · · · · · · · · · · · ·		- -	000	0000:
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
Employees, and Independent Contractors

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

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

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

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours	Position (check all that apply)					(v)	Reportable compensation	Reportable compensation	Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
JAMIE WILLRETT										
DIRECTOR	1.00	<u> X</u>		<u> </u>	ļ	<u> </u>		0.	0.	0.
KEN STIELOW										
DIRECTOR	1.00	X		<u> </u>	╙	<u> </u>		0.	0.	0.
JAMES HERRING								_		_
PRESIDENT	1.00	X		<u> </u>	↓_	┞		0.	0.	0.
KENT BAMFORD		İ						_	_	_
DIRECTOR	1.00	X		<u> </u>	₽	_	_	0.	0.	0.
JON FERGUSON		l							_	_
DIRECTOR	1.00	X		▙	ـــ			0.	0.	0.
KEVIN HUGHES										_
DIRECTOR	1.00	X		_	⊢	_	ļ	0.	0.	0.
JERRY KUENNING	1 00									
DIRECTOR	1.00	X	ļ	_	<u> </u>	-	ļ	0.	0.	0.
MIKE MILICEVIC	1 00	7.							0	0
DIRECTOR	1.00	X		<u> </u>	 		-	0.	0.	0.
RANDY BLACH	40.00			x	x			200,000.	0.	0.
EXECUTIVE VICE PRESIDENT	20.00	-	 	Δ	^	<u> </u>	-	200,000.		<u> </u>
MICHAEL MILLER CHIEF OPERATING OFFICER	40.00		İ	х	x			142,000.	0.	0.
CHIEF OF BRIDE STATE OF THE STA										

(F) Reportable compensation from related organizations and interest of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organizations and related organizations and related organizations and related organizations and related organizations and related organizations and related organizations and related organizations and related organizations and related organizations and related organizations and related organizations and related organizations and related organizations and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individuals 5 Did any person listed on line 1a receive or accrue compensation from the organization for services rendered to the such as \$150,000? If "Yes," complete Schedule J for such individuals on line 1ar receive or accrue compensation from the organization for services rendered to the such as \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1ar receive or accrue compensation from any unrelated organization for services rendered to the such as \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1ar receive or accrue compensation from any unrelated organization for services rendered to the such as \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1ar receive or accrue compensation from any unrelated organization for services rendered to the such as \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1ar receive or accrue compensation from any unrelated organization for services rendered to \$150.000 for \$150.000 for \$150.000 for \$150.000 for \$150.000 for \$150.000 for \$150.000 for \$150.000 for \$150.000 for \$150.000 for \$150.000 for \$150.000 for \$150.000 for \$150.000 for \$150.000 for \$150.0000 for \$150.0000 for \$150.0000 for \$150.0000 for \$150.0000 for \$150.0000 for \$150.0000 for \$150.0000 for \$150.0000 for \$150.0000 fo	orm Par	990 (2009) INC						1:			84-05	3309	5	Page 8
1b Total	rail	(A)	(A) (B) Name and title Average hours per			(C) Position (check all that apply)				(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations		Estimated amount of other compensation from the	
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization Yes No.				individual tri	Institutional	Officer	Key employe	Highest com employee	Former	,				
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization Yes No.														
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization Yes No.											<u></u>			
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization Yes No.														·············
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization Yes No.														
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization Yes No.														
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. NONE (A) (B) (C)		Total number of individuals (including but	not limited to t	hose	liste	ed al	bove	e) wh	o re).		0.
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. NONE (A) (B) (C)		line 1a? If "Yes," complete Schedule J for	r such ındividua	1								3	Yes	X
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C)	5	and related organizations greater than \$1 Did any person listed on line 1a receive or	50,000? If "Yes r accrue compe	, " co ensat	<i>mple</i> ion f	ete S	Sche	edule	J f	or such individual			X	x
(A) (B) (C)	1	Complete this table for your five highest	compensated in	depe	ende	ent c	ontr	acto	rs t	hat received more than	\$100,000 of comp	ensatioi	ı from	
		(A)	ss address							(B) Description of s	ervices			on
			-											

\$100,000 in compensation from the organization

0

Total number of independent contractors (including but not limited to those listed above) who received more than

