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Form 990

OMB No. 1545-0047

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

<u>A</u>	For t	he 2013 calen	dar year, or ta	ıx year begii	nning Ju]	<u>L</u> 1	, 2013	3, and ending	Jun	30		, 2014	
В	Check	ıf applicable	C Name of orga	nization NOI	RTH AME	RICAN ME.	AT ASSOC	IATION		D Emplo	yer Iden	tification Numbe	r
		ddress change	Doing Busine							90-	0811	732	
	\square	ame change			x if mail is not d	elivered to street a	address)	Room/suite	, –	E Teleph			
	H	intial return	1970 BRO	ADWAY				825		(51	በነ 7	63-1533	
	\mathbf{H}	erminated			, country, and Z	P or foreign posta	at code	1027		121	<u> </u>	00 100	
	H	mended return		,				04612		ر		\$ 2 5 6 2 2	70
	\vdash		F Name and ad	d ofi	1		CA) to this a	group return		\$3,562,2	1
	∐^	pplication pending						I -				⊫ — '	===
			BARRY L. CARPE					A 20115	If 'No,' a	subordinates attach a list. (see instr	ructions)	res
		-exempt status	501(c)(3)	X 501(c) (<u>6</u>)◀	(insert no)	4947(a)(1) o	r 527			_		
J	We	bsite: ► N/						H(c) Group e	exemption nu	mber	-	
K	Form	n of organization	X Corporation	Trust	Association	Other ►	L	Year of formation	2012	2 M :	State of I	egal domicile	CA
Pa	rt I	Summar	У										
	1	Bnefly describ	oe the organiza	tion's missio	n or most se	gnificant activ	rities: W	ith repres	entat	ives i	n the	e United	State
a)		Canada a	nd Mexico	, NAMA	provide	s its me		ceptional					
Activities & Governance								nership ur					
Ĕ													
욁	2	Check this bo	x F If the	organization	n discontinu	ed its operation	ons or dispose	ed of more than	25% o	f its net a	ssets.		
ថ្ង	3										3		
20	4)			4	-	
ĕ∣	5	Total number	of individuals e	employed in a	calendar yea	ar 2013 (Part	V, line 2a)				5		
E۱	6	Total number	of volunteers (estimate if no	ecessary).						6		
욁	7a	Total unrelate	d business rev	enue from P	art VIII, colu	mn (C), line 1	2				7a	8	35,579
	b	Net unrelated	business taxal	ble income fr	om Form 99	0-T, line 34					7b	(53,030
									P	rior Year		Curren	t Year
╻╽	8	Contributions	and grants (Pa	art VIII, line 1	h)			<i></i> [
3	9		ice revenue (P						3	,234,8	343.	2,89	0,882
немение	10	_	come (Part VIII					⊢		14,0			21,950
	11		e (Part VIII, col			•		<u> </u>		106,0			35,579
	12		e (r art viii, coi e – add lines 8					<u> </u>	3	,354,8			8,41
\dashv			milar amounts							, , , , ,	02.	2,5	70, 11
	13			• •		•							
	14	•	to or for memb	-									
စ္အ	15		er compensatio						2	,004,9	75.	1,78	31,008
Expenses	16 a	Professional f	fundraising fee	s (Part IX, co	ilumn (A), lin	ie 11e) 👢 🐫	الله الأستارك وي	√``}} · · · ∤ L					
8			ing expenses (ļ	
۱۵	17		es (Part IX, col				126	9-13	1	,433,0	195	1 2	77,72
- 1		-	es. Add lines 1:				EC 27 3 2			, 438, (
	18	-			-					· —			58,73
5 8	19	Revenue less	expenses. Su	btract line 18	from line 12	<u> </u>	· · · · · · · · · · · · · · · · · · ·	·		-83 , 1			50,320
ance						0	·	-		ng of Curre			
Bala	20		Part X, line 16)				· · · · · · · · · · · · · · · · · · ·) 15 (17 mm-1)		,515,2			39,423
7 PG	21	Total liabilities	s (Part X, line 2	(6)					1	,179,2	246.	9.	10,72
۳.ټ	22	Net assets or	fund balances	. Subtract lin	e 21 from lin	ne 20 · · · ·		<u> </u>	1	,335,9	984.	1,32	28,69
Pa	rt II	Signatu	re Block	•									
_				mined this return	, including acco	mpanying schedu	les and statement	ts, and to the best of	my know	ledge and be	lief, it is	true, correct, and	
omp	lete D	eclaration of prepar	er (other than office	r) is based on all	information of w	hich preparer has	s any knowledge	ts, and to the best of					
			Sam.	2	elvain	₹.			_ T.	12-	17-	· 14	
Sig	ın	Signati	re of officer	\					Da	ite			
He	re	Bar	rv L. Car	penter	V								
- 🕶	_		print name and title										-
			reparer's name		Preparer's si	gnature _		Date		Check	X If	PTIN	
						~ ~~			,	l '		1	1.4
Pai			B Meyer		Henry	B Méyer		12/11/1	4	self-employ	-	P005810	1 4
re	par	er Firm's name		Y B MEYE						<u>.</u> .	_		
JS	e Or	1ly Firm's addre	ess 2735	LINCOLN	WAY					Firm's EIN	94	<u>-2541181</u>	
_			SAN I	FRANCISC	.O		CA 941	22-1521		Phone no.			
Vlay	the	IRS discuss thi	s return with th	e preparer s	hown above	? (see instruc	ctions)	<u> </u>				. X Yes	N
_			Reduction Act					TEEA0	101 11/0	8/13		Form	990 (201

