

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No \$545-0047

Do not enter Social Security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

| <u> </u> | Of the | 2013 Calendar year, or tax year beginning AUG 1, 2013 and C | enaing L | <u> ОГ ЭТ, 2014</u> | |
|-------------------------|--------------------|---|----------------------|------------------------------|-----------------------------|
| Bo | Check if | C Name of organization CATTLE MARKETING INFORMATION SERVICE, | D Employer identifie | cation number | |
| | Addre chang | ss INC | | | |
| | Name chang | Doing Business As CATTLEFAX | | 84-0 | 5830 <u>95</u> |
| |]Initial return | Number and street (or P.O. box if mail is not delivered to street address) | E Telephone number | • | |
| | Termıı ated | 9110 E NICHOLS AVE | (330 |) 694-0323 | |
| | Amen- return | City of town, state of province, country, and ZIP of foreign postal code | | G Gross receipts \$ | 6,491,269. |
| | Application | ^a <u>CENTENNIAL, CO 80112</u> | | H(a) Is this a group re | turn |
| | pendii | F Name and address of principal officer RANDY BLACH | | for subordinates | |
| | | 9110 E. NICHOLS AVE., CENTENNIAL, CO | 30112 | H(b) Are all subordinates in | cluded? Yes No |
| 1 1 | ax-ex | empt status 501(c)(3) X 501(c) (6) (Insert no) 4947(a)(1) o | or 527 | If "No," attach a | list (see instructions) |
| JV | Vebsi | te: ► WWW.CATTLE-FAX.COM | | H(c) Group exemption | |
| K F | orm of | organization: X Corporation | L Year | | State of legal domicile: CO |
| | art I | Summary | | • | |
| | 1 | Briefly describe the organization's mission or most significant activities COLLE | ECT/AN | ALYZE DATA | REGARDING |
| Activities & Governance | | THE CATTLE INDUSTRY | | | |
| r a | 2 | Check this box if the organization discontinued its operations or dispos | sed of more | e than 25% of its net as | sets |
| o Ve | í | Number of voting members of the governing body (Part VI, line 1a) | | 3 | 9 |
| Ğ | Ţ | Number of independent voting members of the governing body (Part VI, line 1b) | | 4 | 9 |
| 80 | 1 | Total number of individuals employed in calendar year 2013 (Part V, line 2a) | | 5 | 20 |
| /Ħį | l | Total number of volunteers (estimate if necessary) | | 6 | 0 |
| Ę | l | Total unrelated business revenue from Part VIII, column (C), line 12 | | 7a | 158,280. |
| 4 | l | Net unrelated business taxable income from Form 990-T, line 34 | | 7b | <28,114.> |
| | | | | Prior Year | Current Year |
| đ) | 8 | Contributions and grants (Part VIII, line 1h) | 1,522,360. | 1,694,299. | |
| Revenue | | Program service revenue (Part VIII, line 2g) | | 2,059,135. | 2,382,139. |
| eve | l | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 202,473. | 474,255. |
| ď | l | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | _ | 140,313. | 152,280. |
| | l | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 3,924,281. | 4,702,973. |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 140,684. |
| | l | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| Ś | l | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 2,107,341. | 2,749,421. |
| Expenses | I | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| ğ | I | Total fundraising expenses (Part IX, column (D), line 25) | 0. | | |
| û | | Other expenses-(Part IX, column (A)/lines 11a-11d, 11f-24e) | | 1,011,804. | 1,061,848. |
| | | Total expenses Add lines 1315 (must equal Part IX, column (A), line 25) | | 3,119,145. | 3,951,953. |
| | 19 | Revenue less expenses Subtract line 18 from line 12 | | 805,136. | 751,020. |
| ts or | | | Ве | ginning of Current Year | End of Year |
| Ssets | 20 | Total assets (Part X; Ine 16) | | 4,641,678. | 5,496,395. |
| nd Big | | Totalilabilities (Part-X, line 26) | | 1,000,083. | 1,249,518. |
| 碧 | 22 | Net assets or fund balances Subtract line 21 from line 20 | | 3,641,595. | 4,246,877. |
| Pa | rt II | Signature Block | | | |
| Unde | er pena | Ities of perjury, I declare that I have examined this return, including accompanying schedules | s and statem | ents, and to the best of my | knowledge and belief, it is |
| true, | correc | t, and complete. Declaration of preparer (other than officer) is based on all information of wh | ich preparei | has any knowledge. | |
| | | Kelell P. Bler | | 6/15/ | 15 |
| Sigr | า | Signature of officer | | Date | |
| Her | е | RANDY BLACH, CEO | | | |
| | | Type or print name and title | | | |
| | | Print/Type preparer's name Preparer's signature | 1 | Date Check | PTIN |
| Paid | | MICHAEL GRAEF | uel | 48/15 self-employe | P00038238 |
| Prep | arer | Firm's name CAUSEY DEMGEN & MOORE PC | | Firm's EIN | 84-1158905 |
| Use | Only | Firm's address 1125 17TH ST., STE 1450 | 7 | | |
| | | DENVER, CO 80202 | | Phone no. 3 0 | 3-296-2229 |
| May | the If | RS discuss this return with the preparer shown above? (see instructions) | | | X Yes No |
| | | | | | |

| | n 990 (2013) INC | 84-0583095 Page 2 |
|-----------|---|---------------------------|
| Pa | rt III Statement of Program Service Accomplishments | _ |
| | Check if Schedule O contains a response or note to any line in this Part III | |
| 1 | *Briefly describe the organization's mission | _ |
| | TO COLLECT AND ANALYZE DATA REGARDING THE CATTLE INDUSTRY | Υ |
| | | |
| | | |
| 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 m | |
| | Section 501(c)(3) and 501(c)(4) organizations 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 | (Code) (Expenses \$ including grants of \$) (Revenue | |
| | | LYZE DATA WITH |
| | RESPECT TO RAISING AND/OR FEEDING OF CATTLE IN ORDER TO BUSINESS INTERESTS AND ECONOMIC STABILITY OF THE CATTLE | |
| | CONDUCT EDUCATIONAL SEMINARS AND RESEARCH PROJECTS RELATI | |
| | CATTLE INDUSTRY. ATTENDANCE AT VARIOUS PROGRAMS IS ESTI | |
| | PEOPLE; DATA PUBLISHED IN VARIOUS REPORTS WERE SENT TO A | |
| | 4,500 PEOPLE. | INONIMATEDI |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4b | (Code) (Expenses \$) (Revenue | |
| | CONSULTING FEES: PROVIDE EXPERTISE AND ASSISTANCE TO SUBS | |
| | COLLECTING AND ANALYZING DATA IN CONNECTION WITH THE CAT | PLE INDUSTRY. |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4c | (Code) (Expenses \$) (Revenue : | 5) |
| | | <u></u> |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4d | Other program services (Describe in Schedule O.) | |
| | (Expenses \$ including grants of \$) (Revenue \$ |) |
| <u>4e</u> | Total program service expenses | |

Form 990 (2013) INC
Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----------|--|-----|----------|------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | | <u>X</u> |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | <u>X</u> |
| 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_ | | <u>X</u> |
| 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 | _ | | 37 |
| | similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III | 5 | | <u>X</u> |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | _ | | v |
| - | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | <u>X</u> |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | - | | х |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | 7 | | |
| 8 | 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 | 0 | | |
| 3 | 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, VII, VIII, IX, or X | | | |
| | as applicable | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | X | |
| 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 | 11b | Х | |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | <u>X</u> |
| 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 | | <u>X</u> |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | <u>X</u> |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 40 | v | |
| | Schedule D, Parts XI and XII | 12a | <u>X</u> | |
| a | 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 VI and VII is entired. | 12b | х | |
| 12 | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 13 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | 144 | | |
| | 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 | | X |
| 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 | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | 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_ | | _X_ |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | <u>X</u> _ |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

| | CATTLE MARKETING INFORMATION SERVICE, | | | |
|-----|--|---------------|-----|-------|
| | <u>1990 (2013)</u> INC 84-05 | <u>583095</u> | ' P | age 4 |
| Pa | rt IV Checklist of Required Schedules (continued) | | | |
| | | | Yes | No |
| 21 | 'Did the organization report more than \$5,000 of grants or other assistance to any domestic organization 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 | X | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K If "No", go to line 25a | 24a | | X |
| 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 | | } | ļ |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a | | | |
| | disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | |
| 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 | | | Ì |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, | | | |
| | complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or 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 | | X |
| 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) | | | |
| a | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | X |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer | , I ' | | ı |

- c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV
- 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M
- Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M
- 31 Did the organization liquidate, terminate, or dissolve and cease operations?

 If "Yes," complete Schedule N, Part I
- 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II
- 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
- 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1
- 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
 - 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
- **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
- 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
- 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 X Form **990** (2013)

