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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

2010 Open to Public Inspection

430682334 OMB No 1545-0047

A	For the 2010 cal	endar year, or tax year beginning 10/01/10 , and ending 09/30/11		, .	
	Check if applicable	C Name of organization	1	D Emplo	yer identification number
	Address change	UNITED SUFFOLK SHEEP ASSOCIATION			
	Name change	Doing Business As		43-	0682334
\Box	nitial return		m/suite	•	one number
\equiv		PO BOX 995	-	641	-684-5291
	Terminated	City or town, state or country, and ZIP + 4			171 610
_ ∐′	Amended return	OTTUMWA IA 52501		G Gross recei	
/	Application pending	F Name and address of principal officer	(a) Is this a gro	up return for a	ffiliates? Yes X No
		н	(b) Are all affi	iliates includ	ed? Yes No
			If "No,	" attach a lis	st (see instructions)
1	Tax-exempt statu	501(c)(3) X 501(c) (5) ◀ (insert no) 4947(a)(1) or 527			
J	Website: ▶ N	I/A H	(c) Group exe	emption nun	nber ►
K	Form of organization	Corporation Trust X Association Other ► L Year of f	formation		M State of legal domicile
_ <u>P</u>	artí Si	ımmary			
	-	scribe the organization's mission or most significant activities.			
စ္ပ		STRATIONS, TRANSFERS, PEDIGREE RESEARCH & CERTIFICATION	N OF SU	FFOLK	
Activities & Governance	SHEE	P BELONGING TO MEMBERS OF THE ASSOCIATION			
/er					
ő		is box \(\bigsize \subseteq if the organization discontinued its operations or disposed of more than 25% of its	net assets	3	12
ජ ේ		of voting members of the governing body (Part VI, line 1a) of independent voting members of the governing body (Part VI, line 1b)		4	12
itie		nber of individuals employed in calendar year 2010 (Part V, line 2a)		5	3
ctiv		nber of volunteers (estimate if necessary)		6	
⋖		elated business revenue from Part VIII, column (C), line 12		7a	
		ated business taxable income from Form 990-T, line 34		7b	0
_			Prior Year		Current Year
ැමු		ions and grants (Part VIII, line 1h)		,565	26,960 154,018
	-	service revenue (Part VIII, line 2g)	101	, 311	-9,359
		nt income (Part VIII, column (A), lines 3, 4, and 7d) venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			3,333
2		enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	133	,876	171,619
O BINNEW AG		nd similar amounts paid (Part IX, column (A), lines 1–3)			
		paid to or for members (Part IX, column (A), line 4)			
SEP	15 Salanes,	other compensation, employee benefits (Part IX, column (A), lines 5–10)	52	,574	108,423
224.2	16a Professio	nal fundraising fees (Part IX, column (A), line 11e)			
, L Exper	b Total fun	draising expenses (Part IX, column (D), line 25) ▶			100 505
2012	17 Other ex	penses (Part IX, column (A), lines 11a–11d, 11f–24f)		,245	128,725
12	-	enses Add lines 13–17 (must equal Part IX, column (A), line 25)		,819	237,148 -65,529
- Se	19 Revenue	less expenses Subtract line 18 from line 12	inning of Curre		End of Year
Net Assets or Fund Balances	20 Total ass	ets (Part X, line 16) RECEIVED Beg		,362	206,235
t Ass d Ba	21 Total liab	date (Bed V tee 26)	10	,616	5,110
8.E	22 Net asse	ts or fund balances Subtract line 21 from line 2000 AUG 9 5	255	746	201,125
_ P	art II Si	gnature Block			
Ur	nder penalties of p	erjury, I declare that I have examined this return, including accompanying schedules and statements, and to the implete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	ne best of my l	knowledge a	and belief, it is
	le, correct, and co	Impleted because of prepared out of the first out of the		- 1 - 5	3/15/2012
Sig	D :	Standature of officer	-	Date	711712012
He		Amando Everts Executive Secretary		Date	
		Type or print name and title			
		pe preparer's name Preparer's signature	Date	Check	af PTIN
Paid	KEITH	w Lewis	08/21/	12 self-em	ployed P01027640
-	parer Firm's n		Fi	rm's EIN 🕨	42-1596722
Use	Only	PO BOX 369			
		ddress OTTUMWA, IA 52501-0369	Ph	none no	641-682-8117
		s this return with the preparer shown above? (see instructions)			Yes No
TOT DAA		duction Act Notice, see the separate instructions.			Form 990 (2010)