Pa	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, 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_	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, Part I	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		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If Yes, complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.	11.	A CONTRACTOR OF THE PARTY OF TH	194 o
;	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	х	
ı	b 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	11 b		х
ı	c 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	11 c		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	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		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	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		Х
1	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 and XII is optional	12 b		х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14	a 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, 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	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? 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, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		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		х
19	complete Schedule G, Part III	19		х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20	<u> </u>	Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b	<u> </u>	<u> </u>

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government 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 or 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		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23	х	
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25a	24a		х
ı	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24d		
25	a 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		
١	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		Х
27		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):			Same I
	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	Jacobs Dr	Х
١	β A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	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? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		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		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ı	b If 'Yes' to line 35a, 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		
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		
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
BAA		Form	990 (2	2013)

Form 990 (2013) 90-0811732 Page 5 NORTH AMERICAN MEAT ASSOCIATION Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . 18 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1 c (gambling) winnings to prize winners? 2 a 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 X b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?.... 3 a Х x 3 b b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O..... 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . Х 4 a 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. X 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b 5 c 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were Х 6 b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and x 7 a services provided to the payor?.............. b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file X 7 c 7 d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?.... X 7 f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?... g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7 h Form 1098-C? . . 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 8 holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. 9 a 9 b b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: 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. . . b Gross income from other sources (Do not net amounts due or paid to other sources 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . . 12 a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year | 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13 a a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.

14 b

X

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

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

Pai	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	in		. 🛭
Sec	ction A. Governing Body and Management			15.51
	on the covering body and management		Yes	No
1 a	a Enter the number of voting members of the governing body at the end of the tax year			
ŧ	b Enter the number of voting members included in line 1a, above, who are independent 1b 55			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		_
	officer, director, trustee or key employee?	2		X
3	of officers, directors or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the pnor Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7 a	x	
t	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7 b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8 a	X	
ŧ	b Each committee with authority to act on behalf of the governing body?	8 b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.))
			Yes	No
10 a	a Did the organization have local chapters, branches, or affiliates?	10a		Х
ŀ	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
11 a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a		Х
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12 a	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a		Х
t	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
•	© Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 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?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		-	
	The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>
ŧ	b Other officers of key employees of the organization	15 b		X
16 <i>a</i>	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	-		_
ı	taxable entity during the year?	16 a		Х
0 -	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?	16 b	<u></u>	
	List the state with which a served the Form 000 is required to be filed by			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available			
	inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available the public during the tax year	ole to		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	n:		
BAA		10)		153 <u>3</u> 2013)

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

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

- 1 a 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 organization	nor any rela	ated o	rgan			ompe	nsate	ed any current officer,	director, or trustee.	
(A) Name and Title	(B) Average hours per	Position (do not check more than one box, unless person is both an officer and a director/trustee)					an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) See Attachment	4.00									
All Directors	<u> </u>	Х						0.	0.	<u> </u>
(2) Barry Carpenter	40.00			.,				222 004	0	21 140
CEO	10.00			Х			<u> </u>	223,984.	0.	21,148.
(3) Philip Kimball	40.00			Х				183,703.	0.	27 001
Exec. Director	40.00			Λ	-			103,703.		37,001.
Ken Mastracchio Sr. Dir. Reg. Issues	1 40 -00				х			116,672.	0.	37,214.
(5) Norman Robertson	40.00							110,072.		3//211.
Dir. of Regulatory	1-10-00				Х			117,817.	0.	28,239.
(6) Maeva Herbert	40.00		Г						_	
Fin. Mgr.	1 - -				Х			92,644.	0.	14,991.
(7) Sabrina Moore	40.00									
Dir. of Meetings	<u> </u>				Х			85,449.	0.	17,112.
(8) Andrea Perkins	40.00			'						
Asst. Dir. Regulatory	ļ		Ш		Х	Ĺ		89 , 257.	0.	25,582.
_(9)_Ann_Wells	40.00							70.260		24 001
Dir. of Scientif.	 		-		Х	 	-	73,362.	0.	34,201.
(10)	 	İ								
(11)										
(12)										
(13)									<u> </u>	
(14)										