28c

29

30

31

32

33

35a

35b

36

37

Х

Х

Х

Х

Х

| The Enter the number reported in Box 3 of Form 1098 Enter 0 if not applicable Enter the number of Forms W 2G included in line 1a Enter 0 if not applicable Enter the number of Forms W 2G included in line 1a Enter 0 if not applicable Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. Including a state of the complex of the property of the complex of th | Par | Check if Schedule O contains a response or note to any line in this Part V | | | | | |
|---|-----|---|---------|------------------------|----------|--------------|--------|
| 1s Enter the number reported in Box 3 of Form 1096 Enter -0 in not applicable Enter the number of Forms W250 milluded in line 15 Enter -0 in not applicable Obt the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) winnings to prize winners? 2. Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return If at least one is reported on line 42, did the organization field alrequired federal employment tax returns? Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business gross is someone of \$1,000 or more during the year? 3 If Yes, "has it filed a Form 990 T for this year? If "No.1 to line 350, provide an explanation in Schedule O 3 Did the organization have unrelated business gross is someone of \$1,000 or more during the year? 3 If Yes, "has it filed a Form 990 T for this year? If "No.1 to line 350, provide an explanation of Schedule O 3 Did the organization and party of the year? 3 Did the organization and party of the organization have an interest in, or a signature or other authority over, a financial account in a foreign country year. A did not seen that the organization and party of the organization have an interest in, or a signature or other authority over, a financial Accounts of filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts 5 Was the organization and party to a prohibited tax sheller transaction of the propagation of the organization have an entire that such contributions or gifts were not tax deductible and propagation in year that are mornelly greater than \$100,000, and did the organization solicit any contributions that twee not tax deductible and propagation in year and y | | | | | | Vac | No |
| be Enter the number of Forms W2Cs included in line 1a. Enter-0 of not applicable 10 0 0 0 0 0 0 0 0 | 1a | Enter the number reported in Box 3 of Form 1096. Enter -0, if not applicable | 12 | 5 | | 163 | 140 |
| Designation of the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners? 2 Einter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. 3 If all leads not see reported on the 2, did the organization file all required folderal employment tax returns? Note. If the sum of lines 1a and 2 as is greater than 250, you may be required to e-file (see instructions) 3 If Yes, Thas it filed a Form 9901 for this year? If Yes, To line 3b, provide an explanation in Schedule O 3 If Yes, Thas it filed a Form 9901 for this year? If Yes, This is a standard on Schedule O 4 If Yes, This is the during the calendary ask, did the organization have an explanation on Schedule O 5 If Yes, This is the search of the foreign country (such as a bank account, securities account, or other financial account)? 5 If Yes, This is the organization that organization have an interest in, or a signature or other authority over, a financial account in a foreign country for the organization in that I was or is a party to a prohibited tax shelter transaction? 5 If Yes, To line 5 ar of 5b, did the organization that I was or is a party to a prohibited tax shelter transaction? 5 If Yes, To line 5 ar of 5b, did the organization that I was or is a party to a prohibited tax shelter transaction? 5 If Yes, To line 5 ar of 5b, did the organization file form 88861? 5 If Yes, To line 5 ar of 5b, did the organization file form 88661? 6 If Yes, To line 5 ar of 5b, did the organization file form 88661? 6 If Yes, To line 6 ar of 5b, did the organization file form 88661? 6 If Yes, To line 6 are of 5b, did the organization file form 88661? 6 If Yes, To line organization for organization file form 88661? 6 If Yes, To line organization for organization file form 88661? 7 If Yes, This organization file organization file for the value of the good or servi | | • | | | | | |
| depending winning is to prize winners? 2 | | • • | | | | | |
| 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, ided for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 b. If Yes, 1 has it filed a Form 990-T for this year? If 1%0, 1 to line 3b, provide an explanation in Schedule O 3 b. If Yes, 1 has it filed a Form 990-T for this year? If 1%0, 1 to line 3b, provide an explanation in Schedule O 4 At any time during the calendary ear, 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, eccurities account, or other financial account)? 5 If Yes, 1 the name of the foreign country ▶ 5 Was the organization a party to a prohibitotion that was or is a party to a prohibitotion of the year? 5 Was the organization a party to a prohibitotion that was or is a party to a prohibitotion at was helter transaction at any time during the tax year? 5 If Yes, 1 to line 5 as of 5b, did the organization file Form 888817? 5 If Yes, 1 to line 5 as of 5b, did the organization file Form 888817? 5 If Yes, 2 to line 5 as of 5b, did the organization file Form 88881 as charitable contributions any contributions that were not tax deductible as charitable contributions and explanation file organization in the very solicitation an express statement that such contributions or gifts were not tax deductible? 6 If Yes, 2 did the organization in excess of 375 made party sat sonitivitions and party for goods and services provided? 7 Organization state any receive deductible on the party of the organization state and party for goods and services provided? 7 Did the organization sell-general excess of 375 made party sat sonitivitions and party for goods and services provided? 8 Did the organization sell-general provided fo | • | | | gg | 1c | \mathbf{x} | |
| field for the calendar year ending with or within the year covered by this return If all least some is reported on line 22, dot the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (See instructions) 3 Did the organization have unrelated business gross income of \$1,000 more during the year? 3 If Yea, 1 and if the a form 950 Tof this year? If "This, 1 for line 3b, provide an explanation if 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? (such as a bank account, securities account, or other financial account?) 4 If Yes, 1 enter the name of the foreign country [with as a bank account, securities account, or other financial account?) 5 If Yes, 1 and it is a summary 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?) 5 If Yes, 1 and it is a summary or a signature or other authority over, a financial Accounts 5 If Yes, 2 in the summary or a prohibited tax shellor transaction at any time during the tax year? 5 If Yes, 2 in the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductables a charitable contributions? 6 If Yes, 2 in the organization include with every solicitation an express statement that such contributions or gifts were not tax deductables a charitable contribution and partly for goods and services provided to the payor? 5 If Yes, 1 and the organization nortify the donor of the value of the goods or services provided? 6 If Yes, 1 indicate the number of Forms 8282 filed during the year 7 If Yes, 2 indicate the number of Forms 8282 filed during the year 9 If Yes, 1 indicate the number of Forms 8282 filed during the year 10 If the organization received a contribution of cars, boats, ai | 2a | | | | | | |
| In It least one is reported on line 2a, dit the organization file all required fideral employment tax returns? 2b X | | | 2a | 20 | | | |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 | b | If at least one is reported on line 2a, did the organization file all required federal employment tax retu | | | 2b | | Х |
| 3. Du the organization have unrelated business gross income of \$1,000 or more during the year? 4. All any time during the claimdar year, all 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?) 5. See instructions for filling requirements for Form TD F 90/22 1, Report of Foreign Bank and Financial Accounts 5. Was the organization in party to a prohibited for Foreign Bank and Financial Accounts 5. Was the organization of the organization fills form 8886 17? 6. If "Yes," to line 5a or 5b, did the organization fills Form 8886 17? 6. Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6. Justice 1 "Yes," and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7. Organizations that may receive deductible contributions under section 170(c). 8. If "Yes," did the organization notify the donor of the value of the godos or services provided? 9. If "Yes," did the organization notify the donor of the value of the godos or services provided? 9. If "Yes," did the organization notify the donor of the value of the godos or services provided? 9. If "Yes," did the organization receive a psyment in excess of \$75 made parily as a contribution and partly for goods and services provided to the payor? 9. If "Yes," did the organization receive a psyment excess of \$75 made parily as a contribution of provided? 9. If "Yes," did the organization in excess of \$75 made parily as a contribution of provided? 9. If "Yes," did the organization in excess of \$75 made parily as a contribution and partly for goods and services provided to the payor? 9. If "Yes," did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 | | | | | | | · |
| 4a Alary 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?) 5 en instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts 5 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5 Dea the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 If "Yes," to line 5a or 5b, did the organization filip Form 8886+T" or If Yes, "Indie the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 organizations that may receive deductible contributions under section 170(c). 8 Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 organizations that may receive deductible contributions under section 170(c). 8 Did the organization notify the donor of the value of the goods or services provided? 9 Did the organization notify the donor of the value of the goods or services provided? 10 If "Yes," indicate the number of Forms 8282 filed during the year 2 Did the organization during the year of year year year year year year. 9 Sponsoring organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 59(s)(s) supporting organizations. But the year year year year year year year yea | За | | • | ! | 3a | Х | |
| financial account in a foreign country (such as a bank account, securities account, or other financial account)? b if "Yes," either the name of the foreign country See enstructions for fining requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts See enstructions for fining requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts See on Studies party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a V See if "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible as charitable contributions? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization include with every solicitation and partly for goods and services provided to the payor? 7 Organization include with every solicitation and partly for goods and services provided to the payor? 8 Did the organization include the number of Forms 8282 filed during the year 10 If "Yes," indicate the number of Forms 8282 filed during the year 11 If "Yes," indicate the number of Forms 8282 filed during the year 12 If the organization received a contribution of qualified mellipations, or solicitions of the supporting organizations of the supporting organizations. Did the organization make any taxable distributions under | b | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule | 0 | į | 3b | Х | |
| 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? 5b Dd any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6c If "Yes," to him 6a or 65 b. dd the organization file Form 88867? 6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charable contributions? 6d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided? 9 Did the organization received is, exchange, or otherwise dispose of transplide personal property for which it was required to file Form 8282? 9 If "Yes," did the organization organization and the section 170(c). 10 Did the organization received a contribution of underly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 10 If the organization received a contribution of qualified intellectual property, did the organization file Form 1098-C? 11 Did the organization received a contribution of qualified intellectual property, did the organization file Form 1098-C? 12 Possible organization serious described fluids as described 100 progenization in file Form 1098-C? 13 Section 501(c)(12) organizations maintaining denor advised fluids. 14 Section 501(c)(12) organizations Enter 15 Section 501(c)(12) qualified nonportit health insurance issuers. 16 If Yes, "enter the am | 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other | autho | rity over, a | | | |
| See instructions for filing requirements for Form TD F9022 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization file Form 8868-T? 6a Does the organization annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a X X 5b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 organizations that may receive deductible contributions under section 170(c). 8 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 8 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9 b If we organization receive a payment in excess of \$75 made partly as a contribution on a partly to goods and services provided to the payor? 7 organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 b If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 10 b If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 11 payment of the organization make any taxable distributions under section 4966? 12 payment of the organization make any taxable distributions under section 4966? 13 payment of the organization make any taxable distributions under section 4966? 14 payment of the organization make any taxable distributions under section 4966? 15 payment of the organization make any taxable distributions under section 4966 | | financial account in a foreign country (such as a bank account, securities account, or other financial | accou | nt)? | 4a | | X |
| 5.6 May the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5.6 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5.6 May to the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6.6 May to the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7.0 Organizations that may receive deductible contributions under section 170(c). 8.1 If Yes,* did the organization notify the donor of the value of the goods or services provided? 9.2 Did the organization notify the donor of the value of the goods or services provided? 10.1 If Yes,* indicate the number of Forms 8282 field during the year 10.2 Did the organization organization on the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 10.3 If Yes,* indicate the number of Forms 8282 field during the year 10.4 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07 10.5 Seption 501(c)(7) organization smalltailing donor advised funds and section 509(a)(3) supporting organizations file a Form 1098-07 10.5 Section 501(c)(7) organizations maintaining donor advised funds. 10.5 Did the organization make any taxable distributions under section 49667 10.5 Section 501(c)(7) organizations. Enter 10.6 If Yes,* enter the amount of tax exempt interest received or accrued during the year 11.5 Section 4947(a)(1) non-exempt charitable trusts. Is the organization file of form 1041? 12.6 Foress receives, included on Form 990, Part VIII, line 12, for public use of club facilities 10.5 Gross receives from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12.5 Section 4947(a)(1) non-exempt charitable | b | If "Yes," enter the name of the foreign country | | | | | |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c ff "Yes," to line 5a or 5b, did the organization file Form 8886.T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b ff "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 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? 8 Did the organization notify the donor of the value of the goods or services provided? 9 Did the organization sell, exchange, or otherwise dispose of targible personal property for which it was required to file Form 8282? 1 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 10 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 10 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 11 Did the organization received a contribution of cars, boats, anplanes, or other vehicles, did the organization file a Form 1098-C? 12 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations file a Form 1098-C? 13 Sponsoring organization make a distribution or defined and section 509(a)(3) supporting organizations. Belt a programization make a distribution or advisor, or related person? 10 Did the organization make a distribution to a donor, donor advisor, or related person? 11 Dia Gross recome from members or shareholders | | See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial | Accou | nts | | | |
| to If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 5c 5c 5c 5c 5c 5c 5c | 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | X |
| Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? by 11"Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," did the organization neture and self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining done advised funds and section 509(8) supporting organizations. B file the supporting organization make any taxable distributions under section 4966? Sponsoring organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter initiation fees and capital contributions included on Part VIII, line 12 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) Section 501(c)(12) organizations. Enter Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) Section 501(c)(12) organizations. Enter Section 501(c)(12) qualified horganization increased to issue qualified health plan | b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction | action | > | 5b | | X |
| any contributions that were not tax deductible as charitable contributions? If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor? To by If 'Yes,' did the organization notify the donor of the value of the goods or services provided? C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 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? If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations Dd the supporting organization and swised fund maintained by a sponsoring organization. Dd the supporting organization and swised funds and section 509(a)(3) supporting organizations. Dd the supporting organization and swised funds and section 509(a)(3) supporting organizations. Dd the supporting organization and swised funds and section 509(a)(3) supporting organizations. Dd the supporting organization and swised funds and section 509(a)(3) supporting organizations. Dd the supporting organization and swised funds and section 509(a)(3) supporting organizations. Dd the supporting organization and swised funds and section 509(a)(3) supporting organizations. Dd the supporting organization on the section 509(a)(3) supporting organizations. Dd the supporting organization and section 509(a)(3) supporting organizations. Dd the organization make a distribution to a donor, donor advised funds. Did the organization make a distribution organization suppo | С | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | į | |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 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 | 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | he org | anızatıon solıcıt | | | |
| were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization are even a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? C Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of orars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required? The sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization or advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter a fination fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(7) organizations. Enter a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b Section 501(c)(7) organizations. Enter a Gross income from other sources (Do not net amounts due or paid to other sour | | any contributions that were not tax deductible as charitable contributions? | | | 6a | | Х |
| 7 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 services provided to the payor? 7 | b | If "Yes," did the organization include with every solicitation an express statement that such contribut | tions c | or gifts | | | |
| a 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 b if "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c 7d 7d Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f 7g 1f the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 7n 8ponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization by the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter a first section 501(c)(7) organizations. Enter a foross income from members or shareholders b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization is ensured to issue qualified health plans in more than one state? 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 sta | | | | | 6b | | |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7t Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7t If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8t Sponsoring organization make any taxable distribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8Sponsoring organization make indivised funds and section 59(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? 9 Sponsoring organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter a initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11a 12b 10c 11b 11c 12c 11c 12c 11c 12d 11d 12d 12 | | | | _ | | | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c d 7c 7d 7d 7d 7d 7d 7d | | | rvices | provided to the payor? | 7a | | |
| to file Form 8282? 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? To Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of orars, boats, amplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations but the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 28 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization incensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 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 Enter the amount of reserves on | | | | _ | 7b | | |
| d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 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 as required? h if the organization received a contribution of cars, boats, amplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter a initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Gross income from members or shareholders 11 Gross income from members or shareholders 12 Section 501(c)(12) organizations. Enter a Gross income from them organizations. Enter a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12 Section 501(c)(129) qualified nonprofit health insurance issuers. 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 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 c Enter the amount of reserves on hand 14 Did the organization is fored these payments? If "No," provide an explanation in Sch | С | | as rec | uired | _ | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ff the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h if the organization received a contribution of cars, boats, amplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9 Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross income from members or shareholders 10 Section 501(c)(12) organizations. Enter a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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 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 c Enter the amount of reserves on hand 14a Did the organization is required to maintain provide an explanation in Sch | | | l | 1 | 7c | | |
| 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 as required? h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make any taxable distributions under section 4966? b Did the organization make any taxable distributions under section 4966? b Did the organization make any taxable distributions under section 4966? b Did the organization make any taxable distributions under section 4966? 9a | | | | n+2 | | | |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 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 against amounts due or received from them) 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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 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 c Enter the amount of reserves on hand 14 Did the organization receive any payments for indoor tanning services during the tax year? 14 X 15 If "Yes," has it filed a Form 720 to report these payments? If *No," provide an explanation in Schedule | _ | | | 317 | | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? b Did the organization make any taxable distributions under section 4966? b Did the organization make any taxable distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 11a 12a 13a 14a 14a X 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | | | 300 as required? | _ | | |
| 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? a Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 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 against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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 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 c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | - | | | • | | | |
| organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 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 against amounts due or received from them) 11 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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 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 c Enter the amount of reserves on hand 13c 13d 13d 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | • | | | , | | |
| 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 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 against amounts due or received from them) 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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 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 c Enter the amount of reserves on hand 13 Light 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 | | | | | B | | |
| a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 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 against amounts due or received from them) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 11 Section 501(c)(29) qualified nonprofit health insurance issuers. 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 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 c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 13c Ital 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 | 9 | | any in | no daring the year | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 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 against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b 16 "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | | | | 9a | | |
| 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 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 against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 14b 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | b | Did the organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 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 against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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 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 c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 10 | Section 501(c)(7) organizations. Enter | | | | | |
| 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 against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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 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 c Enter the amount of reserves on hand 13c 14a | а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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 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 c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b | b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Note. See the instructions for additional information the organization must report on Schedule O 13b 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 C Enter the amount of reserves on hand 13c C Enter the amount of reserves any payments for indoor tanning services during the tax year? 14a X 15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 11 | Section 501(c)(12) organizations. Enter | | | | | |
| amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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 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 c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | а | Gross income from members or shareholders | 11a | | | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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 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 c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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 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 c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b | | • | | | | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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 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 c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b | | | 1 | ? | 12a | | |
| 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 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? Italiaa Italiaaa Italiaaa Italiaaa Italiaaa Italiaaa Italiaaa Italiaaa Italiaaa Italiaaaa Italiaaaa Italiaaaa Italiaaaa Italiaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa | b | · · · · · · · · · · · · · · · · · · · | 12b | | | | |
| 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 c Enter the amount of reserves on hand 13c 14a | 13 | | | | | | |
| 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 c Enter the amount of reserves on hand 13c 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 14b | а | · | | | 13a | | |
| organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 13b 13c 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 14b | | · | | | | | |
| c Enter the amount of reserves on hand 13c 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 14b | b | | .م. ا | I | | | |
| 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 14b | _ | | | | | | |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | | LI3C | <u> </u> | 10- | | y |
| | | | le O | | | | |
| | J | 100, 100 it files a 1 office 120 to report these payments: II 110, provide an explanation in Schedul | | | | 990 | (2013) |