orm 990 (2010)	UNITED SUFFOLK S	HEEP ASSOCIATION	43-0682334	Page 2
Part III	Statement of Program Ser		this Part III	
1 Bnefly des	cribe the organization's mission RATIONS, TRANSFER	S, PEDIGREE RESEARCH & ERS OF THE ASSOCIATION	CERTIFICATION OF SU	JFFOLK
2 Did the org		program services during the year which were	e not listed on the	
_	990 or 990-EZ?	program services during the year which were	o not noted on the	Yes X No
•	escribe these new services on Scho			
services?	-	ke significant changes in how it conducts, any	y program	Yes X No
4 Describe to 501(c)(3) a	and 501(c)(4) organizations and se	or each of the organization's three largest pro ction 4947(a)(1) trusts are required to report t y, for each program service reported		
REGIST	RATIONS, TRANSFER	222,554 including grants of \$ CESSES THAT THE ORGANI S, PEDIGREE RESEARCH A TO THE MEMBERS OF THE	AND CERTIFICATION OF	
4b (Code) (Expenses \$	including grants of \$) (Revenue \$)
4c (Code) (Expenses \$	including grants of \$) (Revenue \$)
		······································		
44.0%	/D	de O)		
4d Other prog	gram services (Describe in Schedi s \$ i	ile O) cluding grants of \$) (Revenue \$)
	gram service expenses ▶	222,554	• N. C.	
)AA			· — · = · - · - · - · · · · · · · · · · · ·	Form 990 (2010)

Part IV Checklist of Required Schedul	es
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	,		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part		ľ	
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			7.5
	complete Schedule D, Part IV	9		X
0	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-		ŀ	7.5
	endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		I	
	VII, VIII, IX, or X as applicable	- 1	ŧ	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	44.	x	
	complete Schedule D, Part VI	11a	^	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	445		x
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	-+	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	'''		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	- 1	X
0	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	.,,		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	- 1	X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance		ł	
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u> </u>
8	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		<u> </u>
9	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		<u> </u>
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some	<u>.</u> .		
	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Forn	990 (2010) UNITED SUFFOLK SHEEP ASSOCIATION 43-0682334				P	age 4
<u> Pa</u>	THE IV Checklist of Required Schedules (continued)					
					Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations					
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States					7,5
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the					ĺ
	organization's current and former officers, directors, trustees, key employees, and highest compensated			00		
	employees? If "Yes," complete Schedule J			23		<u> </u>
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			24a		x
_	through 24d and complete Schedule K. If "No," go to line 25			24b		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year			240		
C	to defease any tax-exempt bonds?			24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction					
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I			25a		ľ
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior					
_	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?					
	If "Yes," complete Schedule L, Part I			25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or					
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II			26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,					
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?					
	If "Yes," complete Schedule L, Part III			27		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,					
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)					
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete					
	Schedule L, Part IV			28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)					
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified					
	conservation contributions? If "Yes," complete Schedule M			30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			۱		.
	Part I		1	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"					v
	complete Schedule N, Part II			32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			٠,		x
34	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			33		-
34	IV, and V, line 1		ľ	34	}	x
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			35		X
a	Did the organization receive any payment from or engage in any transaction with a			"	 -	
u	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,				1	
	Part V, line 2	Yes	X No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable	□ .55		}		}
	related organization? If "Yes," complete Schedule R, Part V, line 2		İ	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		ĺ			Ī —
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,					

