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### SCANNED JUN 2 6 2013

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)

OMB No 1545-0047

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

Open to Public Inspection

<u>A</u>	For the 2	011 calendar year, or tax year beginning AUG 1, 2011 and o	ending (	<u>JUL 31, 2012</u>					
В	Check if applicable C Name of organization CATTLE MARKETING INFORMATION SERVICE,  Check if applicable C Name of organization CATTLE MARKETING INFORMATION SERVICE,								
	Address change	INC							
	Name change	Doing Business As		84-0	583095				
	Instial return	Number and street (or P 0 box if mail is not delivered to street address)	E Telephone numbe	r					
	Termin- ated	9110 E NICHOLS AVE	(330						
	Amended	City or town, state or country, and ZIP + 4		G Gross receipts \$	5,705,274.				
	Applica- tion	CENTENNIAL, CO 80112		H(a) Is this a group re	eturn				
F Name and address of principal officer:RANDY BLACH for affiliates? Yes									
9110 E. NICHOLS AVE., CENTENNIAL, CO 80112 H(b) Are all affiliates included? Yes N									
ı	Tax-exen	upt status $\bigcirc$ 501(c)(3) $\bigcirc$ 501(c)(6) $\bigcirc$ (insert no) $\bigcirc$ 4947(a)(1) o	or 527	If "No," attach a	list (see instructions)				
J	Website:	▶ WWW.CATTLE-FAX.COM		H(c) Group exemptio					
K	Form of o	ganization X Corporation Trust Association Other ▶	L Year	of formation 1968 N	A State of legal domicile CO				
	art I	Summary			_				
	1 Bi	refly describe the organization's mission or most significant activities: ${\hbox{\hbox{\hbox{ m COLLi}}}}$	ECT/Al	NALYZE DATA	REGARDING				
Activities & Governance		HE CATTLE INDUSTRY							
ř	2 C	neck this box   if the organization discontinued its operations or dispos	sed of mor	e than 25% of its net as	ssets				
ŏ	3 N	umber of voting members of the governing body (Part VI, line 1a)		3	10				
<u>ග</u> න	4 N	umber of independent voting members of the governing body (Part VI, line 1b)		4	10				
es	5 To	otal number of individuals employed in calendar year 2011 (Part V, line 2a)		5	18				
Ϋ́	6 To	otal number of volunteers (estimate if necessary)		6	0				
Ç	7 a To	otal unrelated business revenue from Part VIII, column (C), line 12		7a	129,678.				
_	b No	et unrelated business taxable income from Form 990-T, line 34		7b	0.				
				Prior Year	Current Year				
ø	8 C	ontributions and grants (Part VIII, line 1h)		1,785,579.	1,787,168.				
n n		ogram service revenue (Part VIII, line 2g)		974,847.	1,237,935.				
Revenue	10 In	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		69,678.	8,595.				
α,	11 0	her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and (11e)		21,475.	145,486.				
	12 To	otal revenue - add lines 8 through 1 Traust equal Part VIII, column (A), line 12)	2,851,579.	3,179,184.					
	<b>13</b> G	rants and similar amounts paid (Part IX, column (A), tines 13)		0.	0.				
	14 B	enefits paid to or for members (Part IX, column (A), Jine 4)		0.	0.				
S	4	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,818,726.	1,947,313.				
Expenses	16a Pr	ofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
xpe	<b>b</b> То	otal fundraising expenses (Part IX, column (D) fine 25) U 🖡	0.						
ű	17 0	her expenses (Part IX, column (A), lines 11a ind, 11f 24e)		759,283.	899,683.				
	18 To	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,578,009.	2,846,996.				
	19 R	evenue less expenses Subtract line 18 from line 12	273,570.	332,188.					
O. Sec			В	eginning of Current Year	End of Year				
Net Assets or	<b>20</b> To	otal assets (Part X, line 16)		2,724,167.	3,298,333.				
t As	21 To	otal liabilities (Part X, line 26)		352,278.	552,603.				
S.	22 N	et assets or fund balances Subtract line 21 from line 20		2,371,889.	2,745,730.				
	art II	Signature Block							
Unc	ler penaltı	es of perjury, I declare that I have examined this return, including accompanying schedules	s and stater	nents, and to the best of m	y knowledge and belief, it is				
true	correct,	and complete Declaration of preparer (other than officer) is based on all information of wh	nch prepare	er has any knowledge					
	h	5/22	/13						
Sig	ın   J	Signature of officer		Date					
Here RANDY BLACH, CEO									
		Type or print name and title							
	F	rint/Type preparer's name Prepa <del>per's sign</del> ature		Date / Check	PTIN				
Pai	d M_	ICHAEL GRAEF		5/17/13 self-employ					
Pre	parer F	ırm's name ► CAUSEY DEMGEN & MOORE PC		Fırm's EIN ▶	84-1158905				
Use	Only F	ırm's address 1125 17TH ST., STE 1450							
		DENVER, CO 80202		Phone no 3	03-296-2229				
Ma	y the IRS	discuss this return with the preparer shown above? (see instructions)			X Yes No				