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Part VII Section A. Officers, Directors, Trus	(B)			(0		<u> </u>			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.cycc	9 (2017).	nacaj
(A) Name and title	Average hours per week	box	, unles icer ar	ss pe	more rson irrecti	than or s both or/truste	en e)	(D) Reportable compensation from the graphs to a compensation from the graph to a compensation from the graphs to a compensation from the gra	(E) Reportable compensation from	amou	(F) Estimated amount of oth compensatio	
	(list any hours for related organiza - tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	fr org an	pensauo om the anization d related anization	1
15)												
16)									· · · · · · · · · · · · · · · · · · ·			
17)								<u>-</u>	<u> </u>			
18)												
19)											_	
20)												
21)												
22)												
23)												
24)												
25)												
1 b Sub-total						_		982,888.	0.	2	15,4	88
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)							-	982,888.	0.		215,4	188
2 Total number of individuals (including but not limited t from the organization 4							vec					.00
3 Did the organization list any former officer, director, on line 1a? If 'Yes,' complete Schedule J for such indi										. 3	Yes	No
4 For any individual listed on line 1a, is the sum of reporting organization and related organizations greater that such individual	ın \$150,	000?	nsati	ion a	and com	other plete	cor Sch	mpensation from nedule J for		. 4	x	
5 Did any person listed on line 1a receive or accrue cor for services rendered to the organization? If 'Yes,' cor	npensat	ion fr	om a	iny i	unre suc	lated	org son	anization or individ	lual 	. 5		х
Section B. Independent Contractors												
 Complete this table for your five highest compensated compensation from the organization. Report compens 	indepe ation fo	nden r the	t con cale	nda	tors yea	that i	rece	eived more than \$1 with or within the	100,000 of organization's tax ye	ar.		
(A) Name and business address							(B) Description o	f services	Compe	C) ensatio	n	
DFW LAW 600 NEW HAMPSHIRE AVE NW W.	ASHIN	GTO	N	DC	: 2	2003	7	LEGAL		1	89,4	58
Total number of independent contractors (including bits)	ut not lin	nited	to th	ose	liste	ed abo	ove') who received mo	re than			
\$100,000 of compensation from the organization	1							,			990 (

	i	Check if Schedule O contains a response or note to any lir	ne in this Part VIII .			
-			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	b c d e f	Federated campaigns 1 a Membership dues 1 b Fundraising events 1 c Related organizations 1 d Government grants (contributions) 1 e All other contributions, gifts, grants, and similar amounts not included above 1 f Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f				
3	•	Business Code	/			
2	z a	Membership Dues 813910	2,336,903.	2,336,903.	0.	0.
H	b	Seminars/Conferences 611660	553,979.	<u>553,979.</u>	0.	0.
Ž∣	С					
꾨	d					
ਡੀ	е				_	
흥		All other program service revenue				
~	9	Total. Add lines 2a-2f ▶	2,890,882.			
	3	Investment income (including dividends, interest and other similar amounts)	18,957.	0.	0.	18,957.
	5	Royalties				
		(i) Real (ii) Personal				
	6 a	Gross rents				
i	ь	Less: rental expenses				
		Rental income or (loss)				
Į		Net rental income or (loss)			· — —	
1	a	(i) Securities (ii) Other				
	7 a	Gross amount from sales of				
		assets other than inventory. 456, 777.				}
	-	Less cost or other basis and sales expenses 453,778.				
		Net gain or (loss)	2,999.	2,999.	0.	0.
OTHER REVENUE	b	Gross income from fundraising events (not including			-	
		Gross income from gaming activities.				
		See Part IV, line 19				
		Net income or (loss) from gaming activities				
		· · · · · · · · · · · · · · · · · · ·				
		Gross sales of inventory, less returns and allowances				
		Net income or (loss) from sales of inventory	85,579.	0.	85,579.	0.
		Miscellaneous Revenue Business Code	00,019.			J .
	11 a					
	b					· · · · · · · · · · · · · · · · · · ·
	0	`				
	C		 		<u> </u>	
	-	All other revenue			ļ <u>-</u>	
		Total. Add lines 11a-11d		ļ 		
	12	Total revenue. See instructions	2,998,417.	2,893,881.	85,579.	18,957.

90-0811732

Part IX Statement of Functional Expenses

Sectron 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)	
Check if Schedule O contains a response or note to any line in this Part IX	Т