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

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

DAA

Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	1	1	
	,		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Figure the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1a 0			
þ	Effet the number of forms vv-20 includes in line to Effect of the applicable		1	:
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4.	1	
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		1	
_	Statements, med for the calculat year chains with a warm the year covered by and return	2b	x	;
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
٥-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3a	1	x
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
b	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3.5		
4a	over, a financial account in a foreign country (such as a bank account, secunities account, or other financial	l		
	account)?	4a		х
b	If "Yes," enter the name of the foreign country ▶			
U	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			É
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		Ė
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		ĺ
_	required to file Form 8282? If "Yes" indicate the number of Forms 8282 filed during the year 7d	,,,		
d	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		ĺ
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			ĺ
а	Did the organization make any taxable distributions under section 4966?	9a		Ь—
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	:	
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders Course we was a form other sources (Do not not amounts due or paid to other sources)			l
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	·	Ī
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
ъ	Enter the amount of reserves the organization is required to maintain by the states in which			١,
	the organization is licensed to issue qualified health plans	-		
С	Enter the amount of reserves on hand			-
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	~ 00n	(2010)
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Form 990 (2010) UNITED SUFFOLK SHEEP ASSOCIATION 43-0682334 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. \mathbf{X} Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 12 Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X 6 Does the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more members X 7a of the governing body? X b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body? X 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X 9 the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a X 10a Does the organization have local chapters, branches, or affiliates? b If "Yes," does the organization have written policies and procedures governing the activities of such 10b chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the X 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 X Does the organization have a written conflict of interest policy? If "No," go to line 13 12a 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give X 12b nse to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this is done 13 13 Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a X with a taxable entity during the year? 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available 18 for public inspection. Indicate how you make these available. Check all that apply Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the 20 11 MICHELL organization: AMANDA EVERTS

641-684-5291

IA 52501

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Form 990 (2010)

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

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

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

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

|X| Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average	Pos	(C) (D) (E) osition (check all that apply) Reportable Reportable							(F) Estimated
	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) BILL MACCAULEY									_	_
PRESIDENT	5.00	X		X	_	<u> </u>		.0	0	0
(2) DONNA MAYS									_	_
VICE PRESIDENT	5.00	X	L	X		<u> </u>		0	0	0
(3) RICHARD SCHAMBOW			İ							
TREASURER	5.00	X		X	_	ļ		0	0	0
(4) JAKE FALLESON										
DIRECTOR	5.00	X	_		_			0	0	0
(5) WILLIAM GERGEN		l								
DIRECTOR	5.00	X	_	_	_	-		0	0	0
(6) TOM BURKE	- 00					İ			_	
DIRECTOR	5.00	X	_		<u> </u>	┝	_	0	0	0
(7) DR GERALD CLAIR	5 00								_	
DIRECTOR	5.00	X	<u> </u>	_	_	├	_	. 0	0	0
(8) LARRY PAULY	F 00	_ •						o	o	_
DIRECTOR	5.00	X	<u> </u>	-	├	 	-		<u> </u>	0
(9) AMANDA BERGSIEKE	5.00	x						o	o	0
DIRECTOR (10) KIM KETCHAM	3.00	^		_			 		<u> </u>	
DIRECTOR	5.00	x						o	o	0
(11) ANDREW HUKOWICZ	3.00	 ^	\vdash	┢	H	-	\vdash			
DIRECTOR	5.00	x			1			o	o	0
(12) GARY HOSKINS	3.00	1		H		┢	┢			
DIRECTOR	5.00	x		1				0	o	0
(13)								-	-	
(14)				\vdash	-				_	
(15)				<u> </u>			_			
(16)										