1	Briefly describe the organization's mission
	TO COLLECT AND ANALYZE DATA REGARDING THE CATTLE INDUSTRY.
2	Did the organization undertake any significant program services during the year which were not listed on
_	the prior Form 990 or 990-EZ?  Yes X No
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
•	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
7	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to
	others, the total expenses, and revenue, if any, for each program service reported
4a	
70	(Code) (Expenses \$) (Revenue \$) (Revenue \$)  MARKET RESEARCH AND ANALYSIS: COLLECT, RESEARCH, AND ANALYZE DATA WITH
	RESPECT TO RAISING AND/OR FEEDING OF CATTLE IN ORDER TO PROMOTE COMMON
	BUSINESS INTERESTS AND ECONOMIC STABILITY OF THE CATTLE INDUSTRY;
	CONDUCT EDUCATIONAL SEMINARS AND RESEARCH PROJECTS RELATED TO THE
	CATTLE INDUSTRY. ATTENDANCE AT VARIOUS PROGRAMS IS ESTIMATED AT 5,000
	PEOPLE; DATA PUBLISHED IN VARIOUS REPORTS WERE SENT TO APPROXIMATELY
	4,500 PEOPLE.
	4,500 ILOIDE:
4b	/0
70	(Code) (Expenses \$
	COLLECTING AND ANALYZING DATA IN CONNECTION WITH THE CATTLE INDUSTRY.
	COLLECTING AND ANABIZING BAIR IN CONNECTION WITH THE CATTLE INDUCTATION
4c	(Code) (Expenses \$
70	(Code) (Expenses \$) (Nevenue \$)
A -1	Other program continue (Decembe in Cohedule O.)
40	Other program services (Describe in Schedule O )
40	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses

132002 02-09-12

		83095	<u>Р</u>	age 🤇
Pa	rt IV Checklist of Required Schedules		T.	
•		<u> </u>	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			x
2	If "Yes," complete Schedule A	1	<del> -</del>	X
3	Is the organization required to complete Schedule B, Schedule of Contributors  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2	<del> </del>	
J	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effection in		<del> </del>	<u> </u>
•	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		<del> </del>	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Pai	rti 6		Х
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	ŀ		
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	ļ	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permane	- 1		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	ļ	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	1		ļ
	as applicable	•	ł	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
<b>h</b>	Part VI	11a		
U	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	11b	х	1
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		<u> </u>
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	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	11d	ŀ	X
е	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	ļ		İ
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	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
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year?		١.,	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	X _	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<b> </b>	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<b>├</b>	Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	- 1	1	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	146		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	140	<del>                                     </del>	1
	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 to individuals			
-	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		Ì -	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u>L</u>	Х
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	<u> </u>	X
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	<u> </u>	X

Form **990** (2011)

20a

20b

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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### Form 990 (2011) INC Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			l
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			,,
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		v	
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			х
	Schedule K If "No", go to line 25	24a		^
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04.		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
238	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	250		
L	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	230		
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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	Ì	х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	F		
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1		
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		1	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	
37	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	37	<b> </b>	X
38	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	38	X	
		Form	990 (	(2011)

84-0583095 Form 990 (2011) Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response to any question in this Part V Yes No 4 1a Enter the number reported in Box 3 of Form 1096 Enter ·0· if not applicable 1a 0 1b b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and 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. 18 filed for the calendar year ending with or within the year covered by this return 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2h Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За X b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country 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 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 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 Х any contributions that were not tax deductible? 6a 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). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с 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 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 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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. Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9ь 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b 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 11a Gross Income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 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 Section 501(c)(29) qualified nonprofit health insurance issuers. a 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. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b

Form 990 (2011)

14a

Х

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

13c

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Form 990 (2011) 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