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and organizations in the United States. See Part IV. line 21		expenses	general expenses	ехрепзез
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	1 106 200	1 106 200		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	1,106,398.	1,106,398.		
7	Other salaries and wages	268,361.	268,361.		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	114,150.	114,150.	!	
9	Other employee benefits	194,803.	194,803.		
10	Payroll taxes	97,296.	97,296.		
11	Fees for services (non-employees)				
а	Management	116,662.	116,662.		
b	Legal	318,762.	318,762.		
c	Accounting	47,165.	47,165.		
d	Lobbying	22,228.	22,228.		
е	Professional fundraising services. See Part IV, line 17 .				
	Investment management fees				
_	Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).				
	Advertising and promotion	22 074	22.074		
13	Office expenses	22,974.	22,974. 84,230.		
14 15	Information technology	84,230.	64,230.		
16	Occupancy	117,434.	117,434.		
17	Travel	99,670.	99,670.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	33,070.	3370,0.		
	Conferences, conventions, and meetings	310,898.	310,898.	······································	
20	Interest				
21	Payments to affiliates				
22	• • • • •	11,421.	11,421.		
23 24	Insurance	21,827.	21,827.		
24	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.)			-	1
а					
b					
C					
d					
е	All other expenses	104,458.	104,458.		
25	Total functional expenses. Add lines 1 through 24e	3,058,737.	3,058,737.		
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Page 11

Part X Balance Sheet (B) (A) End of year Beginning of year 1 0 0. 2 2 819,381 496,760. 3 4 153,636 280,485 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 184,316 8 78,654 9 44,832 69,426. 10 a 10 b b Less: accumulated depreciation 100 35,664. 76.721 26,761 11 11 1,257,675 264,691. Investments — other securities. See Part IV, line 11 28,629 12 13,743. Investments - program-related. See Part IV, line 11 13 13 14 14 15 15 Total assets, Add lines 1 through 15 (must equal line 34) 16 16 2,515,230 2,239,423 17 17 211,711 163,563. Grants payable......... 18 18 Deferred revenue 19 967,535 747,162 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 22 23 23 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D \dots 25 25 ,179,246 26 910,725 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 29 R Organizations that do not follow SFAS 117 (ASC 958), check here ► X and complete lines 30 through 34. FUND Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds . . . 32 32 1,335,984 1,328,698. 33 33 1,335,984 1,328,698. 2,239,423 34 2,515,230 34

BAA

Form 990 (2013)

Form 990 (2013) NORTH AMERICAN MEAT ASSOCIATION	90-0811732			Pa	ge 12
Part XI Reconciliation of Net Assets		•			
Check if Schedule O contains a response or note to any line in this Part XI	<u></u>				$\cdot \square$
1 Total revenue (must equal Part VIII, column (A), line 12)		1	2,9	98,4	117.
2 Total expenses (must equal Part IX, column (A), line 25)	<i>.</i> .	2	3,0	58,7	737.
3 Revenue less expenses. Subtract line 2 from line 1		3		60,3	320.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		4	1,3	35,9	984.
5 Net unrealized gains (losses) on investments		5		53,0	<u>)34.</u>
6 Donated services and use of facilities		6			
7 Investment expenses		7			
8 Prior period adjustments		8			
9 Other changes in net assets or fund balances (explain in Schedule O)		9			
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)).	· · · · <u>·</u>	10	1,3	28,6	598 <u>.</u>
Part XII Financial Statements and Reporting					
Check if Schedule O contains a response or note to any line in this Part XII					. П
			_	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.				_	
2 a Were the organization's financial statements compiled or reviewed by an independent accountant?			. 2a	Х	ļ,
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both:	ewed on a				
X Separate basis Consolidated basis Both consolidated and separate basis					ļ
b Were the organization's financial statements audited by an independent accountant?			2b		Х
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep	arate				
basis, consolidated basis, or both					
Separate basis Consolidated basis Both consolidated and separate basis		_			
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	of the audi	t, 	. 2с	х	<u> </u>
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					<u> </u>
3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Audit Act and OMB Circular A-133?	he Single		За		х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the					
or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<u> </u>	<u> 3 b</u>		<u> </u>

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

Name of organization	6) organizations: Complete Part III.		Employer identific	ation number
J	AM ACCOCTAMION		90-081173	
NORTH AMERICAN MEA	he organization is exempt under se	ction 501(c) or is a	section 527 organ	ization.
	the organization's direct and indirect political ca			
•				5▶
3 Volunteer hours	_. <u></u>			
Part I-B Complete if t	he organization is exempt under se	ction 501(c)(3).		
1 Enter the amount of any	excise tax incurred by the organization under s	ection 4955		3
2 Enter the amount of any	excise tax incurred by organization managers	under section 4955		5
	ed a section 4955 tax, did it file Form 4720 for t			
b If 'Yes,' describe in Part				
Part I-C Complete if t	he organization is exempt under se	ction 501(c), exce	pt section 501(c)(3)	
	y expended by the filing organization for section			
2 Enter the amount of the	filing organization's funds contributed to other of	roanizations for section	527 exempt	
function activities	, , , , , , , , , , , , , , , , , , ,			
3 Total exempt function ex	penditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	_	
line 17b				
	n file Form 1120-POL for this year?			Yes No
5 Enter the names, addres	sses and employer identification number (EIN) on nents. For each organization listed, enter the an	of all section 527 political	organizations to which the	e filing
amount of political contr	ibutions received that were promptly and directl	v delivered to a separate	political organization, suc	ch as a separate
segregated fund or a po	litical action committee (PAC). If additional space	ce is needed, provide info	ormation in Part IV.	
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing	(e) Amount of political
			organization's funds. If none, enter-0-	contributions received and promptly and directly delivered to a separate
				political organization if none, enter -0-
			 	none, enter -0-
(1)				
-			 	
(2)	 			
		<u> </u>	†	
(3)				
/A)				
(4)				
(5)				
·-/			<u> </u>	ļ
(6)	[[ĺ	1