43-0682334

<u>ra</u>	(A) Name and Title	(B) Average			(C chec	C) k all t	hat ap	oply)	(D) Reportable compensation	(E) Reportable compensation from		(F) timated	·
	•	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	com fr org an	other pensation om the anization d related anizations	
(17)	-	<u> </u>	-										
(18)	-												
(19)													
(20)									1.2			 -	
(21)													
(22)													
(23)								-					
(24)		<u> </u>		ļ							,	-	
(25)													
(26)													
(27)													
(28)						-					 		
1b	Sub-total		·	L	<u> </u>	<u>. </u>	<u>. </u>	>					
c d	Total from continuation shee Total (add lines 1b and 1c)	ets to Part VII, S	ectio	n A				>					
2	Total number of individuals (in reportable compensation from	-		to th	ose	liste	d abo	ve)	who received more than \$1	00,000 ın			
_			-									Yes	No
3	Did the organization list any fo employee on line 1a? If "Yes,"	complete Schedu	ıle J	for s	uch i	ındıv	idual	-	-			3	x
4	For any individual listed on line organization and related organ	e 1a, is the sum o iizations greater t	f rep han S	ortab §150	le co ,000	ompe ? If "	ensat 'Yes,'	ion a ' cor	and other compensation from mplete Schedule J for such	m the			!
5	individual Did any person listed on line 1	a receive or accr	ue co	mpe	nsat	ion f	rom a	any i	unrelated organization or inc	dividual		4	X
	for services rendered to the or tion B. Independent Contract	ganızatıon? If "Ye	s," c	omp	lete S	Sche	dule	J fo	r such person			5	X
1	Complete this table for your five compensation from the organic	e highest compe	nsate	ed inc	depe	ndei	nt co	ntrac	ctors that received more that	n \$100,000 of			
		(A) d business address							Descrip	(B) tion of services		(C) Compens	ation
									-				
							-			 			
		·											
2	Total number of independent	•	-						listed above) who	^			
DAA	received more than \$100,000	in compensation	irom	ine (orgai	uzat	ion 🕨			0	<u> </u>	Form 99	0 (2010)

Pa	art VIII Statement of Revenue												
		,				(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514				
·····		F-dt-d compositors	1a				revenue		512, 513, 01 514				
ants		Federated campaigns Membership dues	1b		26,960								
P.E.		Fundraising events	1c		20,500								
ifts		Related organizations	1d										
S,E		Government grants (contributions)	1e										
Sisi		All other contributions, gifts, grants,											
텵	•	and similar amounts not included above	1f										
들	a	Noncash contributions included in lines 1a-		\$									
ဒ္ဓ	_	Total. Add lines 1a-1f		•	•	26,960							
Program Service Revenue Contributions, gifts, grants					Busn. Code								
Ne.	2a	REGISTRATIONS				57,990	57,990						
8	b	OTHER INCOME				38,512	38,512						
اقِ	C	REGISTRATION TRANSF	ers			20,456	20,456						
Sel	d	JR ASSOCIATION INCO	ME			20,375	20,375						
Ta	0	ADVERTISING				7,600	7,600						
ē.		All other program service reven	ue		<u> </u>	9,085	9,085						
-		Total. Add lines 2a-2f		J	<u> </u>	154,018							
	3	Investment income (including d and other similar amounts)	ividend	is, interes	·, .	-9,359	-9,359	: 					
	4	Income from investment of tax-	evemn	t hand are	reeds	3,000	3,303						
	5	Royalties	СХСПІР	t bond pro	, accus								
	•	(i) Real		(II) F	Personal								
	6a	Gross Rents											
ı	b	Less rental exps											
	С	Rental inc or (loss)											
	_d	Net rental income or (loss)			>								
	7a Gross amount from sales of assets (i) Securities (ii)				Other								
		other than inventory											
	b	Less cost or other											
		basis & sales exps											
		Gain or (loss)						:					
	d 8a	Net gain or (loss) Gross income from fundraising ever	ite										
en l	oa	(not including \$	113										
Other Revenu		of contributions reported on line 1c).											
8		See Part IV, line 18	а										
the	ь	Less: direct expenses	b										
Ö		Net income or (loss) from fundi	aising	events	•								
	9a	Gross income from gaming activities	3					-					
		See Part IV, line 19	а										
	b	Less direct expenses	b										
		Net income or (loss) from gami	ng acti	vities	>								
	10a	Gross sales of inventory, less											
		returns and allowances	а										
		Less cost of goods sold	b										
	С	Net income or (loss) from sales Miscellaneous Revenue		entory	Busn. Code								
	11a	MISOCHARCORS MEAGURE			Duani. Code	i 		;					
	i ia												
	C												
		All other revenue					-						
	0	Total. Add lines 11a-11d											
	12	Total revenue. See instruction	s		▶	171,619	144,659	0	0				