	Check if Schedule O contains a response to any question in this Part VI						X		
Sec	tion A. Governing Body and Management								
				_		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	<u> </u>	10					
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O								
b	Enter the number of voting members included in line 1a, above, who are independent	1b		10					
2									
	officer, director, trustee, or key employee?								
3	Did the organization delegate control over management duties customarily performed by or under the	direc	ct supervision						
	of officers, directors, or trustees, or key employees to a management company or other person?								
4									
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			5		X		
6	Did the organization have members or stockholders?				6		_X		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or						
	more members of the governing body?				7a		Х		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, si	tockh	olders, or						
	persons other than the governing body?				7b		Х		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	e following						
а	The governing body?				8a	Х			
b	Each committee with authority to act on behalf of the governing body?			Į	8b	_X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched	at the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X		
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	e Code )						
						Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			]	10a		X		
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apter	s, affiliates,	İ					
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befo	re filing the fo	rm?	11a	X			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			ļ	12a		_X_		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?		12b				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	es," d	escnbe						
	ın Schedule O how this was done				12c				
13	Did the organization have a written whistleblower policy?				13		Х		
14	Did the organization have a written document retention and destruction policy?			ļ	14		Х		
15	Did the process for determining compensation of the following persons include a review and approva	ıl by ır	ndependent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
	The organization's CEO, Executive Director, or top management official				15a	<u>X</u>			
b	Other officers or key employees of the organization				15b	X			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	nent v	vith a				,,		
	taxable entity during the year?				16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		•						
	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ıızatıo	n's						
	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								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Sect	ion 501(c)(3)s	only) a	vailab	le			
	for public inspection Indicate how you made 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 made its governing documents, co	nflict	of interest pol	icy, and	finan	icial			
	statements available to the public during the tax year				_				
20	State the name, physical address, and telephone number of the person who possesses the books ar	id rec	ords of the or	ganızat	ion 🕨				
	SAM BAILEY - (303) 694-0323					-			
	9110 E NICHOLS AVE, CENTENNIAL, CO 80112								

Form 990 (2011) INC

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### 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

Check this box if neither the organiz	ation nor any related	orga	aniza	ation	cor	npei	nsat	ted any current officer, o	director, or trustee	
(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average	(do			sition k more than one			Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)			ıs bot	h an	compensation	compensation	amount of
	week	-	<del></del>		from	from related	other			
	(describe hours for	trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	8	3 <u>8</u>			ısate		(W-2/1099-MISC)	(***271099181130)	organization
	organizations	trust	al E		<u>8</u> ₹	E DE	İ	(11 2) 1000 111100)		and related
	ın Schedule	Individual	Institutional trustee	     	Key employee	est c	ق ا			organizations
	O)	ğ	Inst	Officer	Ş.	Highest compensated employee	Former			
(1) JAMIE WILLRETT									_	_
MIDWEST DIRECTOR	1.00	Х			_	ļ		0.	0.	0.
(2) KENT BAMFORD					İ				_	_
PRESIDENT	1.00	X	_		_	_		0.	0.	0.
(3) KEVIN HUGHES	1 00									
PRESIDENT ELECT	1.00	X		_	_	ļ		0.	0.	0.
(4) JEFF SPARROWK	1 1 00	١								
WESTERN DIRECTOR	1.00	X						0.	0.	0.
(5) MIKE MILICEVIC	1 00									
SOUTHEAST DIRECTOR	1.00	X	<u> </u>	ļ				0.	0.	0.
(6) JERRY KUENNING	1 00	١.,								_
NORTH PLAINS DIRECTOR	1.00	Х	_		<u> </u>	<u> </u>		0.	0.	0.
(7) TOM JENSEN	1 00	١,,			ŀ					
FINANCE DIRECTOR	1.00	X	_			ļ	_	0.	0.	0.
(8) TODD ALLEN	1 00	,,								_
CENTRAL DIRECTOR	1.00	X		_				0.	0.	0.
(9) DALE SMITH	1 00	J					ŀ		_	^
SOUTHWEST DIRECTOR	1.00	Х				-		0.	0.	0.
(10) RANDY BLACH	40.00			Х	J.	Х		216 224	0.	^
CHIEF EXECUTIVE OFFICER	40.00			^	Х	^		216,224.		0.
(11) MIKE MILLER	40.00			Х	Х			94,392.	0.	0.
CHIEF OPERATING OFFICER	40.00	-	-	^	^	_		94,392.	· · ·	<u> </u>
						1				
		-			-					
										•
						<del> </del>				
					-					
	<del> </del> -		<del> </del>	-	-	-	-	<del>                                     </del>		
					•					
		<del></del>	<del>                                     </del>		$\vdash$					
		1						<u> </u>		