CATTLE MARKETING INFORMATION SERVICE, Form 990 (2013) 84-0583095 ' Page 6 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 or note to any line in this Part VI Section 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 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. 9 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Х X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a 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? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a X Х b Each committee with authority to act on behalf of the governing body? d8 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Х 10a Did the organization have local chapters, branches, or affiliates? 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? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a 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 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c 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 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X 15a X b Other officers or key employees of the organization 15b 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 arrangement with a taxable entity during the year? Х 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial

statements available to the public during the tax year

SAM BAILEY - (303) 694-0323 9110 E NICHOLS AVE, CENTENNIAL,

80112

State the name, physical address, and telephone number of the person who possesses the books and records of the organization

CO

| | V | |
|----------------|-----|------|
| orm 990 (2013) | INC | |

84-0583095 ' Page 7

| Part VII | Compensation of | Officers, Directors, | , Trustees, k | Key Employees, | Highest (| Compensated |
|----------|-----------------|----------------------|---------------|----------------|-----------|-------------|
| | | ndependent Contra | | | | |

Check if Schedule O contains a response or note to any line 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

| (A) Name and Title | (B) Average hours per week | box | not c , unle | (C Posi heck r ss per id a di | ntion more | than is bot | h an | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
|--------------------------------------|--|--------------------------------|-----------------------|---|---------------|------------------------------|----------|---|--|--|
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) JERRY & KATHY KUENNING | 1.00 | | | | | | | | | |
| PRESIDENT | 1 00 | X | <u> </u> | | | | | 0. | 0. | 0 |
| (2) JEFF & WENDY SPARROWK | 1.00 | 4 | | | | | | _ | | |
| PRESIDENT ELECT | 4 | X | | | | | <u> </u> | 0. | 0. | 0 |
| (3) KEVIN & SUZANNE HUGHES | 1.00 | ļ | | | | | | | _ | |
| IMMEDIATE PAST PRESIDENT | 1 00 | X | <u> </u> | | | | | 0. | 0. | 0 |
| (4) TOM JENSEN | 1.00 | ٦, | | | | | | | 0 | • |
| FINANCE DIRECTOR | 1 00 | X | | | | | | 0. | 0. | 0 |
| (5) KENT BAMFORD | 1.00 | X | | | | | | _ | 0 | 0 |
| INTERMOUNTAIN DIRECTOR | 1.00 | ^ | | - | | | _ | 0. | 0. | . 0 |
| (6) TODD ALLEN CENTRAL DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0 |
| (7) JAMIE & LARISA WILLRETT | 1.00 | _ | - | | | | | 0. | U • | |
| MIDWEST DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0 |
| (8) DALE SMITH | 1.00 | - | | | _ | | | <u> </u> | | |
| SOUTHWEST DIRECTOR | = | x | | | | | | 0. | 0. | 0 |
| (9) DON QUINCEY | 1.00 | | | | | | | | | <u>.</u> |
| SOUTHEAST DIRECTOR | | X | | | i | | | 0. | 0. | 0 |
| (10) DOUG MAYES | 1.00 | | | | | | | | | |
| FINANCIAL ADVISOR | | X | | | | | | 0. | 0. | 0 |
| (11) RANDY BLACH | 40.00 | | | | | | | | | |
| CHIEF EXECUTIVE OFFICER | | | | X | | | | 331,250. | 0. | 0 |
| (12) MICHAEL MURPHY | 40.00 | | | | | | | - | | |
| MARKET ANALYST/RISK MANAGEMENT SPECI | | | | | | X | | 227,396. | 0. | 0 |
| (13) DUANE LENZ | 40.00 | | | | | | | | | |
| GENERAL MANAGER | | L | | | | X | | 197,318. | 0. | 0 |
| (14) ALAN SMITH | 40.00 | | | | | | | 400 000 | _ | |
| DIRECTOR OF PROTEIN RESEARCH/RISK MA | 40.00 | | | | | X | | 190,000. | 0. | 0 |
| (15) KEVIN GOOD | 40.00 | | | | | , | | 120 664 | _ | _ |
| SENIOR ANALYST | 40.00 | _ | <u> </u> | | | Х | | 138,664. | 0. | 0 |
| (16) CHAD SPEARMAN | 40.00 | 1 | | | | | | 120 200 | _ | ^ |
| ANALYST | | \vdash | \vdash | \dashv | - | X | | 130,308. | 0. | 0 |
| | | ł | | | ł | | | | | |