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Form 990 (2010)

Form 990 (2010)

Part IX

DAA

Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) (D) Fundraising (B) (C) (A) Total expenses Do not include amounts reported on lines 6b, Program service Managèment and 7b, 8b, 9b, and 10b of Part VIII. expenses expenses general expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 106,200 106,200 Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 2,223 2,223 Payroll taxes 10 Fees for services (non-employees) Management Legal 1,480 1,480 С Accounting d Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Advertising and promotion 12 28,271 28,271 Office expenses 13 Information technology 14 Royalties 15 14,569 14,569 Occupancy 16 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 1,177 1,177 Conferences, conventions, and meetings 19 25 25 20 Interest Payments to affiliates 21 800 800 22 Depreciation, depletion, and amortization Insurance 23 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) 19,921 19,921 JUNIOR PROGRAM EXP 16,048 16,048 SHOW & SALE EXPENSE b 12,800 12,800 PROMOTIONAL EXPENSE 12,054 12,054 MISC OPERATING 9,279 9,279 CONTRACT LABOR 12,301 12,301 All other expenses 14,594 237,148 222,554 Total functional expenses. Add lines 1 through 24f 25 Joint costs. Check here ▶ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Part	X Balance Sheet				
			(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing		33,247	_1	23,246
2	Savings and temporary cash investments			2	
3	Pledges and grants receivable, net			3	
4	Accounts receivable, net		11,100	4	3,792
5	Receivables from current and former officers, directors, trustees,	key		1	
	employees, and highest compensated employees. Complete Par	t II of		I	
	Schedule L			5	
6	Receivables from other disqualified persons (as defined under se	ection		1	
-	4958(f)(1)), persons described in section 4958(c)(3)(B), and cont	ributing		I	
	employers and sponsoring organizations of section 501(c)(9) volu	untary		1	
_ [employees' beneficiary organizations (see instructions)			6	
3 7	Notes and loans receivable, net			7	
2 7 2 8 2 8	Inventories for sale or use	<u> </u>	500	8	8,144
6 3	Prepaid expenses and deferred charges			9	
10	a Land, buildings, and equipment. cost or			I	
	other basis Complete Part VI of Schedule D 10a	66,850		I	
	b Less accumulated depreciation 10b	66,850		10c	
11	Investments—publicly traded securities		221,515	11	171,053
12	Investments—other secunties. See Part IV, line 11			12	
13	Investments—program-related See Part IV, line 11			13	
14	Intangible assets			14	
15	Other assets See Part IV, line 11			15	
16	Total assets. Add lines 1 through 15 (must equal line 34)		266,362	16	206,235
17	Accounts payable and accrued expenses		9,858	17	19
18	Grants payable			18	
19	Deferred revenue			19	
20	Tax-exempt bond liabilities	,		20	
3 21	Escrow or custodial account liability Complete Part IV of Schedu	le D		21	
22				1	
21 22	employees, highest compensated employees, and disqualified pe	ersons		ŧ	
i	Complete Part II of Schedule L		• •	22	
23				23	2 26
24	• •	-	7.50	24	3,367
25	•	•	758		1,724
26			10,616	26	5,110
27 28 28 28		complete			
[lines 27 through 29, and lines 33 and 34.		255 746	~-	201 125
27		}	255,746		201,125
	• •	}		28	
29	· · · · · · · · · · · · · · · · · · ·	ا		29	
[]	Organizations that do not follow SFAS 117, check here ▶	and		1	
5	complete lines 30 through 34.	į		20	
30		ŀ		30	<u>-</u>
31		unds		31 32	
29 30 31 32 33 34 32 33 34	•	mus	255,746	32	201,125
ಕ್ಷ 33	Total net assets or fund balances Total liabilities and net assets/fund balances		266,362	34	206,235