Form 990 (2011) INC	HUVETIN	<b>.</b>	T 1/1	I O I	XľΩ	41.	LOI	N SERVICE,	84-0583	3095	P	age <b>8</b>
Part VII Section A. Officers, Directors, To	rustees, Key Eı	nplo	oyee	s, a	nd l	High	est	Compensated Employ				<del>ugo e</del>
(A) Name and title	(B) Average hours per week	(do	not c	Pos heck	OSITION ck more than one person is both an a director/trustee)		one h an	(D) Reportable compensation from	(E) Reportable compensation from related	l l		of
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	com fr organo	pensa om th anizat d relat	ation e tion ted
			<u></u>									
									_			
		_										
1b Sub-total c Total from continuation sheets to Part \	/II. Section A			<u> </u>		<b>&gt;</b>		310,616.	0.			0.
d Total (add lines 1b and 1c)  Total number of individuals (including but			linto	ad a	boy	<b>&gt;</b>		310,616.	0 .			0.
compensation from the organization			11310								<b>&gt;</b> 4	4
3 Did the organization list any <b>former</b> office		uste	e, ke	еу ег	nplo	yee,	or l	highest compensated e	mployee on		Yes	No X
<ul> <li>line 1a? If "Yes," complete Schedule J for</li> <li>For any individual listed on line 1a, is the sand related organizations greater than \$15</li> </ul>	um of reportab								the organization	3	<u></u>	^
5 Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes," con	accrue compe	nsat	ion f	rom	any	unr			dual for services	5		х
Complete this table for your five highest contraction. Report compensation for the organization.										sation f	rom	
(A) Name and busines			ONI		AILLI	OI W		(B)  Description of s		(C Comper		ก

\$100,000 of compensation from the organization

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

Form 990 (2011) INC

Part VIII Statement of Revenue (D) Revenue (B) (A) (C) Related or Total revenue Unrelated excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue , Grants mounts 1 a Federated campaigns 1a 1,787,168. 1b b Membership dues c Fundraising events 1c d Related organizations 1d Contributions, and Other Simi e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 9 Noncash contributions included in lines 1a-1f \$ 1,787,168. h Total. Add lines 1a-1f **Business Code** 1,231,935.1,231,935. 2 a MARKET RESEARCH/ANALYS 541800 Program Service Revenue 6,000. CONSULTING/MANAGEMENT 541610 6,000. f All other program service revenue 237,935 Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and 84,387. 84,387 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of 2450298. assets other than inventory b Less cost or other basis 2522051. 4,039 and sales expenses <71,753.><4,039. c Gain or (loss) <75**,**792. <75,792.> d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less. direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 122,178. 21,808. 11 a ADVERTISING REVENUE 122,178. 541800 ь MISCELLANEOUS INCOME 541511 1,500. 1,500. 541511 c DATA PROCESSING - COMP d All other revenue 145,486. e Total. Add lines 11a-11d  $\triangleright$  3,179,184.1,231,935. 129,678. 30,403. Total revenue See instructions

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132009 01-23-12 INC

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Page 10

### Part IX | Statement of Functional Expenses

Form 990 (2011)

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)

	Chack if Schodula O anatoma a manage	no to any avantina in the	o Port IV	<del>-</del> .	
Do	Check if Schedule O contains a response not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
_	organizations in the United States See Part IV, line 21		<del> </del>		
2	Grants and other assistance to individuals in				
_	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
_	United States See Part IV, lines 15 and 16	-			
4	Benefits paid to or for members	-			
5	Compensation of current officers, directors,				
	trustees, and key employees			<del>                                     </del>	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	210 615			
	persons described in section 4958(c)(3)(B)	310,615.			
7	Other salaries and wages	1,278,022.			
8	Pension plan accruals and contributions (include	100 100			
	section 401(k) and section 403(b) employer contributions)	100,133.			
9	Other employee benefits	152,742.			
10	Payroll taxes	105,801.			
11	Fees for services (non-employees)				
а	Management	1 4 7			
b	Legal	147.			
С	Accounting	56,131.			<del></del>
d	Lobbying		······································		
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	01 106			
12	Advertising and promotion	81,186.			
13	Office expenses		- <del></del>	ļ	
14	Information technology				
15	Royalties	56.450			
16	Occupancy	76,453.			
17	Travel	24,466.			
18	Payments of travel or entertainment expenses			į	
	for any federal, state, or local public officials			ļ	
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	38,219.			
23	Insurance	18,674.	······································		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	PRINTING/POSTAGE	223,166.			<u> </u>
b	MEETINGS	101,637.			
c	CONTRACTING/CONSULTING	67,606.	<del></del>		
d	DUES, PROMOTIONAL & MIS	58,218.			
	All other expenses	153,780.		<del> </del>	
25	Total functional expenses Add lines 1 through 24e	2,846,996.			
26	Joint costs Complete this line only if the organization	,,			
	reported in column (B) joint costs from a combined				
	1 1 1				
	educational campaign and fundraising solicitation	1			