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2013

ดก	-0	Я1	1	73	2	

Part II-A Complete if section 501(the organization	on is exempt under se	ction 501(c)(3) and	filed Form 5768 (el	ection under
·		ngs to an affiliated group (and	l list in Part IV each affilia	ated group member's nam	е
`		share of excess lobbying ex		neo groop mombor a nam	0,
	•	ked box A and 'limited contro			
(The term		ying Expenditures ans amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals
		lic opinion (grass roots lobbyi			
, <u>, , , , , , , , , , , , , , , , , , </u>	•	gislative body (direct lobbying			
, , ,		d 1b)			· · · · · · · · · · · · · · · · · · ·
e Total exempt purpose ex	penditures (add line	es 1c and 1d)			
		ount from the following table in			
If the amount on line 1e, colu	ımn (a) or (b) is:	The lobbying nontaxable	amount is:		
Not over \$500,000		20% of the amount on line 1e			
Over \$500,000 but not over \$1	,000,000	\$100,000 plus 15% of the excess	over \$500,000		
Over \$1,000,000 but not over \$	1,500,000	\$175,000 plus 10% of the excess	over \$1,000,000		
Over \$1,500,000 but not over \$	17,000,000	\$225,000 plus 5% of the excess of	over \$1,500,000		
Over \$17,000,000		\$1,000,000			
_	·	of line 1f)			
_		enter -0			_
i Subtract line 1f from line	1c. If zero or less, or	enter -0			
j If there is an amount othe section 4911 tax for this	er than zero on eith year?	er line 1h or line 1i, did the or	ganization file Form 4720	reporting	Yes No
(Som	e organizations th	4-Year Averaging Period U at made a section 501(h) el ns below. See the instructi	ection do not have to c	omplete all of the five	
	Lot	bying Expenditures During	4-Year Averaging Perio	od	
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e)) · · · ·					
f Grassroots lobbying expenditures				Cabal-1- C / F	. 000 cz 000 EZ\ 2040
BAA				Schedule C (Form	990 or 990-EZ) 2013

	(election under section 501(h)).	(a	a)	l	(1	 b)	
For ea of the	ch 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description lobbying activity.	Yes	No			ount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local egislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:						
a \	Volunteers?						
ы	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						_
	Media advertisements?						
d l	Mailings to members, legislators, or the public?						
e l	Publications, or published or broadcast statements?						
f	Grants to other organizations for lobbying purposes?						
g l	Direct contact with legislators, their staffs, government officials, or a legislative body?						
h l	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
	Other activities?						
	Total. Add lines 1c through 1i						
2al	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	_					
	f 'Yes,' enter the amount of any tax incurred under section 4912						
	If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912						
	f the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			<u> </u>			
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6).	(c)(5)	, or				
				_		Yes	No
	Were substantially all (90% or more) dues received nondeductible by members?				1		_X
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?						<u> </u>
	Did the organization agree to carry over lobbying and political expenditures from the prior year?						<u> </u>
	III-B Complete if the organization is exempt under section 501(c)(4), section 501(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) F answered 'Yes.'	art I	II-A,	line 3	i, is		
1 1	Dues, assessments and similar amounts from members	• • •	1		<u>2,3</u>	36 , 9	<u> 303.</u>
•	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		~-				
	Current year		2 a			32,4	<u> 170.</u>
	Carryover from last year		2Ь				
	Total					32,4	<u> 170.</u>
3 .	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3				
(If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political						
	expenditure next year?		5			30	
5 Part	Taxable amount of lobbying and political expenditures (see instructions)	• • •	9			32,4	170.
Provid Part II	le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated group list); Pa-B, line 1. Also, complete this part for any additional information.						
-							
-		-			 -		

Schedule C (Form 990 or 990-EZ) 2013 NORTH AMERICAN MEAT ASSOCIATION	90-0811/32 Fage 4
Part W Supplemental Information (continued)	
	·