Form **990** (2010)

orm	990 (2010) UNITED SUFFOLK SHEEP ASSOCIATION 43-0682334			Pag	ge 12
- 77	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				几
	•				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>619</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u> 148</u>
3	Revenue less expenses Subtract line 2 from line 1	3			<u>529</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			<u>746</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5		10,	908
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6	2(01,	<u> 125</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				$oldsymbol{ol}}}}}}}}}}}}}}}}}}$
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
b	Were the organization's financial statements audited by an independent accountant?		2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	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 separate basis, consolidated basis, or both:				
	X 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				ł
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь		
			Form	990	(2010)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.

OMB No 1545-0047

Open to Public Inspection

Employer Identification number

43-0682334 UNITED SUFFOLK SHEEP ASSOCIATION Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a Total number of conservation easements 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) Yes No (i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items. a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

che	dule D (Form 990) 2010 UNITED SUF					43-068					ge 2	
Pa	rt III Organizations Maintaining (sets (c	<u>ontinu</u>	ed)		
3	Using the organization's acquisition, accession, collection items (check all that apply)	and other records, o	heck any o	f the following t	hat are a	significant us	e of its					
а	Public exhibition	d 🔲 L	oan or exc	hange program	s							
þ	Scholarly research	⊕ ∐ (Other									
c	Preservation for future generations											
4	Provide a description of the organization's collect	ctions and explain ho	w they furt	her the organiza	ation's ex	empt purpose	ın Part					
	XIV											
5	During the year, did the organization solicit or re	ceive donations of a	rt, historica	I treasures, or o	other sim	ılar				_		
	assets to be sold to raise funds rather than to be	e maintained as part	of the orga	inization's collec	ction?				Ye		No	
Pa	et IV Escrow and Custodial Arrai	ngements. Com	plete if t	he organiza	ition an	swered "Y	es" to Fo	rm 990), Part	IV,		
	line 9, or reported an amoun											
1a	Is the organization an agent, trustee, custodian				assets no	ot						
	included on Form 990, Part X?								Ye	s	No	
b	If "Yes," explain the arrangement in Part XIV and	d complete the follow	ving table									
		·	_						Amoun	t		
c	Beginning balance						1c					
	Additions during the year						1d					
	Distributions during the year						1e					
	Ending balance						1f	-				
	Did the organization include an amount on Form	990 Part X line 21	2				<u></u>		Ye		No	
	•	1 550, 1 alt X, IIIC 2 1	•						·•	, s	, 110	
	b If "Yes," explain the arrangement in Part XIV Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.											
1 2	Endownient unds. Comple	(a) Current year		b) Pnor year		o years back	(d) Three ye		(e) Fou	r years	back	
12	Beginning of year balance	(2, 2		, ,	``							
									~~~~~			
	Contributions											
C	Net investment earnings, gains, and		i					1				
	losses		_	 							·····	
	Grants or scholarships											
ө	Other expenditures for facilities and											
_	programs				-							
	Administrative expenses	ļ			 	·						
g	End of year balance	L			<u> </u>		<u> </u>	i				
2	Provide the estimated percentage of the year er											
а	Board designated or quasi-endowment	%										
b	Permanent endowment ► %											
C	Term endowment ► %											
3a	Are there endowment funds not in the possession	on of the organizatio	n that are h	eld and admini	stered for	r the			1			
	organization by:									Yes	No	
	(i) unrelated organizations								3a(i)			
	(ii) related organizations								3a(ii)			
b	If "Yes" to 3a(ii), are the related organizations lis	sted as required on S	Schedule R	?					_3b_			
4	Describe in Part XIV the intended uses of the or											
Pa	rt VI Land, Buildings, and Equip	ment. See Forr	<u>n 990, P</u>		I			1				
	Description of investment	(a) Cost or other t	oasis	(b) Cost or other	basis	(c) Accu			(d) Book	value		
		(investment)		(other)		depred	uation					
1a	Land							4				
b	Buildings							4-				
C	Leasehold improvements							\bot				
d	Equipment .							_				
0	Other .	<u> </u>			<u>, 850</u>		66,85	0				
P - 4 -	LAdd lines to through to (Column (d) must cou	al East 000 Bod V	column (D	\ line 10(a) \				. I				