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Pa	rt X	Balance Sheet		-			
					(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing			312,827.	1	670,350.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			104,810.	4	184,083.
	5	Receivables from current and former officers, di	rectors	, trustees, key		-	
		employees, and highest compensated employe					
		of Schedule L				5	
	6	Receivables from other disqualified persons (as	define	d under section			
		4958(f)(1)), persons described in section 4958(c	)(3)(B),	and contributing			
		employers and sponsoring organizations of sec	tion 50	1(c)(9) voluntary			
<b>.</b>		employees' beneficiary organizations (see instru	ictions			6_	
Assets	7	Notes and loans receivable, net				7_	
As	8	Inventories for sale or use				_8_	
	9	Prepaid expenses and deferred charges			46,086.	9	49,399.
	10a	Land, buildings, and equipment: cost or other					
		basis Complete Part VI of Schedule D	10a	546,203.			
	b	Less accumulated depreciation	10b	448,226.	96,775.	10c	97,977. 50,873.
	11	Investments - publicly traded securities				11	50,873.
	12	Investments · other securities See Part IV, line		2,161,005.	12	2,233,989.	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11	2,664.	15	11,662.		
	16	Total assets. Add lines 1 through 15 (must equ	al line	34)	2,724,167.	16	3,298,333.
	17	Accounts payable and accrued expenses	125,063.	17	308,420.		
	18	Grants payable		18			
	19	Deferred revenue			227,215.	19	244,183.
	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D	······································	21	
ਊ	22	Payables to current and former officers, director	rs, trus	tees, key employees,			
Liabilities		highest compensated employees, and disqualif	ed per	sons. Complete Part II			
_		of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ated th	ird parties		23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	_				
		parties, and other liabilities not included on lines	s 17-24	). Complete Part X of			
		Schedule D			252 272	25	550 600
	26	Total liabilities. Add lines 17 through 25		TT	352,278.	26	552,603.
		Organizations that follow SFAS 117, check he	ere 🕨	X and complete			
Ses		lines 27 through 29, and lines 33 and 34.			2 271 000		2 745 720
Net Assets or Fund Balances	27	Unrestricted net assets			2,371,889.	27	2,745,730.
Ra	28	Temporarily restricted net assets			28		
2	29	Permanently restricted net assets			•	29	
2		Organizations that do not follow SFAS 117, c	heck h	ere 🕨 🔛 and			
ŏ		complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds		ļ		30	
AS	31	Paid-in or capital surplus, or land, building, or ed		í		31	
Ę	32	Retained earnings, endowment, accumulated in	icome,	or other funds	2 271 000	32	2 745 730
_	33	Total net assets or fund balances			2,371,889.	33	2,745,730.
	34	Total liabilities and net assets/fund balances		]	2,724,167.	34	3,298,333.

### CATTLE MARKETING INFORMATION SERVICE, 84-0583095 Form 990 (2011) Part XI | Reconciliation of Net Assets XCheck if Schedule O contains a response to any question in this Part XI 3,179,184. Total revenue (must equal Part VIII, column (A), line 12) 2,846,996. 2 Total expenses (must equal Part IX, column (A), line 25) 2 332,188. 3 Revenue less expenses Subtract line 2 from line 1 3 2,371,889. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 41,653. 5 Other changes in net assets or fund balances (explain in Schedule O) 5 2,745,730. Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6 Part XIII Financial Statements and Reporting $\overline{X}$ Check if Schedule O contains a response to any question in this Part XII Yes No Accounting method used to prepare the Form 990. Cash X Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X 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. Х 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 separate basis, consolidated basis, or both Separate basis X 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

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.

3a

Х

Act and OMB Circular A-133?

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Open to Public ► Attach to Form 990. ► See separate instructions. Inspection