| INC |
|-----|
|-----|

84-0583095 ' Page 8

| Par | t VII Section A. Officers, Directors, True | stees, Key Em | ploy | ees | | | ghe | st C | compensated Employe | es (continued) | , | | _ | |
|---------------|--|--|--------------------------------|-----------------------|----------|--------------|--|--------------|--|---|---------------|-------------------------|-------------------------------------|----------------|
| | (A) Name and title | (B) Average hours per | (do not check more than one | | | | than is bot | h an | (D) Reportable compensation | (E) Reportable compensation | | an | (F) stimate nount | |
| | | week (list any hours for related organizations below line) | | Institutional trustee | Officer | Key employee | Highest compensated employee | | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC |) | com fr org and | other pensarom the anizated related | e ion ed |
| | | | Individual trustee or director | _ | | <u>~</u> | - 8 | | | | | | | <u> </u> |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | • | |
| | | | | | | | | | | | | | | |
| | | | | | | <u> </u> | | | | | | | | |
| c | Sub-total Total from continuation sheets to Part V | II, Section A | | | | | | ▶ | 1,214,936. | |).). | | | 0. |
| <u>d</u> 2 | Total (add lines 1b and 1c) Total number of individuals (including but in | not limited to th | ose | liste | ed al | bove | e) wt | no re | 1,214,936. eceived more than \$100 | | 0. | | | 0. |
| | compensation from the organization | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s | such individual | | | | | | | | | | 3 | | х |
| 4 | For any individual listed on line 1a, is the s and related organizations greater than \$15 | 0,000? If "Yes, | " co | mple | ete S | Sche | edule | e <i>J f</i> | for such individual | - | | 4 | _x_ | |
| 5 — | Did any person listed on line 1a receive or rendered to the organization? If "Yes," con | | | | | - | | elat | ed organization or indivi | dual for services | | 5 | | x |
| Sec 1 | tion B. Independent Contractors Complete this table for your five highest co | • | | | | | | | | · | ensa | ation f | rom | |
| | the organization Report compensation for (A) | | | | | vith · | or w | <u>ithir</u> | (B) | | | (C | | _ |
| | Name and business | address | NO | ONE | <u> </u> | _ | | | Description of s | ervices | | ompe | nsatio | n ——— |
| | | | | | | | | \neg | | | | | | |
| | | | | | | | | \dashv | | | | | | |
| | | | | | | | | | | | _ | | | - |
| | | | | | | | | \dashv | | | | | | |
| 2 | Total number of independent contractors (| | ot lii | mite | d to | | _ | sted | above) who received m | nore than | | | | |
| | \$100,000 of compensation from the organ | ization | - | | | (| <u>) </u> | _ | | i | | Form ! | 990 (| 2013 |

Form 990 (2013) INC
Part VIII Statement of Revenue

84-0583095 ' Page 9

| | | Check if Schedule O cont | | or note to any line | e in this Part VIII | | | |
|--|------|----------------------------------|------------------|---------------------|---------------------|--|---|--|
| | • | Oneck ii Ocheddie O com | ans a response | or note to any min | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| ts s | 1 a | Federated campaigns | 1a | | | | | |
| ira our | b | Membership dues | 1b | 1,694,299. | | | | |
| E, C | С | Fundraising events | 1c | | | | | |
| # E | d | | 1d | | | | | |
| S,E | е | Government grants (contribut | | | | | | |
| ë | f | | | | | | | |
| 돌 | | similar amounts not included abo | | | | | | |
| ĞĞ | g | | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | _ | Total. Add lines 1a-1f | | • | 1,694,299. | | | |
| | | | | Business Code | | | | |
| g | 2 a | MARKET RESEARCH/ANALYS | IS | 541910 | 1,995,942. | 1,995,942. | | |
| 5 . | b | | | 541910 | 215,092. | | | 215,092. |
| Sel | С | | | 541910 | 165,105. | 165,105. | | ~~, |
| e a | d | | FEES | 541610 | 6,000. | | 6,000. | |
| Program Service Revenue | е | | | | | | | |
| <u>r</u> | f | All other program service reve | enue | | | | | |
| | q | _Total. Add lines 2a-2f | | • | 2,382,139, | | | |
| \neg | 3 | Investment income (including | dividends, inter | est, and | | | | |
| | | other similar amounts) | · | • | 185 182. | | | 185,182. |
| | 4 | Income from investment of ta | x-exempt bond | proceeds | | | | |
| 1 | 5 | Royalties | · | ▶ [| | | | |
| | | · | (ı) Real | (II) Personal | | | | |
| l | 6 a | Gross rents | | | | | | |
| | b | Less rental expenses | | | | | | |
| ļ | С | Rental income or (loss) | | | | | | |
| Ī | d | Net rental income or (loss) | | • | | | | |
| | 7 a | Gross amount from sales of | (ı) Securities | (II) Other | | | | |
| | | assets other than inventory | 2,077,369 | | | | | |
| ŀ | b | Less cost or other basis | | | | | | |
| į | | and sales expenses | 1,788,296 | . | | | | |
| ļ | С | Gain or (loss) | 289,073 | | | [| | |
| | d | Net gain or (loss) | | | 289,073. | 289,073. | | |
| Ð | 8 a | Gross income from fundraisin | g events (not | | | | | |
| nue | | ıncludıng \$ | of | | | | | |
| eve | | contributions reported on line | 1c) See | 1 | | | | |
| Other Revenu | | Part IV, line 18 | ā | | | | | |
| Ę | b | Less. direct expenses | t | · | | | | |
| Ŭ | С | Net income or (loss) from fund | draising events | • | | | | |
| | 9 a | Gross income from gaming ac | ctivities See | | | | | |
| | | Part IV, line 19 | a | · | | | | |
| | | Less direct expenses | t | ·i | | | | |
| | С | Net income or (loss) from gam | ning activities | <u> </u> | | | | |
| | 10 a | Gross sales of inventory, less | returns | | | | | |
| | | and allowances | a | | | | | |
| | b | Less: cost of goods sold | t | · | | | | |
| | С | Net income or (loss) from sale | s of inventory | <u> </u> | | | | · |
| | | Miscellaneous Revenu | e | Business Code | | | | |
| : | 11 a | ADVERTISING REVENUE | | 541800 | 150,780. | | 150,780. | |
| | b | DATA PROCESSING - COMP | SERVICES | 541511 | 1,500. | | 1,500. | |
| | С | | | | | | | |
| | d | All other revenue | | | | | | - |
| | е | Total. Add lines 11a-11d | | ▶ | 152,280. | | | |
| 33200 | 12 | Total revenue. See instructions. | | <u> </u> | 4,702,973. | 2 450 120 | 158 280. | 400 274. |
| 10-29- | 13 | | | | | | | Form 990 (2013) |

84-0583095 'Page 10

Form 990 (2013) INC
Part IX Statement of Functional Expenses

| Secti | Section 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 respor | nse or note to any line in (A) | this Part IX | (C) | (D) | | | | | | |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | (D) Fundraising expenses | | | | | | |
| 1 | Grants and other assistance to governments and | | | | | | | | | | |
| | organizations in the United States. See Part IV, line 21 | 140,684. | | | | | | | | | |
| 2 | Grants and other assistance to individuals in | | | | | | | | | | |
| | the United States See Part IV, line 22 | | mare. | | | | | | | | |
| 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, | 1 014 004 | | | | | | | | | |
| | trustees, and key employees | 1,214,934. | | | | | | | | | |
| 6 | Compensation not included above, to disqualified | | | | | | | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | | | | | | | |
| _ | persons described in section 4958(c)(3)(B) | 1 051 045 | | | | | | | | | |
| 7 | Other salaries and wages | 1,051,247. | | | | | | | | | |
| 8 | Pension plan accruals and contributions (include | 150 000 | | | | | | | | | |
| _ | section 401(k) and 403(b) employer contributions) | 158,009. | | | | | | | | | |
| 9 | Other employee benefits | 212,115. 113,116. | | | | | | | | | |
| 10 | Payroll taxes | 113,110. | | | | | | | | | |
| 11 | Fees for services (non-employees) | | | | | | | | | | |
| a | Management | 155. | | | | | | | | | |
| b | Legal Accounting | 90,745. | | | | | | | | | |
| c C | Lobbying | 30,743. | <u>'</u> | | | | | | | | |
| ď | Professional fundraising services. See Part IV, line 17 | | | | | | | | | | |
| f | Investment management fees | | | | | | | | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, | | | | | | | | | | |
| 9 | column (A) amount, list line 11g expenses on Sch 0.) | | | | • | | | | | | |
| 12 | Advertising and promotion | 162,873. | | | | | | | | | |
| 13 | Office expenses | | | | | | | | | | |
| 14 | Information technology | 12,284. | | | | | | | | | |
| 15 | Royalties | | : | | ,, . <u></u> | | | | | | |
| 16 | Occupancy | 120,347. | | | | | | | | | |
| 17 | Travel | 34,892. | | | | | | | | | |
| 18 | Payments of travel or entertainment expenses | | | | · - | | | | | | |
| | for any federal, state, or local public officials | | | | | | | | | | |
| 19 | Conferences, conventions, and meetings | | | | - | | | | | | |
| 20 | Interest | | | | | | | | | | |
| 21 | Payments to affiliates | | | | | | | | | | |
| 22 | Depreciation, depletion, and amortization | 85,465. | | | | | | | | | |
| 23 | Insurance | 34,440. | | | | | | | | | |
| 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 | 169,463. | | | | | | | | | |
| | MEETINGS | 109,472. | | | | | | | | | |
| С | CONTRACTING/CONSULTING | 100,674. | | | | | | | | | |
| d | FEES | 44,206. | | | | | | | | | |
| е | All other expenses | 96,832. | | | | | | | | | |
| 25_ | Total functional expenses. Add lines 1 through 24e | 3,951,953. | | | | | | | | | |
| 26 | Joint costs. Complete this line only if the organization | | | | | | | | | | |
| | reported in column (B) joint costs from a combined | | | | | | | | | | |
| | educational campaign and fundraising solicitation. | İ | | | | | | | | | |
| | Check here If following SOP 98-2 (ASC 958-720) | | | | | | | | | | |