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public. Inspection

	RTH AMERICAN MEAT ASSOCIATION			90-0811732	
Par	Organizations Maintaining Donor Advi	sed Funds or Oth	er Similar Fu	nds or Accounts.	
	Complete if the organization answered 'Y	es' to Form 990, P	art IV, line 6.		
		(a) Donor advised	unds	(b) Funds and other acc	ounts
1	Total number at end of year				
2	Aggregate contributions to (during year)		i		
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors are the organization's property, subject to the organization	n's exclusive legal cont	rol?	Yes	No
6	Did the organization inform all grantees, donors, and done for charitable purposes and not for the benefit of the dono impermissible private benefit?	r or donor advisor, or f	or any other purpo	se confernna	No
Par	Conservation Easements. Complete if the organization answered 'Y	es' to Form 990, P	art IV, line 7.		
1	Purpose(s) of conservation easements held by the organi	zation (check all that a	pply).	=	
	Preservation of land for public use (e.g., recreation of	education)	Preservation o	f an historically important land are	ea
	Protection of natural habitat		Preservation o	f a certified historic structure	
	Preservation of open space		_		
2	Complete lines 2a through 2d if the organization held a qualitate day of the tax year.	ualified conservation co	entnbution in the fo		
				Held at the End of t	the Tax Year
	Total number of conservation easements			L	
	Total acreage restricted by conservation easements				
	Number of conservation easements on a certified historic	-	•	. 2c	
•	Number of conservation easements included in (c) acquir structure listed in the National Register				
3	Number of conservation easements modified, transferred tax year ►	, released, extinguishe	d, or terminated by	the organization during the	
4	Number of states where property subject to conservation	easement is located >		_	
5	Does the organization have a written policy regarding the	periodic monitoring, in	spection, handling	of violations,	No
6	and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting				
7	Amount of expenses incurred in monitoring, inspecting, a ► \$	nd enforcing conservat	ion easements du	ing the year	
8	Does each conservation easement reported on line 2(d) a and section 170(h)(4)(B)(ii)?				No
9	In Part XIII, describe how the organization reports conser include, if applicable, the text of the footnote to the organic conservation easements.	zation's financial stater	ments that describe	es the organization's accounting t	et, and for
Pa	Organizations Maintaining Collections Complete if the organization answered 'Y	of Art, Historical es' to Form 990, P	Treasures, or art IV, line 8.	Other Similar Assets.	
1 a	a If the organization elected, as permitted under SFAS 116 art, historical treasures, or other similar assets held for pu in Part XIII, the text of the footnote to its financial stateme	iblic exhibition, educati	on, or research in i	atement and balance sheet work furtherance of public service, pro	s of vide,
1	b If the organization elected, as permitted under SFAS 116 historical treasures, or other similar assets held for public following amounts relating to these items:	exhibition, education,	or research in furth	erance of public service, provide	art, the
	(I) Revenues included in Form 990, Part VIII, line 1				
	(ii) Assets included in Form 990, Part X				
2	amounts required to be reported under SFAS 116 (ASC 9	958) relating to these ite	ems:		
	Revenues included in Form 990, Part VIII, line 1				
	Assets included in Form 990, Part X	<u></u>	<u></u> .	▶ \$	

Sche				T ASSOCIA			_90-081		Page 2
Par	t III Organizations Maint	aining Colle	ections	of Art, Hist	orical	Treasures, or	Other Similar Ass	ets (con	tinued)
3	Using the organization's acquisition utems (check all that apply):	on, accession,	and other	r records, check	any of	the following that a	are a significant use of its	s collection	
a	a Public exhibition			d Loan	or exct	nange programs			
k	b Scholarly research			e Other	·				·
C	Preservation for future gener	ations							
4	Provide a description of the organ Part XIII.			•	•	_			
5	During the year, did the organizato be sold to raise funds rather th	an to be mainta	ained as p	part of the organ	nization	's collection?		Yes	No
<u>Par</u>	line 9, or reported an					ganization ansv	vered 'Yes' to Form	990, Pai	rt IV,
1 a	a Is the organization an agent, trus on Form 990, Part X?							Yes	No
b	b If 'Yes,' explain the arrangement	in Part XIII and	complete	the following ta	able:				
								Amount	
	c Beginning balance								
	d Additions during the year						. 1d		
e	e Distributions during the year						. 1e		
f	F Ending balance						. 1f		
2 a	a Did the organization include an a	mount on Form	990, Par	t X, line 21? .				Yes	No
t	b If 'Yes,' explain the arrangement	in Part XIII. Che	eck here	f the explantion	has be	en provided in Par	t XIII	 	.П
Par	t V Endowment Funds.	Complete if	the orga	anization ans	were	d 'Yes' to Form	990, Part IV, line 10	0.	
		(a) Current	year	(b) Prior year	г	(c) Two years back	(d) Three years back	(e) Four	years back
1 a	a Beginning of year balance								
t	b Contributions								
c	Net investment earnings, gains, and losses								
	d Grants or scholarships								
	e Other expenditures for facilities and programs								
f	f Administrative expenses								
ç	g End of year balance								
2	Provide the estimated percentage	e of the current	year end	balance (line 1	g, colur	nn (a)) held as:			
	a Board designated or quasi-endov		•	8		. ,,			
	b Permanent endowment	9		 -					
	c Temporanly restricted endowmer		•	90					
•	The percentages in lines 2a, 2b,		equal 100						
	•		-						
3 a	a Are there endowment funds not in organization by:	n the possessio	on of the o	organization that	t are he	eld and administere	ed for the	[v	es No
								. 3a(i)	- 10
	(i) unrelated organizations (ii) related organizations							. 3a(ii)	
	_							. 3b	
_	b If 'Yes' to 3a(ii), are the related or	_		=				.1 30	
4	Describe in Part XIII the intended	`	<u> </u>	is endowment i	unus.				
Par	rt VI Land, Buildings, and			'aa' ta Earra (200 E	ort IV/ line 11e	Con Form 000 Da	et V lina	10
	Complete if the organ	ization answ	rerea Y	es to Form s	990, F	rarciv, line i ra	. See Form 990, Pa		
	Description of property		(inv	or other basis /estment)		Cost or other pasis (other)	(c) Accumulated depreciation	(d) Boo	ok value
	a Land								
t	b Buildings		·						
	c Leasehold improvements				<u> </u>				
c	d Equipment					112,385.	76,721.		35,664.
6	e Other	<u></u>	.[
Tota	II. Add lines 1a through 1e. (Colum	ın (d) must equ	al Form 9	90, Part X, colu	mn (B),	line 10(c).)			35,664.
BAA								ule D (For	n 990) 2013