		(2009) INC				<u>84-0583</u>	095 Page 9
Pa	rt VII	II Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b d e f	Federated campaigns 1a Membership dues 1b 1, Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f \$,699,048.				
용	_	Total. Add lines 1a-1f		1,699,048.			
ice	2 a	MARKET RESEARCH/ANALYS	Business Code 541800	852,251.	852,251.		-
Program Service Revenue	b c d e		541610	6,000.		6,000.	
ል	f	All other program service revenue					
\perp	g	Total. Add lines 2a-2f	<u> </u>	858,251.			*
	3 4 5	Investment income (including dividends, inter other similar amounts) Income from investment of tax-exempt bond provides	•	38,483.			38,483.
	b	(i) Real (i) Real (ii) Real (iii) Real (iii) Real (iii) Real (iv)	(II) Personal		יר י	\$ C	\$
	7 a	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses (i) Secunties 266,309.		, ,	^		,
	d	Gain or (loss) <36,160. Net gain or (loss)		<36,160.	> <36,160.	>	
Other Revenue		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a Less: direct expenses b		۸٩		-	
	9 a	Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19					
!	C	Less: direct expenses	. >	,	·		· · · · · · · · · · · · · · · · · · ·
		and allowances a Less: cost of goods sold b Net income or (loss) from sales of inventory	, >				·····
	11 a	Miscellaneous Revenue DATA PROCESSING - COMP	Business Code 541511	1,500.		1,500.	(
		All other revenue .	900099	10,834.	10,834.		
[е	Total. Add lines 11a-11d	▶	12,334.	005 555		
93200 02-04-	12 9 10	Total revenue. See instructions.		2,571,956.	826,925.	7,500.	38,483. Form 990 (2009)

INC

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

	All other organizations must comp		·		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	342,000.			
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 salanes and wages	1,042,674.			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	104,981.			
9	Other employee benefits	165,865.			
10	Payroll taxes	100,292.			
11	Fees for services (non-employees)				
а	Management				
b	Legal	420.			
С	Accounting	28,717.			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	15,458.			
13	Office expenses				
14	Information technology				
15	Royalties				-
16	Occupancy	72,003.			
17	Travel	35,006.			
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	23,605.			
23	Insurance	22,372.			
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	PRINTING/POSTAGE	209,428.	· · · · · · · · · · · · · · · · · · ·		
b	MEETINGS	54,384.			
c	EQUIPMENT RENTAL AND MA	47,848.		_	
d	FEES	32,435.			
e	WEB SITE COSTS	24,114.			
f	All other expenses	86,806.			
25	Total functional expenses. Add lines 1 through 24f	2,408,408.			
26	Joint costs. Check here I I I 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	İ			
	and the second second second second			· · · · · · · · · · · · · · · · · · ·	Form 990 (2000

INC

Par	t X	Balance Sheet			
		•	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	330,371.	1	351,363
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	29,822.	4	55,690
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
ł		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
ŀ		Part II of Schedule L		6	
တ္သ	7	Notes and loans receivable, net		7	
Assets	8	Inventones for sale or use		8	
AS	9	Prepaid expenses and deferred charges	44,633.	9	38,790.
	10a	Land, buildings, and equipment: cost or other			
l		basis. Complete Part VI of Schedule D 10a 460, 335	5.		
l	b	Less: accumulated depreciation 10b 377,763		10c	82,572.
	11	Investments - publicly traded securities		11	
ŀ	12	Investments - other securities. See Part IV, line 11	1,429,764.	12	1,759,961.
1	13	Investments - program-related See Part IV, line 11		13	
- }	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,678.	15	2,664.
ŀ	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,896,308.	16	2,291,040.
	17	Accounts payable and accrued expenses	78,386.	17	81,331.
	18	Grants payable		18	
- 1	19	Deferred revenue	190,974.	19	252,587.
j	20	Tax-exempt bond liabilities		20	· · · · · · · · · · · · · · · · · · ·
φ.	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
api		highest compensated employees, and disqualified persons. Complete Part II			
ן בֿ		of Schedule L	, ,	22	
1	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities, Add lines 17 through 25	269,360.	26	333,918.
		Organizations that follow SFAS 117, check here X and complete		Ì	
S		lines 27 through 29, and lines 33 and 34.	,		
ĕ	27	Unrestricted net assets	1,626,948.	27	1,957,122.
ala	28	Temporarily restricted net assets		28	
B	29	Permanently restricted net assets		29	
필		Organizations that do not follow SFAS 117, check here and			
6		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž	33	Total net assets or fund balances	1,626,948.	33	1,957,122.
	34_	Total liabilities and net assets/fund balances	1,896,308.	34	2,291,040.