Form 990 (2013)
Part X | Balance Sheet

INC

84-0583095 'Page 11

| Pa | rt X | Balance Sheet | | | |
|-----------------------------|------|---|--------------------------|----------|----------------------------|
| | | Check if Schedule O contains a response or note to any line in this Part X | | | |
| | • | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 791,720. | 1 | 712,048. |
| | 2 | Savings and temporary cash investments | • | 2 | |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | 153,005. | 4 | 295,606. |
| | 5 | Loans and other receivables from current and former officers, directors, | | | |
| | | trustees, key employees, and highest compensated employees. Complete | | | |
| | | Part II of Schedule L | | 5 | |
| | 6 | 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 | | | |
| ts | | employees' beneficiary organizations (see instr) Complete Part II of Sch L | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | 7 | |
| ä | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | 50,919. | 9 | 67,797. |
| | 10a | Land, buildings, and equipment cost or other | | | |
| | | basis Complete Part VI of Schedule D 10a 660,906. | | | |
| | b | Less accumulated depreciation 10b 536,882. | 92,597. | 10c | 124,024. 223,112. |
| | 11 | Investments - publicly traded securities | 108,052. | 11 | 223,112. |
| | 12 | Investments · other securities See Part IV, line 11 | 3,427,724. | 12 | 4,056,853. |
| | 13 | Investments · program-related See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets See Part IV, line 11 | 17,661. | 15 | 16,955. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 4,641,678. | 16 | 5,496,395. |
| | 17 | Accounts payable and accrued expenses | 509,692. | 17 | 805,678. |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | 490,391. | 19 | 443,840. |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| ies | 22 | Loans and other payables to current and former officers, directors, trustees, | | | |
| Liabilities | | key employees, highest compensated employees, and disqualified persons. | | | |
| Lial | | Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | - |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | | 05 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 1,000,083. | 25 26 | 1,249,518. |
| _ | 20 | Organizations that follow SFAS 117 (ASC 958), check here ▶ X and | 1,000,000. | 20 | 1,240,010. |
| s | | complete lines 27 through 29, and lines 33 and 34. | | | |
| S. | 27 | Unrestricted net assets | 3,641,595. | 27 | 4,246,877. |
| alar | 28 | Temporarily restricted net assets | 3/011/0550 | 28 | 1,210,0,,, |
| ã | 29 | Permanently restricted net assets | | 29 | |
| Š | | Organizations that do not follow SFAS 117 (ASC 958), check here | | | |
| P. | | and complete lines 30 through 34. | | | |
| ţ | 30 | Capital stock or trust principal, or current funds | | 30 | |
| SSe | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| Net Assets or Fund Balances | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| ž | 33 | Total net assets or fund balances | 3,641,595. | 33 | 4,246,877. |
| | 34 | Total liabilities and net assets/fund balances | 4,641,678. | 34 | 5,496,395. |
| | | | | | Form 990 (2013) |

Form **990** (2013)

| | 1990 (2013) INC | 84-0 | <u>583095</u> | Pa | ge 12 |
|----|---|------------|---------------|-----|--------------|
| Pa | rt XI Reconciliation of Net Assets | _ | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | X |
| | • | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 4,70 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 3,95 | | |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | | 20. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 3,64 | 1,5 | <u>95.</u> |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 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 | <14 | 5,7 | 38.> |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, | | | | |
| | column (B)) | 10 | 4,24 | 6,8 | <u>77.</u> |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | X |
| | | | | 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 | 0 | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | l on a | | | |
| | separate basis, consolidated basis, or both | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | e basıs, | | | |
| | consolidated basis, or both. | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audıt, | | İ | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | ļ | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sch | edule O. | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil | ngle Audıt | | | |
| | Act and OMB Circular A-133? | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | red audit | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | | <u> </u> |

332012 10-29-13 Form **990** (2013)

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.

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CATTLE MARKETING INFORMATION SERVICE,

Employer identification number

| | | INC | | | | | | <u>84-058309</u> |) 5 |
|-----|------------|---|---------------------|--------|---|--------------|---------------|------------------------------|----------------|
| Par | tl (| Organizations Maintaining Donor Advise | d Funds or | Ot | her Similar Fun | ds or A | ccou | Ints. Complete if the | |
| | | rganization answered "Yes" to Form 990, Part IV, line | 6 | | | | | | |
| | | | (a) Do | nor a | advised funds | (| b) Fun | ids and other account | ts |
| 1 | Total nu | mber at end of year | | | | | | | |
| 2 | Aggrega | ite contributions to (during year) | | | • | | | | |
| 3 | Aggrega | ite grants from (during year) | | | | | | | |
| 4 | | ite value at end of year | | | | T | | - | |
| 5 | | organization inform all donors and donor advisors in v | writing that the | ass | ets held in donor ad | vised fun | ds | | |
| | | organization's property, subject to the organization's | _ | | | | | Yes | □ No |
| | | organization inform all grantees, donors, and donor a | _ | | | be used o | nlv | | |
| | | table purposes and not for the benefit of the donor o | | _ | - | | • | | |
| | | ssible private benefit? | | | , | | | Yes [| □ No |
| Par | | Conservation Easements. Complete if the org | anization ansv | were | d "Yes" to Form 990 | , Part IV, | line 7 | | |
| 1 | | (s) of conservation easements held by the organization | | | | · | | | |
| | | eservation of land for public use (e.g., recreation or e | | | Preservation of an | historicall | v impo | ortant land area | |
| | | otection of natural habitat | , | | Preservation of a c | | | | |
| | | eservation of open space | | | | | | | |
| 2 | | te lines 2a through 2d if the organization held a qualif | ied conservati | on c | ontribution in the for | m of a co | nserva | ation easement on the | a last |
| | | ne tax year | | | | .,, 0, 0 00 | 11001 11 | acion caccinoni on the | laot |
| | , | | | | | | | Held at the End of the | Tax Year |
| а | Total nu | mber of conservation easements | | | | | 2a | | |
| b | | reage restricted by conservation easements | | | | | 2b | | |
| | | of conservation easements on a certified historic str | ucture include | d ın (| (a) | | 2c | | |
| | | of conservation easements included in (c) acquired a | | | . , | cture | | | |
| _ | | the National Register | | | | 010.0 | 2d | | |
| 3 | | of conservation easements modified, transferred, rel | eased, extingi | ushe | ed, or terminated by t | the organ | | during the tax | |
| | year 🕨 | , | - , - | | , | | | | |
| 4 | • | of states where property subject to conservation eas | sement is loca | ted | • | | | | |
| | | e organization have a written policy regarding the per | | | | of | | | |
| | | s, and enforcement of the conservation easements it | | . 5, | opening, name | | | Yes [| □ No |
| | | d volunteer hours devoted to monitoring, inspecting, | | cons | servation easements | durina th | ne vea | _ | |
| | | of expenses incurred in monitoring, inspecting, and e | • | | | ~ | • | | |
| | | ch conservation easement reported on line 2(d) abov | _ | | | | | | |
| | | tion 170(h)(4)(B)(ii)? | , , | • | | (-)(-)(- | ,,, | Yes | No |
| 9 | In Part X | (III, describe how the organization reports conservation | on easements | ın ıts | s revenue and expen | se staten | nent. a | and balance sheet, an | _ |
| | | if applicable, the text of the footnote to the organizat | | | | | | | |
| | | ation easements | | | | | | • | |
| Par | t III 🖯 🤇 | Organizations Maintaining Collections of | Art, Histo | rica | l Treasures, or | Other S | Simila | ar Assets. | |
| | | complete if the organization answered "Yes" to Form | 990, Part IV, II | ne 8 | | | | | |
| 1a | If the org | ganization elected, as permitted under SFAS 116 (AS | C 958), not to | repo | ort in its revenue stat | tement ar | id bala | ance sheet works of a | rt, |
| | | Il treasures, or other similar assets held for public exh | | | | | | | |
| | the text | of the footnote to its financial statements that descri | oes these item | ıs. | | | | | |
| b | If the org | ganization elected, as permitted under SFAS 116 (AS | C 958), to rep | ort ir | n its revenue stateme | ent and b | alance | sheet works of art, h | istorical |
| | | s, or other similar assets held for public exhibition, ed | | | | | | | |
| | | to these items. | • | | · | | • | J | |
| | (i) Rev | enues included in Form 990, Part VIII, line 1 | | | | | ▶ : | \$ | |
| | | ets included in Form 990, Part X | | | | | > 9 | \$ | |
| | | ganization received or held works of art, historical trea | asures, or othe | er sın | nılar assets for financ | cial gain. i | provid | e | |
| | | wing amounts required to be reported under SFAS 1 | | | | 3 | | | |
| | _ | es included in Form 990, Part VIII, line 1 | , - <i></i> | | 3 | | > 9 | \$ | |
| | | ncluded in Form 990, Part X | | | | | > 9 | \$ | |

| | dule D (Form 990) 2013 INC | | | | | | | | <u>83095</u> | | <u>e 2</u> |
|--------------|--|-----------------------|---------------|------------------------|----------------|-------------|--------------|---------------|--------------------|---------|------------|
| Pa | rt III . Organizations Maintaining C | collections of A | rt, His | torical Tr | easures, o | or Othe | er Simil | ar Asse | ts (continu | ed) | |
| 3 | Using the organization's acquisition, accessi | on, and other record | ds, chec | k any of the | following that | nt are a s | ignificant | use of its | collection | items | |
| | '(check all that apply) | | | | | | | | | | |
| а | Public exhibition | (| ı 🗀 | Loan or exc | hange progra | ams | | | | | |
| b | Scholarly research | • | • 🗀 | Other | | | | | | | |
| С | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and expla | in how th | ney further t | he organızatı | on's exe | mpt purp | ose in Par | t XIII | | |
| 5 | During the year, did the organization solicit of | r receive donations | of art, h | storical trea | sures, or oth | er sımıla | r assets | | | | |
| | to be sold to raise funds rather than to be ma | | | | | | | | Yes | | Vo_ |
| Pa | rt IV Escrow and Custodial Arran reported an amount on Form 990, Pa | | ete if the | organizatio | n answered | "Yes" to | Form 990 |), Part IV, I | ine 9, or | | |
| 12 | Is the organization an agent, trustee, custod | | diany for | contribution | ns or other as | sets not | ıncluded | | | | — |
| | on Form 990, Part X? | ian or other interme | dialy loi | CONTINUENCE | is or other ac | 3013 1101 | · included | [| Yes | | No |
| h | If "Yes," explain the arrangement in Part XIII | and complete the fo | ollowing : | tahla | | | | L | _ 163 | ш, | 10 |
| ~ | Too, explain the arrangement in that Am | and complete the it | Jii O Willing | labic | | | | <u> </u> | Amount | | |
| С | Beginning balance | | | | | | 1c | | ranodite | | |
| d | Additions during the year | | | | | | 1d | | | | _ |
| e | Distributions during the year | | | | | | 1e | | | | _ |
| f | Ending balance | | | | | | 1f | | | | _ |
| 2a | Did the organization include an amount on F | orm 990. Part X. line | 217 | | | | | , | Yes | | No. |
| b | If "Yes," explain the arrangement in Part XIII | | | on has been | provided in l | Part XIII | | | | | |
| | rt V Endowment Funds. Complete | | | | | | 10 | | | | |
| | | (a) Current year | | rior year | (c) Two year | | | years back | (e) Four y | ears ba | ck |
| 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 | ce (line 1 | g, column (a | a)) held as | | | | | | |
| а | Board designated or quasi-endowment | | % | | | | | | | | |
| b | Permanent endowment > | % | | | | | | | | | |
| С | Temporarily restricted endowment ▶ | % | | | | | | | | | |
| | The percentages in lines 2a, 2b, and 2c shou | ıld equal 100% | | | | | | | | | |
| За | 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 | zation | _ | | |
| | by | | | | | | | | <u>Y</u> | es N | lo_ |
| | (i) unrelated organizations | | | | | | | | 3a(ı) | _ | |
| | (ii) related organizations | | | | | | | | 3а(п) | | _ |
| þ | If "Yes" to 3a(II), are the related organizations | · | | | | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | owment : | funds | | | | | | | _ |
| Pai | t VI Land, Buildings, and Equipm | | | | | | | | | | |
| | Complete if the organization answere | | | | | | | | | | — |
| | Description of property | (a) Cost or o | | ٠,, | or other | | ccumulate | - 1 | (d) Book | value | |
| | · · · · · · · · · · · · · · · · · · · | basis (investi | ment) | Dasis | (other) | aeı | preciation | <u> </u> | | | |
| | Land | | | | | | | | | | |
| b | Buildings | | | | | | | | | | |
| C | Leasehold improvements | | | | 0.000 | | F 2 C C | 0.2 | 104 | 00 | |
| d | | | | 56 | 0,906. | | <u>536,8</u> | ٥٤٠ | 124 | ,024 | <u>+ •</u> |
| | Other Cold (Cold (| 15 222 5 | | (5) (| | - | | _ | 104 | 00 | _ |
| <u>i ota</u> | l. Add lines 1a through 1e (Column (d) must e | quai rorm 990, Part | X, colur | <u>nn (ʁ), lin</u> e 1 | IU(C).) | | | | 124 | ,024 | ± . |