CATTLE MARKETING INFORMATION SERVICE, Name of the organization

Employer identification number

OMB No 1545-0047

	INC		84-0583095						
Pa	<del></del>		or Accounts. Complete if the						
	organization answered "Yes" to Form 990, Part IV, line	-	415						
		(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	•							
	are the organization's property, subject to the organization's	•	└ Yes						
6	Did the organization inform all grantees, donors, and donor a	• •	·						
	for charitable purposes and not for the benefit of the donor of impermissible private benefit?	or donor advisor, or for any other purpose							
Pai		ranization answered "Ves" to Form 990. F	Part IV line 7						
1	Purpose(s) of conservation easements held by the organizati	· · · · · · · · · · · · · · · · · · ·	artiv, iiie /.						
•	Preservation of land for public use (e.g., recreation or e		storically important land area						
	Protection of natural habitat		ified historic structure						
	Preservation of open space		siled filstoria stracture						
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last						
_	day of the tax year.	nod donoor valien contribution in the form	or a conservation easement on the last						
			Held at the End of the Tax Year						
а	Total number of conservation easements		2a						
b	Total acreage restricted by conservation easements		2b						
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c						
d	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								
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the	e organization during the tax						
	year ▶								
4	Number of states where property subject to conservation ea	sement is located >							
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of							
	violations, and enforcement of the conservation easements in	t holds?	Yes No						
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements d	luring the year						
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	the year 🕨 \$						
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170							
_	and section 170(h)(4)(B)(ii)?		└── Yes						
9	In Part XIV, describe how the organization reports conservati	·	· ·						
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for						
Da	conservation easements  1 III Organizations Maintaining Collections o	f Art Historical Transuras or O	thar Similar Accate						
ra	Complete if the organization answered "Yes" to Form		ther Sillinar Assets.						
10	If the organization elected, as permitted under SFAS 116 (AS	· . · - · - · - · - · - · - · - · · · ·	mont and balance about weeks of out						
10	historical treasures, or other similar assets held for public ext								
	the text of the footnote to its financial statements that descri	·	ince of public service, provide, in Fait XIV,						
h	If the organization elected, as permitted under SFAS 116 (AS		t and balance sheet works of art, historical						
-	treasures, or other similar assets held for public exhibition, ed	,,	·						
	relating to these items		and service, provide the fellowing amounts						
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$						
	(ii) Assets included in Form 990, Part X		► \$ ► \$						
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia							
	the following amounts required to be reported under SFAS 1								
а	Revenues included in Form 990, Part VIII, line 1	, , , , , , , , , , , , , , , , , , , ,	<b>&gt;</b> \$						
	Assets included in Form 990, Part X		<b>&gt;</b> \$						
			<del></del>						

### CATTLE MARKETING INFORMATION SERVICE,

	dule D (Form 990) 2011 INC								83095	Page 2
Par										
٦,	Using the organization's acquisition, accessi	on, and other record	ls, checl	k any of the	following that	at are a si	ignificant	use of its	collection	tems
	(check all that apply):									
a	Public exhibition	d		Loan or exc	hange progra	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organızatı	on's exe	mpt purp	ose in Par	t XIV	
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical trea	sures, or oth	er sımılar	assets		_	
	to be sold to raise funds rather than to be ma							_	Yes	No_
Par	tiv Escrow and Custodial Arran reported an amount on Form 990, Par		ete if the	e organizatio	on answered	"Yes" to	Form 990	), Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	s or other as	sets not	ıncluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing	table:						
	•	·	_						Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?						Yes	No No
b	If "Yes," explain the arrangement in Part XIV.									
Par	art V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10									
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three y	years back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance				_					
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1	g, column (a	a)) held as <sup>.</sup>					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment ►	%								
c	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	ınd admınıste	ered for t	he organi	zatıon	_	
	by.								<u> </u>	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(II), are the related organizations								3b	
4	Describe in Part XIV the intended uses of the organization's endowment funds.									
Par	t VI Land, Buildings, and Equipm	ent. See Form 990	), Part X	, line 10.						
	Description of property	(a) Cost or o basis (investr		, ,	or other (other)	· ' .	ccumulate oreclation		(d) Book	value
1a	Land									
b	Buildings									
С	Leasehold improvements									
ď	Equipment			54	6,203.	4	448,2	26.	97	<b>,</b> 977.
e	Other									
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	10(c))			<b>•</b>	97	,977.

Schedule D (Form 990) 2011

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )	<b>&gt;</b>

Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2)(3) (4) (5) (6) (7) (8) (9)(10)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

FIN 48 (ASC 740) 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 2. FIN 48 (ASC 740)