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

INC 84-0583095 Page 12 Form 990 (2009) Part XI Financial Statements and Reporting Yes No X Accrual Accounting method used to prepare the Form 990 Cash 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 X X **b** Were the organization's financial statements audited by an independent accountant? 2b c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both. Separate basis Consolidated basis Both consolidated and separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit X Act and OMB Circular A-133? За b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Schedule D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

2009

Open to Public Inspection

Name of the organization

CATTLE MARKETING INFORMATION SERVICE,

Employer identification number 84-0583095

Pai	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		***
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		***************************************
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor ad	· ·	e used only
-	for charitable purposes and not for the benefit of the donor or		•
	impermissible private benefit?	, , ,	Yes No
Pai		anization answered "Yes" to Form 990,	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or p		storically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	acture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06	2d
3	Number of conservation easements modified, transferred, rele		e organization during the tax
	year >		•
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	<u></u>	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements of	dunng the year
7	Amount of expenses incurred in monitoring, inspecting, and e	enforcing conservation easements during	g the year > \$
8	Does each conservation easement reported on line 2(d) abov		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation	on easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	the organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, not	t to report in its revenue statement and t	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of pu	iblic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these if	tems.	
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and balai	nce sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, or	r research in furtherance of public servic	e, provide the following amounts relating to
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		• \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical treat		al gaın, provide
	the following amounts required to be reported under SFAS 11	16 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		. \$
b	Assets included in Form 990, Part X		> \$

	dule D (Form 990) 2009 INC					4-0583095 Page 2
Par	t III Organizations Maintaining C	Collections of A	rt, Historical Ti	reasures, o	r Other Simila	r Assets (continued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that	are a significant us	se of its collection items
	(check all that apply)					
а	Public exhibition	d	Loan or exc	change progra	ms	
b	Scholarly research	е	· Other			
С	Preservation for future generations					
4	Provide a description of the organization's co	ollections and explai	n how they further	the organizatio	n's exempt purpos	e in Part XIV.
5	During the year, did the organization solicit of	r receive donations	of art, historical trea	sures, or othe	r sımılar assets	
	to be sold to raise funds rather than to be m	aintained as part of t	the organization's c	ollection?		Yes No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if organization a	nswered "Yes"	to Form 990, Part	IV, line 9, or
	reported an amount on Form 990, Pa	rt X, line 21.				
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for contribution	ns or other ass	ets not included	
	on Form 990, Part X?		•			Yes No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	illowing table	•		
_			.			Amount
С	Beginning balance				1c	
ď	Additions during the year		••	-	1d	
	Distributions during the year			•	1e	
f	Ending balance	•			1f	*
2a	Did the organization include an amount on F	orm 990. Part X. line	212			Yes No
	If "Yes," explain the arrangement in Part XIV		21.	- •	•	res no
Par			swered "Yes" to Fo	orm 990. Part I	V. line 10.	
تتتت		(a) Current year	(b) Prior year	1		ars back (e) Four years back
10	Beginning of year balance	(a) Ourient year	(b) i noi year	(c) Two years	S Dack (d) Three yea	dis back (e) i our years back
1a 	Contributions			1		
0	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·				
C	Net investment earnings, gains, and losses			-		
a	Grants or scholarships			7.	*** *	
е	Other expenditures for facilities					
	and programs			 		
1	Administrative expenses				`	
g	End of year balance			<u> </u>		
2	Provide the estimated percentage of the year	ir end balance neld a				
a	Board designated or quasi-endowment		_%			
b	Permanent endowment	%				
C		%				
3a	Are there endowment funds not in the posses.	ession of the organiza	ation that are neid a	ana aaminister	ed for the organiza	
	by.					Yes No
	(i) unrelated organizations	-			•	3a(i)
	(ii) related organizations					3a(ii)
b	If "Yes" to 3a(ii), are the related organization:					<u>3b</u>
4	Describe in Part XIV the intended uses of the					
rai	t VI Investments - Land, Building			· · · · · · · · · · · · · · · · · · ·		
	Description of investment	(a) Cost or o basis (investr	1 7 7	t or other (other)	(c) Accumulated depreciation	(d) Book value
1a	Land					
b	Buildings _					
С	Leasehold improvements					
d	Equipment		46	0,335.	377,76	3. 82,572.
е	Other					
Tota!	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, column (B), line	10(c).)		82,572.