Schedule D (Form 990) 2013

| Complete if the organization answered "Yes" | to Form 990 Part IV | line 11h See Form 990 | Part X line 12 | |
|--|-----------------------|--------------------------|---------------------------------------|------------------------|
| (a) Description of security or category (including name of security) | (b) Book value | | | d-of-year market value |
| (1) Financial derivatives | | ., | | |
| (2) Closely-held equity interests | | | | |
| (3) Other | | | | |
| (A) INVESTMENT IN SUBSIDIARY | 70 | 0. COST | | |
| (B) INVESTMENT IN OBSONO | 27,91 | 4. COST | | |
| (C) INVESTMENT IN SECURITIES | 4,028,23 | 9. COST | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | **** | |
| Total (Col. (b) must equal Form 990, Part X, col (B) line 12.) | 4,056,85 | 3. | | |
| Part VIII Investments - Program Related. | | | | |
| Complete if the organization answered "Yes" | | | | |
| (a) Description of investment | (b) Book value | (c) Method of v | valuation Cost or end | d-of-year market value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | ļ | | | |
| (9) | | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. | | | | |
| | to Form 000 Bort IV | line 11d Can Form 000 | Dort V. line 15 | |
| Complete if the organization answered "Yes" | Description | iline 110 See Form 990, | Part A, line 15 | (b) Book value |
| | Bosonption | | · · · · · · · · · · · · · · · · · · · | (b) Book value |
| | | | · | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | -111 15 | |
| (9) | | | | · <u>-</u> |
| Total. (Column (b) must equal Form 990, Part X, col (B) lim | ne 15) | | • | |
| Part X Other Liabilities. | , | | - | |
| Complete if the organization answered "Yes" | to Form 990, Part IV, | line 11e or 11f See Forn | n 990, Part X, line 25 | |
| 1. (a) Description of liability | | (b) Book value | | |
| (1) Federal income taxes | | |] | |
| (2) | | |] | |
| (3) | | |] | |
| (4) | | |] | |
| (5) | | |] | |
| (6) | | |] | |
| (7) | | | | |
| (8) | | |] | |
| (9) | | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) lin | ne 25) | | | |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. Schedule D (Form 990) 2013

| | | NC | | 84- | 0583095' Page 4 |
|------------------|-----------------------------------|---|-----------------------------|----------------|--|
| Pai | t XI Reconciliation of F | Revenue per Audited Financial S | statements With Revenue per | Return | n. |
| | Complete if the organiza | tion answered "Yes" to Form 990, Part IV, | line 12a | | |
| 1 | Total revenue, gains, and other | support per audited financial statements | | 1 | 4,616,651. |
| 2 | Amounts included on line 1 but | not on Form 990, Part VIII, line 12 | | | |
| а | Net unrealized gains on investm | ents | 2a <112,05 | 2.> | |
| b | Donated services and use of fac | cilities | 2b | | |
| С | Recoveries of prior year grants | | 2c | \neg | |
| d | Other (Describe in Part XIII) | | 2d 28,68 | 3. | |
| e | Add lines 2a through 2d | | | 2e | <83,369. |
| 3 | Subtract line 2e from line 1 | | | 3 | 4,700,020. |
| 4 | | , Part VIII, line 12, but not on line 1 | | | 27.0070200 |
| а | | led on Form 990, Part VIII, line 7b | 4a | | 1 |
| b | Other (Describe in Part XIII) | | 4b 2,95 | 3. | 1 |
| c | Add lines 4a and 4b | | 10 | 4c | 2,953. |
| 5 | | lc. (This must equal Form 990, Part I, line | 121 | 5 | 4,702,973. |
| | | xpenses per Audited Financial | | | <u>. </u> |
| | ' | tion answered "Yes" to Form 990, Part IV, | • | | ***** |
| 1 | Total expenses and losses per | | 124. | | 3,998,211. |
| 2 | · | not on Form 990, Part IX, line 25 | | 1 | 3,990,211. |
| | Donated services and use of fac | , , , | 1001 | | |
| a | | miles | 2a | | |
| D | Prior year adjustments | | _2b | | , |
| C | Other losses | | 2c | \rightarrow | |
| a | Other (Describe in Part XIII) | | 2d 86,919 | | 06 010 |
| _ | Add lines 2a through 2d | | | 2e | 86,919. |
| 3 | Subtract line 2e from line 1 | D 11V 1 05 1 1 1 1 | | 3 | 3,911,292. |
| 4 | | , Part IX, line 25, but not on line 1 | 1 . 1 | } | |
| a | · | ed on Form 990, Part VIII, line 7b | 4a | ▗┤▕ | |
| þ | Other (Describe in Part XIII) | | 4b 40,663 | | 40.661 |
| | Add lines 4a and 4b | | | 4c | 40,661. |
| | t XIII Supplemental Info | 4c. (This must equal Form 990, Part I, line | 9 18) | 5 | 3,951,953. |
| | | | | | |
| | | Part II, lines 3, 5, and 9, Part III, lines 1a an | | ne 4, Part | X, line 2, Part XI, |
| iines | 2d and 4b, and Part XII, lines 2d | and 4b Also complete this part to provide | any additional information | | |
| | | | | | |
| ם א כו | OM V IINE 2. | | | | |
| PAI | RT X, LINE 2: | | | | |
| DVI | TANAMTON, MUE MA | NACEMENIO OF OUR ODCAN | ITTAMTON HAC ANALYTI | an mii | п при |
| EVI | LANATION: THE MA | NAGEMENT OF THE ORGAN | NIZATION HAS ANALIZI | אז ענ | E TAX |
| DΩ | TTTONG TAKEN BV | THE ORGANIZATION AND | HAC CONCLUDED THAT | 7 C O | בי דווד עי 1 |
| 101 | STITONS TAKEN BI | THE ORGANIZATION AND | HAS CONCLODED THAT | AS U | F UULI 31, |
| 201 | A THERE ARE NO | UNCERTAIN POSITIONS T | NYEN OD EVDECMED 1 | שם חיי | ПУБЕ И |
| <u> </u> | 14, THERE ARE NO | ONCERTAIN FOSITIONS I | AREN, OR EXPECTED . | IO BE | IAKEN, |
| THE | יי שרווות ספרוווספ | RECOGNITION OF A LIA | TITMY OF DICCLOCIES | 2 TN | MUG |
| 1111 | I WOODD REQUIRE | RECOGNITION OF A BIAR | SIBILI OK DISCHOSOKI | 7 TIA | TUE |
| DIN | INNOTAT CHAMPMENT | S. THE ORGANIZATION | TC CUPTECE EO DOUE | ENTER N | IIDTMC DV |
| FII | MANCIAL STATEMENT | 5. THE ORGANIZATION | 15 SUBJECT TO ROUT. | INE A | ום פוועט |
| መአን | TNC TUDICUTON | C. UAWENDD MUDDE ADI | CIDDENMIN NO MIDTO | nc | ע אווע מואע |
| 117 | ING DUKISDICTION | S; HOWEVER, THERE ARE | CURRENTLI NO AUDI. | rs ru | K ANI TAX |
| PEE | TODS IN PROCEES | . THE ORGANIZATION M | ANNACEMENT BELLEVEC | ттт | C NO LONGED |
| <u> </u> | CIODD IN PROGRESS | · INE ORGANIZATION F | MINGEMENT BELLEVES | <u> </u> | NO HONGEK |
| SHE | STECT TO INCOME T | AX POSITIONS FOR THE | VEARS DRIOD TO 2010 | 1 | |
| <u>501</u> | BEET TO INCOME I | AK TODITIOND FOR THE | IBAND FRIOR TO ZUIC | , . | |
| | | | | | |
| | | | | | |
| PAF | RT XI, LINE 2D - | OTHER ADJUSTMENTS: | | | |
| | <u> / 22212 22</u> | | | | |
| INC | COME/LOSS FROM SU | BSIDIARY | | | 18,922. |
| 332054 09-25- | | | | | dule D (Form 990) 2013 |