132053 01-23-12

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Schedule D (Form 990) 2011

CATTLE MARKETING INFORMATION SERVICE,

	dule D (Form 990) 2011 INC				0583095	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audited Fina	ncial Stat	temen		
,1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		3,179,	184.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		2,846,	996.
3	Excess or (deficit) for the year Subtract line 2 from line 1		3		332,	188.
4	Net unrealized gains (losses) on investments		4			
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV.)		8		41,	653.
9	Total adjustments (net). Add lines 4 through 8		9			653.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 ar	nd 9	10		373,	841.
Pa	t XII Reconciliation of Revenue per Audited Financial Stateme	ents With Reve	enue per	Return		
1	Total revenue, gains, and other support per audited financial statements			1	3,261,	484.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12					
а	Net unrealized gains on investments	2a	<u>44,190</u>	•		
b	Donated services and use of facilities	2b		_		
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIV)	2d	38,110	<u>.</u>		
е	Add lines 2a through 2d			2e	82, 3,179,	300.
3	Subtract line 2e from line 1			3	<u>3,</u> 179,	184.
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	4a		_[		
b	Other (Describe in Part XIV)	4b		_		
c	Add lines 4a and 4b			4c		0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	3,179,	184.
Pa	t XIII Reconciliation of Expenses per Audited Financial Statem	ents With Exp	enses pe	r Retu		
1	Total expenses and losses per audited financial statements			1	2,862,	<u>530.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25					
а	Donated services and use of facilities	2a		_		
b	Prior year adjustments	2b		╛		
C	Other losses	2c		╛		
d	Other (Describe in Part XIV)	2d	15 <b>,</b> 534	<u>.</u>		
е	Add lines 2a through 2d			2e	15, 2,846,	<u>534.</u>
3	Subtract line 2e from line 1			3	2,846,	<u>996.</u>
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	4a		_		
b	Other (Describe in Part XIV)	4b		_		
С	Add lines 4a and 4b			4c		0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	2,846,	996.
Pai	1 XIV Supplemental Information					
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also com					4, Part
PAF	RT XI, LINE 8 - OTHER ADJUSTMENTS:	·				
DEI	PRECIATION				-2,	537.
UNF	REALIZED GAIN/LOSS ON INVESTMENT				44,	190.
TOT	TAL TO SCHEDULE D, PART XI, LINE 8				41,	653.
PAF	RT XII, LINE 2D - OTHER ADJUSTMENTS:					
	10V7 / 1000 PP 0V 0					
TNC	COME/LOSS FROM SUBSIDIARY			Sched	38 <b>,</b> Jule D (Form 99	110.
					,	

### CATTLE MARKETING INFORMATION SERVICE, INC 84-0583095 Page 5 Schedule D (Form 990) 2011 Part XIV Supplemental Information (continued) PART XIII, LINE 2D - OTHER ADJUSTMENTS: INCOME/LOSS FROM SUBSIDIARY 12,998. TOTAL TO SCHEDULE D, PART XIII, LINE 2D 15,534. THE AMOUNTS RECORDED IN THE OTHER ADJUSTMENTS COLUMN ARE DIFFERENCE OCCURING DUE TO THE FACT THAT THE EXEMPT ORGANIZATION'S AUDITED FINANCIAL STATEMENTS ARE COMBINED WITH A RELATED ENTITY, C.F. RESOURCES, WHICH IS TAXED SEPARATELY AS A CORPORATION.

### SCHEDULE J (Form 990)

**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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

► Attach to Form 990. ► See separate instructions.

CATTLE MARKETING INFORMATION SERVICE,

INC

Employer identification number 84-0583095

P	art 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			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g , maid, chauffeur, chef)			
<b>h</b>	If any of the bayes on line 1e are absolved, did the arganization follows a written nation recording necessary			
U	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	4 15		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,	1b	<u> </u>	
_	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
	trustees, and the OLO/Executive Director, regarding the items checked in line 1a:			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director. Explain in Part III.			
	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			
4	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			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III.			
	Only continue 504(a)(2) and 504(a)(4) areas in the second as second as second as			
5	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			
а		5a		
	Any related organization?	5b		
-	If "Yes" to line 5a or 5b, describe in Part III	35		
6	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			
а	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		
8	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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2011

## CATTLE MARKETING INFORMATION SERVICE,

Schedule J (Form 990) 2011

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

Page 2

84-0583095

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(3)	(Q)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported as deferred in prior Form 990
	8	191,667.	24,557.	0	0	0	216,224.	0
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				(			Schedul	Schedule J (Form 990) 2011

# CATTLE MARKETING INFORMATION SERVICE, INC

Page 3 Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information. 84-0583095 Schedule J (Form 990) 2011

Part III Supplemental Information

PART I, LINE 1B: THE ORGANIZATION DOES NOT REIMBURSE EXPENSES AND THEREFORE, NO POLICY IS IN EXISTENCE

### SCHEDULE O (Form 990 or 990-EZ)

### 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.

2011
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

CATTLE MARKETING INFORMATION SERVICE,

Employer identification number 84-0583095

1NC 04-0303093
FORM 990, PART VI, SECTION B, LINE 11: THE BOARD REVIEWS FORM 990 PRIOR TO
FILING THE TAX RETURN.
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.
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:
NET UNREALIZED GAINS ON INVESTMENTS: 44,190.
DEPRECIATION -2,537.
TOTAL TO FORM 990, PART XI, LINE 5 41,653.
THE ORGANIZATION USES AN AUDIT COMMITTE TO MAKE ALL DECISIONS RELATED
TO THE FINANCIAL STATEMENT AUDIT.