TEEA3302 10/02/13

(a) Description of security or category (including name of security)	(b) Book value	Part IV, line 11b. See Form 990, Part X, line 12. (c) Method of valuation Cost or end-of-year market value
Financial denvatives		
Closely-held equity interests		
Other		
. ~		
·		
·		
·		
al. (Column (b) must equal Form 990, Part X, column (B) line 12.)		
rt VIII Investments — Program Related.	Vec' to Form 000 I	Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market va
)	(b) Book value	(c) inclined of validations observe on one of year market val
2)		
3)		
3)		
5)		
5)		
7)		
3)		
3)		
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al. (Column (b) must equal Form 990, Part X, column (B) line 13) . >		D-+ IV II 44-1 Cro France 200 Frank V II 45
at. (Column (b) must equal Form 990, Part X, column (B) line 13) . • art IX Other Assets. Complete if the organization answered "		Part IV, line 11d. See Form 990, Part X, line 15.
al, (Column (b) must equal Form 990, Part X, column (B) line 13) . • art IX Other Assets. Complete if the organization answered " (a) De	Yes' to Form 990, I	Part IV, line 11d. See Form 990, Part X, line 15.
at (Column (b) must equal Form 990, Part X, column (B) line 13) . • art IX Other Assets. Complete if the organization answered " (a) De		
at. (Column (b) must equal Form 990, Part X, column (B) line 13) . • art IX Other Assets. Complete if the organization answered " (a) De 1)		
al. (Column (b) must equal Form 990, Part X, column (B) line 13) . • art IX Other Assets. Complete if the organization answered " (a) De 1) 2) 3)		
al. (Column (b) must equal Form 990, Part X, column (B) line 13) . • art IX Other Assets. Complete if the organization answered " (a) De 1) 2) 3) 4)		
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al. (Column (b) must equal Form 990, Part X, column (B) line 13) . • Int IX Other Assets. Complete if the organization answered " (a) De 1) 2) 3) 4) 5) 6) 7) 8)		
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at (Column (b) must equal Form 990, Part X, column (B) line 13) Tother Assets. Complete if the organization answered (a) De (a) De (b) (a) De (c) (b) must equal Form 990, Part X, column (B), If (c) (c) tal. (Column (b) must equal Form 990, Part X, column (B), If (c) (a) Description of liability (b) Federal income taxes (c) The column (b) must equal Form 990, Part X, column (B), If (c) (d) Description of liability (e) The column (b) Federal income taxes (form 13) (a) Description (B) If (c) I	line 15.) orm 990, Part IV, line 1	(b) Book valu
Complete if the organization answered " (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability	line 15.)	(b) Book val

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Schedule **D** (Form 990) 2013

Schedule D	(1 dill 990) 2013 NORTH AMERICAN MEAT ASSOCIATION	30-0011/25	rayes
Part XIII	Supplemental Information (continued)		
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TEEA3305 07/01/13

Schedule **D** (Form 990) 2013

SCHEDULE J (Form 990) '

Compensation Information

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

Attach to Form 990.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN MEAT ASSOCIATION