Schedule D (Form 990) 2009

Total. (Col	lumn (b) must equal Form 990, Part X, col (B) line 15.)		▶	
Part X	Other Liabilities. See Form 990, Part X, line 25			
1.	(a) Description of liability	(b) Amount		
Federal inc	come taxes			
	-			•
Total. (Coli	umn (b) must equal Form 990, Part X, col (B) line 25)	• l		

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

CATTLE MARKETING INFORMATION SERVICE, 84-0583095 Page 4 Schedule D (Form 990) 2009 INC Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements 2,571,956. Total revenue (Form 990, Part VIII, column (A), line 12) 1 2,408,408. Total expenses (Form 990, Part IX, column (A), line 25) 2 2 163,548. 3 Excess or (deficit) for the year. Subtract line 2 from line 1 3 Net unrealized gains (losses) on investments 4 4 Donated services and use of facilities ... 5 5 Investment expenses 6 6 Prior period adjustments 7 7 166,627. 8 Other (Describe in Part XIV) 8 Total adjustments (net). Add lines 4 through 8 9 166,627. 9 330,175. Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 Part XII | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 2,768,558. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 166,627 Net unrealized gains on investments 2a 2b Donated services and use of facilities Recovenes of prior year grants 2c C 29,975 2d Other (Describe in Part XIV.) 196,602. Add lines 2a through 2d 2e 2,571,956. Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b . . 4c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 2,571 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 2,428,342. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 Donated services and use of facilities 2a b Prior year adjustments 2b Other losses 2c 19,935. 2d Other (Describe in Part XIV.) Add lines 2a through 2d 2e Subtract line 2e from line 1 3 3

19,935. 2,408,407. Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV.) 4b c Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Ρ	ART	XI,	LINE	8	_	OTHER	ADJI	USTMEN'	rs -	:

FMV INCREASE IN INVESTMENTS: 166627.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

INCOME/LOSS FROM SUBSIDIARY: 29975.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 INC Part XIV Supplemental Information (continued)	84-0583095 Page 5
Fart Aiv Supplemental Information (continued)	
INCOME/LOSS FROM SUBSIDIARY: 19935.	
THE AMOUNTS RECORDED IN THE OTHER ADJUSTMENTS COLUMN ARE DIF	FERENCES
OCCURING DUE TO THE FACT THAT THE EXEMPT ORGANIZATION'S AUDI	TED ETNANCTAL
STATEMENTS ARE COMBINED WITH A RELATED ENTITY, C.F. RESOURCE	S, WHICH IS
TAXED SEPARATELY AS A CORPORATION.	
	- 11,

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 23. 2009

Open to Public Inspection

Name of the organization

► Attach to Form 990. ► See separate instructions.

CATTLE MARKETING INFORMATION SERVICE,

NFORMATION SERVICE, Employer identification number 84-0583095

INC Part I **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990. Part VII. Section A. line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No." complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply. X Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? 4a Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4h X Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5a Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? 6a Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2009

Regulations section 53.4958-6(c)?

Page 2

84-0583095

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

Schedule J (Form 990) 2009

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII.

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C)	(D)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ
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Schedule J (Form 990) 2009

84-0583095

Page 3 Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information. PART I, LINE 1B: THE ORGANIZATION DOES NOT REIMBURSE EXPENSES AND THEREFORE, NO POLICY IS IN EXISTANCE Part III Supplemental Information Schedule J (Form 990) 2009

SCHEDULE O

Department of the Treasury Internal Revenue Service

(Form 990)

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.