Schedule D (Form 990) 2010

43-0682334

Schedule D (Fo	orm 990) 2010 UNITED SUFFOLK SHEEP	ASSOCIATION	43-0682334	Page 3	
Part VII	Investments—Other Securities. See Form 990	D, Part X, line 12.			
	(a) Description of security or category	(b) Book value	(c) Method o	f valuation	
	(including name of security)		Cost or end-of-ye	ar market value	
(1) Financial d	erivatives				
	Id equity interests				
(3) Other	a oquity interests		- · · · -		
			-		
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
(I)				· · · ·	
	(b) must equal Form 990, Part X, col (B) line 12)				
Part VIII	Investments—Program Related. See Form 99	0, Part X, line 13.			
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value		
(1)					
(2)	1. 1991 - 12. 11			·	
(3)		<u> </u>			
(4)					
(5)		-			
(6)	· _ • • · · · · · · · · · · · · · · · ·				
<u>(7)</u>					
(8)		ļ			
(9)		· · · · · · · · · · · · · · · · · · ·			
(10)	W	<u> </u>			
	(b) must equal Form 990, Part X, col (B) line 13)				
Part IX	Other Assets. See Form 990, Part X, line 15.				
	(a) Description			(b) Book value	
(1)					
(2)					
(3)					
(4)					
(5)	•				
(6)					
(7)			······································		
(8)					
(9)	10 1 10 1 10 1 10 1 10 1 10 1 10 1 10				
(10)			··· —		
	n (b) must equal Form 990, Part X, col (B) line 15)		•		
Part X	Other Liabilities. See Form 990, Part X, line 2	<u> </u>			
	(a) Description of liability	(b) Amount		••••••	
1. (1) Factorial		(b) Allouit			
	ncome taxes	1,724			
	OLL LIABILITIES	1,124			
(3)					
(4)		_			
(5)					
(6)					
<u>(7)</u>					
(8)					
(9)					
(10)					
(11)					
Total. (Column	(b) must equal Form 990, Part X, col (B) line 25)	1,724			
2. FIN 48 (AS	C 740) Footnote In Part XIV, provide the text of the footnote to	the organization's financial st	atements that reports the		
organization's	liability for uncortain tay positions under EIN 48 (ASC 740)				

DAA

UNITED SUFFOLK SHEEP ASSOCIATION

Sche	dule D (Form 990) 2010 UNITED SUFFOLK SHEEP ASSOCIATION 43-068233	4	Page 4				
	Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements						
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1					
2	Total expenses (Form 990, Part IX, column (A), line 25)	2					
3	Excess or (deficit) for the year Subtract line 2 from line 1	3					
4	Net unrealized gains (losses) on investments	4					
5	Donated services and use of facilities	5					
6	Investment expenses	6					
7	Prior penod adjustments	7					
8	Other (Describe in Part XIV)	8					
9	Total adjustments (net) Add lines 4 through 8	9					
10_	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10					
Pa	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Retu	ırn					
1	Total revenue, gains, and other support per audited financial statements	1					
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12						
а	Net unrealized gains on investments . 2a						
b	Donated services and use of facilities 2b						
C	Recoveries of prior year grants 2c						
d	Other (Describe in Part XIV)						
0	Add lines 2a through 2d	2е					
3	Subtract line 2e from line 1	3					
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b						
b	Other (Describe in Part XIV)						
Ç	Add lines 4a and 4b	4c					
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5					
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re	<u>əturr</u>	1				
1	Total expenses and losses per audited financial statements	1					
2	Amounts included on line 1 but not on Form 990, Part IX, line 25						
а	Donated services and use of facilities 2a						
b	Pnor year adjustments 2b						
C	Other losses 2c						
d	Other (Describe in Part XIV)						
8	Add lines 2a through 2d	2е					
3	Subtract line 2e from line 1	3					
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b						
b	Other (Describe in Part XIV)	1					
C	Add lines 4a and 4b	4c					
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	L				