Schedule D (Form 990) 2013

| | 1/1 D 1/1 D D T 1/4 | INFORMATION | |
|---------------|---------------------|-------------|----------|
| ['Δ' " 'I.H: | MARKHITING | INBORMATTOM | SHIRVICH |
| | | | |

| CATTLE MARKETING INFORMATION SERVICE, | 84-0583095 Page 5 |
|---|-------------------|
| Schedule D (Form 990) 2013 INC Part XIII Supplemental Information (continued) | 84-0583095 Page 5 |
| REALIZED GAIN/LOSS ON INVESTMENTS ADJUSTMENT | 607. |
| RECLASSIFICATION OF REIMBURSED EXPENSES | 9,154. |
| TOTAL TO SCHEDULE D, PART XI, LINE 2D | 28,683. |
| PART XI, LINE 4B - OTHER ADJUSTMENTS: | |
| INTEREST INCOME ADJUSTMENT | 2,953. |
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | |
| INCOME/LOSS FROM SUBSIDIARY | 5,765. |
| WEBSITE COSTS | 72,000. |
| RECLASSIFICATION OF REIMBURSED EXPENSES | 9,154. |
| TOTAL TO SCHEDULE D, PART XII, LINE 2D | 86,919. |
| PART XII, LINE 4B - OTHER ADJUSTMENTS: ADJUSTMENT FOR TAX DEPRECIATION RECLASSIFICATION OF REIMBURSED EXPENSES | 40,661. |
| SCHEDULE D, FORM 990, LINE 2D EXPLANATION: THE AMOUNTS RECORDED AS OTHER ADJUSTMENTS ARE THAT THE EXEMPT ORGANIZATION'S AUDITED FINANCIAL STATEMENTS WITH A RELATED ENTITY, C.F. RESOURCES, WHICH IS TAXED SEPAR C-CORPORATION. | ARE COMBINED |
| | |

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

2013 Open to Public

OMB No 1545-0047

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

CATTLE MARKETING INFORMATION SERVICE,

Open to Public Inspection - Employer identification number

84-0583095

≗ ∏ (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 。 o 0 ö Ö Ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000 Part II can be duplicated if additional space is needed 400 (d) Amount of cash grant 25,300, 000 100 2,000 109,284 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 13-5661935 23-7090397 48-0667209 84-1155026 47-0376583 48-0939673 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? KANSAS STATE UNIVERSITY FOUNDATION COLORADO FUTURE FARMERS OF AMERICA 1 (a) Name and address of organization SOCIETY - 733 THIRD AVENUE - NEW FOUNDATION - PO BOX 1870 - FORT NATIONAL MULTIPLE SCLEROSIS 2323 ANDERSON AVE. STE 500 FOUNDATION - PO BOX 1000 -KANSAS FFA FOUNDATION INC. COLORADO STATE UNIVERSITY or government 2500 CALIFORNIA PLAZA MANHATTAN, KS 665002 OMAHA, NE 68178-0410 CREIGHTON UNIVERSITY MANHATTAN KS 66506 YORK NY 10017-4057 COLLINS, CO 80522 GREELEY, CO 80632 110 UMBERGER HALL Part I Part II N

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

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2013)

| 田田 |
|-------------|
| ĭ |
| ER |
| ß |
| NOI |
| ŭ |
| ; |
| Ø |
| 었 |
| Ĕ |
| Z |
| ក្ន |
| ž |
| H |
| ដ |
| KETI |
| KETI |
| 멆 |
| MARKETI |
| ARKETI |
| TLE MARKETI |
| LE MARKETI |

| Schedule I (Form 990) INC Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) | Assistance to Go | Governments and Organizations in the | nizations in the Ur | nted States (Sche | dule I (Form 990), Pa | | 84-0583095 Page 1 |
|---|------------------|--------------------------------------|--------------------------|-----------------------------------|--|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| REGIS JESUIT HIGH SCHOOL 6300 S. LEWISTON WAY AURORA. CO 80016 | 84-0791593 | 501(C)(3) | 2 000 | 0 | | | |
| | 75-0608420 | 501(C)(6) | 200, | 0 | | | |
| JDRF INTERNATIONAL 26 BROADWAY, 15TH FL NEW YORK, NY 10004 | 23-1907729 | 501(C)(3) | 200. | 0 | | | |
| ALABAMA CATTLEMEN'S FOUNDATION PO BOX 2499 MONTGOMERY, AL 36102-2499 | 63-0917614 | 501(C)(3) | 200. | 0 | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | • |
| | | | | | | | Schedule I (Form 990) |

Schedule I (Form 990) (2013) INC

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed INC

Page 2

84-0583095

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|--------------------------|--------------------------|--|---|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Part IV Supplemental Information. Provide the information required in | uired in Part I, lin | e 2, Part III, column | Part I, line 2, Part III, column (b), and any other additional information | dditional information | |
| PART I, LINE 2: | | | | | |
| EXPLANATION: THE MAJORITY OF GRANT MONEYS | | ARE PROVID | PROVIDED TO UNIVERSITIES | ERSITIES THAT | |
| HAVE A PRESENCE IN THE AGRICULTURAL | FIELD | IN ORDER T | IN ORDER TO INCREASE | THE NUMBER | |
| OF COLLEGE GRADUATES EXPERIENCED I | IN THE FI | ELD OF ANA | FIELD OF ANALYIS IN THE | E CATTLE | |
| MARKET. GRANTS ARE AWARDED TO UNIVERSITIES WHERE THE ORGANIZATION HAS | VERSITIE | S WHERE TH | E ORGANIZA | TION HAS AN | |
| ON-CAMPUS PRESENCE DUE TO SPEAKING | ENGAGEMENTS | ENTS IN THE | E FIELD OF | ANALYSIS OF | |
| THE CATTLE MARKET. | | | | | • |
| THE MINOR GRANT AMOUNTS NOT SIGNIF | ICANTLY 1 | SIGNIFICANTLY MONITORED, | | AS THESE ARE MOSTLY | • |

332102 10-29-13

CATTLE MARKETING INFORMATION SERVICE, Schedule I (Form 990) INC Part IV . Supplemental Information 84-0583095 Page 2 RELATED TO THE ORGANIZATION'S MISSION. THE ORGANIZATION ALSO MATCHES DONATIONS TO EXEMPT ORGANIZATIONS MADE BY THEIR EMPLOYEES.

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. ➤ See separate instructions.

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

2013

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

CATTLE MARKETING INFORMATION SERVICE, INC

Employer identification number 84-0583095

Part I **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use 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 If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 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, but 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 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? 4a b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of. a The organization? 5a b Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII. Section A. line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? 6a 6b b Any related organization? If "Yes" to line 6a or 6b, describe in Part III 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 69 If "Yes," describe in Part III 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III 8 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) 2013

CALLLE MAKAELLING INFORMALLON SE

Schedule J (Form 990) 2013

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

Do not list any individuals that are not listed on Form 990, Part VII

84-0583095

Page 2

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 V | (B) Breakdown of W-2 and/or 1099-MISC compensation | SC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
|-----------------------------------|-------|--------------------------|--|---|--------------------------------|----------------|----------------------|---|
| (A) Name and Title | • • | (i) Base compensation | (ii) Bonus & incentive compensation | (III) Other reportable compensation | other deferred compensation | benefits | (a)-(i)(b) | reported as deterred in prior Form 990 |
| (1) RANDY BLACH | Ξ | 250,000. | 81,250. | 0 | 0 | 0. | 331,250. | 0 |
| EF EXECUTIVE OFFICER | € | 0 | | 0 | 0 | 0 | 0 | 0 |
| | Ξ | 173,333. | 54,063. | 0 | 0 | 0 | 227,396. | 0 |
| KET ANALYST/RISK MANAGEMENT SPECI | Ξ | ₹ | | 0 | | 0 | | 0 |
| (3) DUANE LENZ | Ξ | 148,334. | 48,984. | 0. | 0 | 0. | 197,318. | 0 |
| RAL MANAGER | € | 0 | 0 | • 0 | 0 | 0 | 0 | 0 |
| | Ξ | 190,000. | 0 | 0 | 0 | .0 | 190,000. | 0 |
| TEIN RESEARCH/RISK MA | ij | 0 | 0 | 0 | 0 | • 0 | 0 | 0. |
| | (i) | | | | | | | |
| | (E) | | | | | | | |
| | Ξ | | | | | | | |
| | Ξ | | | | | | | |
| | ε | | | | | | | |
| | (III) | | | | | | | |
| | (0) | | | | | | | |
| | (iii) | | | | | | | |
| | Θ | | | | | | | |
| 7. | ⊞ | | | | | | | |
| | (0) | | | | | | | |
| | (iii) | | | | | | | |
| |] (i) | | | | | | | |
| | (ii) | | | | | | | |
| | Θ | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | Ξ | | | | | | | |
| | ⊞ | | | | | | | |
| | ε | | | | | | | • |
| | ⊞ | | | | | | | |
| | ε | | | | | | | • |
| | ▣ | | | | | | | |
| 222112 | | | | (| | | Sched | Schedule J (Form 990) 2013 |

84-0583095

Page 3

Schedule J (Form 990) 2013 INC 84 – 0 5 8 3 0 9 5 ...

Part III Supplemental Information

Part III Supplemental Information

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

| PART I, LINE 1B: | |
|--|--|
| EXPLANATION: THE ORGANIZATION DOES NOT REIMBURSE EXPENSES AND THEREFORE, | |
| NO POLICY IS IN EXISTENCE | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| • | |
| | |
| Schedule J (Form 990) 2013 | |

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

CATTLE MARKETING INFORMATION SERVICE. TNC

Employer identification number 84-0583095

FORM 990, PART VI, SECTION B, LINE 11: EXPLANATION: THE BOARD REVIEWS FORM 990 PRIOR TO FILING THE RETURN FORM 990, PART VI, SECTION B, LINE 15: EXPLANATION: COMPENSATION IS DETERMINED BY INDEPENDENT VOTING MEMBERS OF THE BOARD OF DIRECTORS AND THE EXECUTIVE COMMITTEE. FORM 990, PART VI, SECTION C, LINE 19: EXPLANATION: THE DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990 IS AVAILABLE VIA WWW.GUIDESTAR.ORG FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC: JERRY & KATHY KUENNING - 74868 330TH AVE, IMPERIAL, NE 69033 JEFF & WENDY SPARROWK - 18780 E. HWY 88, CLEMENTS, CA 95227 KEVIN & SUZANNE HUGHES - 1555 SHORLINE DRIVE, SUITE 320, BOISE, ID 83707 TOM JENSEN - FIRST NATIONAL BANK 1620 DODGE ST. SC 1040, OMAHA, NE 68197 KENT BAMFORD - 18829 COUNTY ROAD 95, HAXTUN, CO 80731 TODD ALLEN - 6205 S. KANSAS ROAD, NEWTON, KS 67114 JAMIE & LARISA WILLRETT - 19410 WILLRETT ROAD, MALTA, IL 60150-8700 DALE SMITH - MCLEAN FEEDYARD LTD. PO BOX 15305, AMARILLO, TX 79105 DON QUINCEY - QUINCY CATTLE CO. 2350 N.W. 120 STREET, CHIEFLAND, FL 32626 FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: FMV DECREASE IN INVESTMENTS -112,052. GAIN/LOSS ON INVESTMENTS 607. INTEREST INCOME ADJUSTMENT -2,953.