2009
Open to Public Inspection

Name of the organization

CATTLE MARKETING INFORMATION SERVICE, INC

Employer identification number 84-0583095

FORM 990, PART VI, SECTION B, LINE 11: CURRENTLY, THE FORM 990 IS NOT
PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL PRIOR TO FILING;
HOWEVER, THE TAX-EXEMPT ORGANIZATION PLANS TO IMPLEMENT THIS PROCEDURES FOR
FUTURE YEARS.
FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION IS DETERMINED BY
INDEPENDENT VOTING MEMBERS OF THE BOARD OF DIRECTORS AND THE EXECUTIVE
COMMITTEE.
FORM 990, PART VI, SECTION C, LINE 19: THE DOCUMENTS ARE AVAILABLE TO THE
PUBLIC UPON REQUEST.

2009 Open to Public Inspection **Employer identification number** OMB No 1545-0047 Direct controlling Direct controlling 84-0583095 entity entity 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) End-of-year assets Public charity status (if section 7,417 501(c)(3)) <u>e</u> 0 ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Exempt Code Total income section ਉ ▼ See separate instructions. Related Organizations and Unrelated Partnerships Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Legal domicile (state or Legal domicile (state or foreign country) foreign country) COLORADO CATTLE MARKETING INFORMATION SERVICE, ▶ Attach to Form 990. Primary activity Pnmary activity Name, address, and EIN Name, address, and EIN of related organization of disregarded entity BOVIMARX - 99-999999 CENTENNIAL CO 80112 Name of the organization 9110 E NICHOLS AVE Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part Parti

Schedule R (Form 990) 2009

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

Schedule R (Form 990) 2009 INC

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year) Part III

Page 2

84-0583095

managing partner? Yes No 100% Schedule R (Form 990) 2009 Percentage General or ownership 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.) Code V.UBI amount in box 20 of Schedule K-1 (Form 1065) 129,129 N/A Share of end-of-year assets Disproportionate allocations? Yes No × Ξ 10,040 Share of total income 265 Share of end-of-year assets ο. Type of entity (C corp, S corp, or trust) **e** 74,653 Share of total income CORP (d)
Direct controlling
entity Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> Legal domicile (state or foreign country) ဥ <u>©</u> (d)
(d)
(d)
(d)
(d) 23 RESEARCH STUDIES ON Primary activity CATTLE INDUSTRY 9 Legal domicile (state or foreign country) N <u>છ</u> Primary activity MARKET ANALYSIS CATTLE INDUSTRY <u>e</u> C.F. RESOURCES, INC. - 84-0961724 Name, address, and EIN of related organization Name, address, and EIN of related organization OBSONO LLC - 22-3771089 9110 E, NICHOLS AVENUE 80112 08721 <u>a</u> CENTENNIAL CO BAYVILLE, NJ P,O, BOX 312 932162 07-21-10 Part IV

Page 3

84-0583095

Schedule R (Form 990) 2009

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.		Yes 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 or (iv) rent from a controlled entity		. ta X
b Gift, grant, or capital contribution to other organization(s)		1b X
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)		1e X
f Sale of assets to other organization(s)		1¢
g Purchase of assets from other organization(s)		1g X
h Exchange of assets		4h X
ı Lease of facılıtıes, equipment, or other assets to other organization(s)		ıt X
j Lease of facilities, equipment, or other assets from other organization(s)		i-
k Performance of services or membership or fundraising solicitations for other organization(s)		1k X
I Performance of services or membership or fundraising solicitations by other organization(s)		×
m Sharing of facilities, equipment, mailing lists, or other assets	•	Ē
n Sharing of paid employees		t X
o Reimbursement paid to other organization for expenses		ot
p Reimbursement paid by other organization for expenses		
d Other transfer of cash or property to other organization(s)		t
1 1	action thresholds	
(6)	1	3
Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
1		
(1) C.F. RESOURCES	A	7,500.
(3)		
(4)		
(9)		
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84-0583095

Page 4

CATTLE MARKETING INFORMATION SERVICE,

Schedule R (Form 990) 2009

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

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

0							
(a)	(a)		<u>©</u>	(e)	ε	(B)	Ξ
Name, address, and EIN of entity	Primary activity	nicile oreign	Are all partners section 501(c)(3) organizations?	Share of end-of- year assets	Dispropor- tionate allocations?	Code V-UBI amount in box 20	General or managing partner?
			Yes No		Yes No	(Form 1065)	اللل
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Schedule R (Form 990) 2009