Employer identification number 84-0583095 OMB No 1545-0047 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990. Related Organizations and Unrelated Partnerships CATTLE MARKETING INFORMATION SERVICE, INC Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

2011 ·
Open to Public
Inspection

Direct controlling

End-of-year assets

Total income

Legal domicile (state or

Primary activity

Name, address, and EIN

of disregarded entity

foreign country)

ூ

entity

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

Part

(g) Section 512(b)(13) controlled ŝ entity? Yes Direct controlling entity status (if section Public charity 501(c)(3)) <u>@</u> Exempt Code section ਉ Legal domicile (state or foreign country) Primary activity

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.)

Name, address, and EIN of related organization

Part II

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

Schedule R (Form 990) 2011

CATTLE MARKETING INFORMATION SERVICE,

Schedule R (Form 990) 2011

84-0583095 · Page 2 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.)

	organizations treated as a partnership during the tax year)	rmersmp during the tax	year)	(*)	3	9	(1)	4	6	6	
	9	(a)	<u>(</u>	(b)	(a)	E	6	Ē)	€	<b>=</b>	ξ.
S <sub>Q</sub>	Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportion- ate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		General or Percentage managing ownership partner? Yes No
OBSONO LLC	LC - 22-3771089										
8 8	P.O. BOX 312	CATTLE INDUSTRY				-					
BAYVILLE	08721	MARKET ANALYSIS	NJ			79,654.	15,955.	×	N/A	×	
					:						
										_	
Part IV	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.)	ganizations Taxable as poration or trust during	s a Corpo g the tax y	oration or Trust (Cor /ear.)	nplete if the organiz	ation answered "Yes"	to Form 990, Par	t IV, line 34	because it had or	ne or mor	e related
	(a)			(q)	(2)	(P)	(e)	(J)	(6)		(h)
	Name, address, and EIN of related organization	<b>≅</b> c		Primary activity	Ity Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	total Share of end-of-year assets		Percentage ownership

	/: mo ( )						
(e)	(q)	(0)	(p)	(e)	(1)	(6)	(h)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Ŗ	Share of end-of-year assets	Percentage ownership
C.F. RESOURCES, INC 84-0961724							
9110 E. NICHOLS AVENUE	RESEARCH STUDIES ON						
CENTENNIAL, CO 80112	CATTLE INDUSTRY	ည		C CORP	27,180.	143,599.	100%
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Schedule R (Form 990) 2011

132162 01-23-12

## CATTLE MARKETING INFORMATION SERVICE, INC

Page 3

84-0583095

Schedule R (Form 990) 2011 INC

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	g
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?	is with one or more re	lated organizations listed	in Parts II·IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b	_	×
c Gift, grant, or capital contribution from related organization(s)				10		×
d Loans or loan guarantees to or for related organization(s)				10		×
e Loans or loan guarantees by related organization(s)				16		×
f Sale of assets to related organization(s)				=		×
g Purchase of assets from related organization(s)				19		$\times$
h Exchange of assets with related organization(s)				ŧ		$\times$
i Lease of facilities, equipment, or other assets to related organization(s)				;=		$\times$
(a) mathematically and backeless and at the second surface and backeless of the second is				÷	_	×
J rease of racinities, equipment, of other assets from related organization(s)	(0)00100100			- 2	1	: ×
Performance of services of membership or fundration solicitations by	anization(s)			==		: ×
	(S)			E		×
				Ę		×
o Reimbursement paid to related organization(s) for expenses				10		×
p Reimbursement paid by related organization(s) for expenses				1р		×
<ul> <li>Other transfer of cash or property to related prognization(s)</li> </ul>				₽		×
				-		$ \times $
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete th	is line, including covered	relationships and transaction thresholds			ľ
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved			
(1) C.F. RESOURCES	Ą	0				
(2)						
Ę						
(9)						
132163 01-23-12	24		Schedule R (Form 990) 2011	R (Form	(066	2011

CATTLE MARKETING INFORMATION SERVICE,

84-0583095

Page 4

Schedule R (Form 990) 2011 INC

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.

(a) (b) (c) (d)	(Q)	(0)	9	(e)	€	(6)	Ξ	6	9	<u>\</u>
Name, address, and EIN of entity	ctivity	흥동	t incom related, om tax	Are all 501(c)(3) orgs ?	Share of total	Share of end-of-year	Dispropor- tionate allocations?	Cod	General or managing partner?	Percentage ownership
		Country	under section 512-514) K	0 Z	D	about a	Ves Ne	(Form 1055)	Yes No	

Schedule R (Form 990) 2011