| <u>Schedule O (Form 990 or 9</u> | 390-EZ) (2013) | | | | | Page |
|----------------------------------|----------------|---------------------------------------|------------|-------------|-------|--|
| Name of the organization | CATTLE I | MARKETING | INFORMATI | ON SERVICE, | | Employer identification numbe 84-0583095 |
| TAX DEPRECIAT | ION ADJU | STMENT | | | | 40,661 |
| RECLASSIFICAT | ION OF W | EBSITE COS | TS TO FIX | ED ASSETS | | -72,000 |
| ROUNDING | | | | | | -1 |
| TOTAL TO FORM | 990, PAI | RT XI, LIN | IE 9 | | | -145,738 |
| FORM 990, PAR | T XII, L | INE 2C: | | | | |
| EXPLANATION: | THE ORGA | NIZATION U | ISES AN AU | DIT COMMITT | EE TO | MAKE ALL |
| DECISIONS REL | ATED TO | THE FINANC | IAL STATE | MENT AUDIT. | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| - | | | | | | |
| | | | | | | |
| | | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | <u> </u> | | | |
| ·· | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

▶Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships ▶ See separate instructions. ▶ Attach to Form 990. Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Open to Public Inspection

▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. CATTLE MARKETING INFORMATION SERVICE,

Employer identification number 84-0583095

> Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Part

INC

Name of the organization

(g) Section 512(b)(13) Ŷ controlled entity? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year Direct controlling entity End-of-year assets status (if section Public charity 501(c)(3)) Total income ਉ Exempt Code section ਉ Legal domicile (state or Legal domicile (state or foreign country) foreign country) Primary activity Primary activity 9 Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity Part

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

332161 09-12-13 LHA

Schedule R (Form 990) 2013

Schedule R (Form 990) 2013 INC

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

Page 2

84-0583095

| (a) | (q) | (0) | (p) | (e) | (£) | (6) | 3 | 6 | S | (Ķ) |
|--|------------------|---|------------------------------|--|-----------------------|-----------------------------------|-------------------------------|--|------------------------------------|---|
| 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 | Disproportionate allocations? | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | General or managing partner? | General or Percentage managing ownership partner? Yes No |
| | | | | | | | | | | |
| OBSONO LLC - 22-3771089 | | | | | | | | | | |
| P.O. BOX 312 | CATTLE INDUSTRY | | | | | | | | | |
| BAYVILLE, NJ 08721 | MARKET ANALYSIS | NJ | | RELATED | 91,045. | 27,914. | × | N/A | × | 50.00% |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | - | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | 1 | | | | | | | | | |
| | | | | | | | | | | |

Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year Part IV

| כישמיי במויסיים ווהמומים מס מ כסיףטימים וויים מסי שפע אמים וויים מסי שפעי | חווות ווום ומע אפמו | | | | | | | | |
|---|---------------------|--|---------------------------|---------------------------------|-----------------------|-----------|------|--|---------------|
| (a) | (q) | (0) | (p) | (e) | (J) | 1 | (£) | € | |
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | Direct controlling entity | Type of entity (C corp, S corp, | Share of total income | of ear | D d | Section 512(b)(13) controlled entity? | - 13) Pd √ |
| | | country) | | (ispin io | | dssets | ! | Yes | ٥ |
| C.F. RESOURCES, INC 84-0961724 | | | | | | | _ | | |
| 9110 E. NICHOLS AVENUE | RESEARCH STUDIES ON | | | | | | | | |
| CENTENNIAL, CO 80112 | CATTLE INDUSTRY | တ | | c corp | 12,323. | 155,989, | 1008 | × | |
| | | | | | | | | | |
| | T | | | | | | | | |
| | T | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | · · | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | ٠ ا |
| | | | | | | | | | |
| | | | | | | | | | |

Schedule R (Form 990) 2013

Page 3

84-0583095

× × × × ×

× × × × ××

××

×

Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 INC Schedule R (Form 990) 2013 Part V

Schedule R (Form 990) 2013 å Yes × Ę 19 9 5 4 <u>۽</u> 무 두 ¥ 무 9 1 4 4 Method of determining amount involved Ħ ÷ = 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 ANNUAL FEE 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? 7,500. (c) Amount involved (b)
Transaction type (a-s) 29 1 Performance of services or membership or fundraising solicitations for related organization(s) Z Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity k Lease of facilities, equipment, or other assets from related organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule Lease of facilities, equipment, or other assets to related organization(s) Gift, grant, or capital contribution from related organization(s) Other transfer of cash or property from related organization(s) Reimbursement paid by related organization(s) for expenses Reimbursement paid to related organization(s) for expenses r Other transfer of cash or property to related organization(s) Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) (a)
Name of related organization Loans or loan guarantees by related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) RESOURCES 332163 09-12-13 (1) C. F Ε 0 ପ୍ର **a** (5) 9

84-0583095. Page 4

CATTLE MARKETING INFORMATION SERVICE, INC

Schedule R (Form 990) 2013 INC

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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

| utat was not a reigne of gamzanon obe instructions regarding excusion tor certain investment partificismps | structions regarding excid | Sion for certain inv | | - | | | | | | |
|--|----------------------------|--------------------------------------|---|--------------------------------------|--------------------------|--------------------------------|----------------------------------|---|---|-----------------------------------|
| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign | Predominant income parties sec (related, unrelated, 0018 2018 2018 2018 2018 2018 2018 2018 | Are all partners sec 501(c)(3) orgs? | (f) Share of total | (g) Share of end-of-year | (h) Disproportonate allocations? | (h) (i) (j) (k) Dispropor- Donald allocations? Code V-UB1 General or Percentage allocations? A Cahadillo V-1 parine? ownership | (j) General o managin partner? | (k) or Percentage ownership |
| | | country) | under section 512-514) Yes | S S | ıncome | assets | Yes No | (Form 1065) | Yes No | |
| | | | | | | | | | | |
| | | | | | | | | | _ | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | _ | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | _, | | | | | |
| | | | | | | | | | _ | |
| | | | | | | | | | | _ |
| | | | | | | | <u> </u> | | 1 | |
| | | | | | | | | | | |
| | | | - | | _ | | | | | |
| | | | _ | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | - | | | | | _ | |
| | | | | · | | | | | | |
| | | | | _ | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | _ | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | |]: | ا | |
| | | | | | | | | Schedule | H (FQ | Schedule K (Form 990) 2013 |

| Form 8868 | 8 (Rev 1-2014) | | | | · | Page 2 |
|------------------------------|---|---------------------|--|------------|----------------|-------------------|
| | re-filing for an Additional (Not Automatic) 3-Month Ex | ctension, o | complete only Part II and check this | box | | ▶ X |
| | y complete Part II if you have already been granted an | | - | | 8868 | |
| | re filing for an Automatic 3-Month Extension, comple | | | | | |
| Part II | Additional (Not Automatic) 3-Month E | xtensio | n of Time. Only file the origin | al (no c | opies need | ded) |
| | | | Enter filer's | identifyii | ng number, s | ee instructions |
| Type or | Name of exempt organization or other filer, see instru | ictions | | | | n number (EIN) or |
| print | CATTLE MARKETING INFORMATION | | VICE, | , , | | ` , |
| File by the | INC | | | | 84-05 | 33095 |
| due date for | Number, street, and room or suite no. If a P.O. box, s | see instruc | tions | Social se | curity number | er (SSN) |
| filing your return See | 9110 E NICHOLS AVE | | | | • | |
| instructions | City, town or post office, state, and ZIP code. For a fe | oreign adc | fress, see instructions | | | |
| | CENTENNIAL, CO 80112 | - | | | | |
| | • | | | | | |
| Enter the | Return code for the return that this application is for (file | e a separa | te application for each return) | | | 0 1 |
| | | - | | | | |
| Application | on | Return | Application | | | Return |
| Is For | | Code | Is For | | | Code |
| Form 990 | or Form 990-EZ | 01 | | | | |
| Form 990- | BL | 02 | Form 1041-A | | | 08 |
| Form 4720 | 0 (ındıvıdual) | 03 | Form 4720 (other than individual) | | | 09 |
| Form 990- | PF | 04 | Form 5227 | | | 10 |
| Form 990- | T (sec 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 |
| Form 990- | T (trust other than above) | 06 | Form 8870 | | | 12 |
| STOP! Do | not complete Part II if you were not already granted | d an autor | natic 3-month extension on a previ | ously file | ed Form 886 | 3. |
| | SAM BAILEY | | | | | |
| The bo | oks are in the care of 9110 E NICHOLS | AVE | - CENTENNIAL, CO 8 | 0112 | | |
| Teleph | one No ▶ <u>(303)</u> 694-0323 | | Fax No ▶ | | | |
| If the o | rganization does not have an office or place of busines | s in the Ur | nited States, check this box | | | ightharpoonup |
| If this is | s for a Group Return, enter the organization's four digit | Group Exe | emption Number (GEN) li | this is fo | r the whole g | roup, check this |
| box 🕨 🛚 | If it is for part of the group, check this box | and atta | ach a list with the names and EINs of | all memb | ers the exter | ision is for |
| 4 I rec | quest an additional 3-month extension of time until | JUNE | 15, 2015 | | | |
| 5 For | calendar year, or other tax year beginning | AUG 1 | , 2013 , and ending | JUL | 31, 2 | 014 |
| | e tax year entered in line 5 is for less than 12 months, o | | | 🗌 Fınal ı | eturn | |
| | Change in accounting period | | | | | |
| | te in detail why you need the extension | | | | | |
| <u>TA</u> | XPAYER REQUIRES ADDITIONAL ' | TIME ' | TO FINALIZE INFORM | MOITA | TO CO | MPLETE |
| <u>TH</u> | E TAX RETURN. | | | | | |
| | | | | | | |
| 8a If th | is application is for Forms 990-BL, 990-PF, 990-T, 4720 | , or 6069, | enter the tentative tax, less any | | | |
| non | refundable credits. See instructions | | | 8a | \$ | 0. |
| b If th | is application is for Forms 990-PF, 990-T, 4720, or 6069 | enter an | y refundable credits and estimated | | | |
| tax | payments made Include any prior year overpayment al | lowed as a | a credit and any amount paid | ļ | | |
| pre | viously with Form 8868. | | | 8b | \$ | 0. |
| c Bala | ance due. Subtract line 8b from line 8a. Include your pa | ayment wit | th this form, if required, by using | | | |
| EFT | PS (Electronic Federal Tax Payment System) See instr | | | 8c | \$ | 0. |
| | • | | st be completed for Part II o | - | | |
| Under pena it is true, co | alties of perjury, I declare that I have examined this form, includ prect, and complete, and that I am authorized to prepare this fo | ling accomp orm. | panying schedules and statements, and to | the best o | of my knowledg | e and belief, |
| Signature] | ►Tıtle ► (| CPA | | Date | • | |
| | | | | | | |

Form 8868 (Rev 1-2014)