Employer identification number 90-0811732

'ar	ti Questions Regarding Compensation				Yes	No
4.	Check the appropriate box(es) if the organization provided any of	f th	e following to or for a person listed in Form 990. Part		163	140
та	VII, Section A, line 1a. Complete Part III to provide any relevant ii	nfo	mation regarding these items.			1
	First-class or charter travel		Housing allowance or residence for personal use			;
	Travel for companions	Ī	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Ī	Health or social club dues or initiation fees			
	Discretionary spending account	Ī	Personal services (e.g., maid, chauffeur, chef)			
		_				
b	If any of the boxes on line 1a are checked, did the organization for reimbursement or provision of all of the expenses described above.	ollo ve?	w a written policy regarding payment or 'If 'No,' complete Part III to explain	1 b		
_			lawns avances moved by all officers directors			_ 2
2	Did the organization require substantiation prior to reimbursing or trustees, and officers, including the CEO/Executive Director, rega	r al ardi	ing the items checked in line 1a?	2	х	L
3	Indicate which, if any, of the following the filing organization used CEO/Executive Director. Check all that apply. Do not check any testablish compensation of the CEO/Executive Director, but expla	box	tes for methods used by a related organization to			
	Compensation committee	Γ	Written employment contract			
	Independent compensation consultant	Ī	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, Sect or a related organization:	tion	A, line 1a with respect to the filing organization			
а	a Receive a severance payment or change-of-control payment? .			4 a		
	Participate in, or receive payment from, a supplemental nonquali			4 b		Х
c	Participate in, or receive payment from, an equity-based compen	ısat	tion arrangement?	4 c		Х
	If 'Yes' to any of lines 4a-c, list the persons and provide the application	cat	ole amounts for each item in Part III.			
]	'
	Only section 501(c)(3) and 501(c)(4) organizations must com	ıple	ete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the contingent on the revenues of:	he d	organization pay or accrue any compensation			
	The organization?			5 a		
Ł	Any related organization?			5 b		ļ
	If 'Yes' to line 5a or 5b, describe in Part III.					
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the contingent on the net earnings of:	he (organization pay or accrue any compensation			
a	a The organization?			6a		
	b Any related organization?			6 b		
	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 payments not described in lines 5 and 6? If 'Yes,' describe in Part	he o	organization provide any non-fixed	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrue	ed ı	pursuant to a contract that was subject			
-	to the initial contract exception described in Regulations section if Yes,' describe in Part III	53.	4958-4(a)(3)?	8		
_					1	
9	If 'Yes' to line 8, did the organization also follow the rebuttable pr section 53.4958-6(c)?	esi	umpuon procedure described in Regulations	9		

90-0811732

NORTH AMERICAN MEAT ASSOCIATION

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

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 columns (D) and (E) amounts for that individual.

		(B) Breakdown of	Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement	(D) Nontaxable	(E) Total of	(F) Compensation
(A) Name and Title		(I) Base compensation	(II) Bonus and Incentive compensation	(III) Other reportable compensation	deferred compensation			deferred in prior Form 990
Barry Carpenter	ε	223,984.	0	0	0	21,148.	_245,132.	0
	(II)		0	0		0.	- 1	0.
Philip Kimball	(e)	183, 703.	0	0	0	37,001.	220,704.	0
	(ii)			0.	0	0	0.	0.
astracchio	(ı)	116,672.	-1 OI I I	0	0	37,214.	153,886.	0
ssues	⊞		0.	0		0.	0.	0.
nan Robertson	(e)	117,817.	0		0	28,239.	146,056.	0
4 Dir. Req. Issues	Ξ			0.		0.	0	0.
Herb	<u> </u> (i)	92, 644.	0	0		14,991.	107,635.	0
5 Fin. Mgr.	(E)			0		0.	0.	0.
Sabrina Moore	Ξ	85,449.	0 !	0	0	174 112.	102,561.	0
6 Dir, of Meetings	(E)			0.	0.	0	0	0.
Andrea Perkins	Θ	89,257.	0	0	0	25, 582.	114,839.	0
7 Asst. Dir. Req.	(ii)			0	0	0	0	0
11s	(3)	73,362.	<u></u>	0		34,201_	107,563.	·0
8 Dir. of Scientif.	(E)		0.	0		0		0.
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ВАА			TEEA4102 07/08/13	13			Schedule J	Schedule J (Form 990) 2013

Schedule J (Form 990) 2013

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.

2013

Open to Public Inspection

OMB No 1545-0047

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Department of the Treasury Internal Revenue Service Employer identification number Name of the organization 90-0811732 NORTH AMERICAN MEAT ASSOCIATION The Association has general and two other member categories Pt VI, Line 7a General members elect governing body Pt VI, Line 11b Form 990 is reviewed by the CEO Pt VI, Line 15a Compensation is set by the Executive Committee

❖ NORTH AMERICAN MEAT ASSOCIATION BOARD OF DIRECTORS ❖

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CO-PRESIDENTS

Brian Coelho, Central Valley Meat John Vatri, Cardinal Meat Spec, LTD

VICE PRESIDENT

Joe Maas, JTM Provisions

ACTING TREASURER

Brad McDowell, A B Foods, USA

Advisors Immediate Past Chairs of the Board Marty Evanson, Jobbers Meat Packing Co Mike Satzow, North Country Smokehouse

SECRETARY

Brad McDowell, A B Foods, USA

At Large General Member Eric Gustafson, Coast Packing Associate Allied Representative Chris Mason, Wolftec, Inc

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