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 XIII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

43-0682334

Page 5

Part XIV Supplemental Information (continued)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2010 Open to Public Inspection

OMB No 1545-0047

Name of the organization

UNITED SUFFOLK SHEEP ASSOCIATION

Employer identification number

43-0682334

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS ORGANIZATION HAS MEMBERS BY PAYING DUES

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS BOARD OF DIRECTORS VOTED ON BY MEMBERS OF THE ORGANIZATION

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION ALL DOCUMENTS OF THE ORGANIZATION ARE AVAILABLE UPON REQUEST TO THE CORPORATE OFFICE.

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172_

► See separate instructions.

► Attach to your tax return.

Attachment Sequence No

							ring number 0682334			
Business or activity to which this form relates										
	NDIRECT DEPRECIATI	ON								
	rt Election To Expens		erty Under Se	ction '	179	-				
	Note: If you have a	-	•			com	olete Par	t I.		
1	Maximum amount (see instructions)								1	500,000
2	Total cost of section 179 property pl		instructions)						2	
3	Threshold cost of section 179 prope	·	•	struction	s)				3	2,000,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-						4			
5	Dollar limitation for tax year Subtract line	4 from line 1 If zero or	less, enter -0 If mar	ned filing	separately, see	ınstru	ctions		5	
6	(a) Description				(business use			lected cost	l l	
_										
7	Listed property. Enter the amount fr	om line 29	-			7				
8	Total elected cost of section 179 pro		ın column (c), lines	s 6 and 7	,	-			8	
9	Tentative deduction Enter the small	•							9	
10	Carryover of disallowed deduction fi		009 Form 4562						10	
11	Business income limitation Enter th	•		than zer	o) or tine 5 (s	ee ins	tructions)		11	
12	Section 179 expense deduction Ad		,		•		,		12	
13	Carryover of disallowed deduction to	•			``` ▶ [13				
	: Do not use Part II or Part III below f									<u> </u>
	rt II Special Depreciati			reciatio	on (Do not	incl	ude liste	d prope	ertv) ((See instructions)
14	Special depreciation allowance for o				-		ado noto	и ріорс	 	Too mondonono,
1-4	during the tax year (see instructions		er than hated prop	City) più	JCG 117 JC1 VIOC				14	800
15	Property subject to section 168(f)(1)	•							15	
16	Other depreciation (including ACRS								16	
********	at III MACRS Depreciati		de listed prop	erty) (See instru	ction	e)		1 .0	
	mAOIXO Depicolati	On (DO HOE HIOL		ion A	oco mona	0	<u> </u>			
17	MACRS deductions for assets place	ad in service in tay ve	ars beginning befo	re 2010					17	0
17 MACRS deductions for assets placed in service in tax years beginning before 2010 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here						<u></u>				
10		Assets Placed in Se						iation Sv	stem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depre (business/investme only-see instruc	eciation ent use	(d) Recovery period		onvention	(f) Method		(g) Depreciation deduction
19a	3-year property			•						
b	5-year property									
c	7-year property						Î			
d	10-year property						Î			
e	15-year property									
f	20-year property									
g	25-year property				25 yrs			S/L		
	Residential rental				27 5 yrs		мм	S/L	_	
	property				27 5 yrs		мм	S/L		
	Nonresidential real				39 yrs		мм	S/L		
-	property						мм	S/L		
Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System										
 20a	Class life						Ĭ	S/L	_	
	12-year				12 yrs.			S/l		
	40-year	****************			40 yrs		мм	S/l		
Part IV Summary (See instructions.)										
						21				
22	, , ,	•	es 19 and 20 in co	lumn (a)	, and line 21	Enter	here			
-	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 instructions					22	800			
23	For assets shown above and place									
	portion of the basis attributable to s		<u> </u>			23				