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### SCANNED JUL 0 5 2016

Department of the 11 asury Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

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

OMB No 1546-0047 Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. A For the 2014 calendar year, or tax year beginning AUG 1, 2014 and ending JUL 31, 2015

В	Check if applicable	C Name of organization CATTLE MARKETING INFORMATION SERV	T C E	D Employer identifi	cation number			
Г	Addres	S TITO	ICE,					
F	Name change	- CARRETTEN		84-0	583095			
$\vdash$	initial return	Number and street (or P.O. box if mail is not delivered to street address)	te E Telephone numbe					
	Final return/	9110 E NICHOLS AVE		(330) 694-0323				
	termin- ated		ode	G Gross receipts \$	7,378,564.			
	Amend			H(a) Is this a group re				
	Application	F Name and address of principal officer KANDI DLACH		for subordinates	? Yes X No			
	pendin	9 9110 E. NICHOLS AVE., CENTENNIAL,	CO 80112	H(b) Are all subordinates in	ncluded? Yes No			
			47(a)(1) or 5		list (see instructions)			
		e: ► WWW.CATTLE-FAX.COM	•	H(c) Group exemptio				
		organization: X Corporation Trust Association Other	► L Ye	ar of formation: 1968 N	A State of legal domicile: CO			
P		Summary			222222			
Se	1	Briefly describe the organization's mission or most significant activities THE CATTLE INDUSTRY	COLLECT/A	MALYZE DATA	REGARDING			
Governance	-	Check this box   if the organization discontinued its operations of the organization discontinued its operation disconti	or disposed of me	are than 25% of its not as	ente			
Ver	1	Number of voting members of the governing body (Part VI, line 1a)	or disposed of file	3	a a			
ၓၟ		Number of voting members of the governing body (Fart VI, line Ta)  Number of independent voting members of the governing body (Part VI, I	line 1h\	4	9			
ళ	1	Total number of individuals employed in calendar year 2014 (Part V, line 2	•	5	18			
itie	1	Total number of volunteers (estimate if necessary)	-u,	6	0			
Activities &	ì	Total unrelated business revenue from Part VIII, column (C), 1119-12		7a	167,287.			
Ā	1	Net unrelated business taxable income from Form 990,T, line 34-	ME	7b	<35,503.>			
				Prior Year	Current Year			
Revenue	8	Contributions and grants (Part VIII, line 1h)	2040 700	1,694,299.	1,660,012.			
	1	Program service revenue (Part VIII, line 2g)	2015 191	2,382,139.	<sub>~</sub> 2,863,866.			
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	163	474,255.	251,076.			
<u></u>	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11.0	UT =	152,280.	161,287.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), li	ne 12)	4,702,973.	4,936,241.			
	13 (	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<u>14</u> 0,684.	160,203.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)	_	0.	0.			
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), line	es 5·10)	2,749,421.	3,031,069.			
ens	16a I	Professional fundraising fees (Part IX, column (A), line 11e)	_	0.	0.			
Expenses	þ.	Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>	1 061 040	4 4 5 4 9 4 4			
	37 '	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	-	1,061,848.	1,151,811.			
	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	-	3,951,953.	4,343,083.			
	19	Revenue less expenses Subtract line 18 from line 12		751,020.	593,158.			
ts o		Tabal and the (Dark V. Ivan 40)		Beginning of Current Year	End of Year			
ASSE	20	Total assets (Part X, line 16)	-	5,496,395. 1,249,518.	6,183,530. 1,339,178.			
Net Assets or Fund Balances	21 22	Total liabilities (Part X, line 26)  Net assets or fund balances Subtract line 21 from line 20	-	4,246,877.	4,844,352.			
_	art II	Signature Block		4,240,011.	4,044,332.			
$\overline{}$		Ities of perjury, I declare that I have examined this return, including accompanying	schedules and state	ements, and to the best of m	v knowledge and belief, it is			
		t, and compete. Declaration of preparer (other than officer) is based on all informa			,			
	,	Xadell P. Black		5/23	116			
Sig	ın	Signature of officer		Date				
Hei	- 1	RANDY BLACH, CEO `						
		Type or print name and title						
		Print/Type preparer's name Preparer's Signary		Date Check	PTIN			
Pai	đ	MICHAEL GRAEF		5 19 20/6 self-employ				
	parer	Firm's name CAUSEY DEMGEN & MOORE PC	·	Firm's EIN	84-1158905			
Use	Only	Firm's address 1125 17TH ST., STE 1450						
_	j	DENVER, CO 80202		Phone no. 3 0	3-296-2229			
		RS discuss this return with the preparer shown above? (see instructions)			X Yes No			
4320	001 11-0	7-14 LHA For Paperwork Reduction Act Notice, see the separate in	nstructions.		Form <b>990</b> (2014)			

	r990 (20 <b>1</b> 4) INC 84-0583	309 <u>5</u>	Page 2
Par	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.		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	-	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex	penses, a	ınd
40	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$	עז עיייע	, TTH
	RESPECT TO RAISING AND/OR FEEDING OF CATTLE IN ORDER TO PROMOTI		
	BUSINESS INTERESTS AND ECONOMIC STABILITY OF THE CATTLE INDUSTR		.1011
	CONDUCT EDUCATIONAL SEMINARS AND RESEARCH PROJECTS RELATED TO		
	CATTLE INDUSTRY. ATTENDANCE AT VARIOUS PROGRAMS IS ESTIMATED A		000
	PEOPLE; DATA PUBLISHED IN VARIOUS REPORTS WERE SENT TO APPROXIM	(ATEL	Y
	4,500 PEOPLE.		
		<del></del>	
4b	(Code ) (Expenses \$ uncluding grants of \$ ) (Revenue \$		
	CONSULTING FEES: PROVIDE EXPERTISE AND ASSISTANCE TO SUBSIDIARY	FOR	
	COLLECTING AND ANALYZING DATA IN CONNECTION WITH THE CATTLE IN		Υ.
			<del></del>
4c	(Code) (Expenses \$		
			_
4d	Other program services (Describe in Schedule O )		
. •	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses		
		Form 99	<b>90</b> (2014)

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### Form 990 (2014) 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)?			•
0	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2		
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			37
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
u	Part VI	11a	х	
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		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	, , , , , , , , , , , , , , , , , , , ,			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	40-	v	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	Х	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional	12b	$\mathbf{x}$	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
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		X
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		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		v
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<u> X</u>
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		-27
. •	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		_	agn /	2014

### Form 990 (2014) INC Part 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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		ļ	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u></u>	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
2.00	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	200		
b	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	230		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		
27				
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		x
00	of any of these persons? If "Yes," complete Schedule L, Part III	_27		
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):	00-		v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			77
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			3.5
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> X</u>
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	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		İ	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990 (	2014

84-0583095 Page 5 Form 990 (2014) Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 5	[		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 18			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a_	<u>X</u>	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			7.7
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		<u>X</u>
D	If "Yes," enter the name of the foreign country			
F-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
oa	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?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Oa		
	were not tax deductible?	6b		
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?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
, p	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	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  10b			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter			
	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)			
l2a	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 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<del>-</del> -	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	
		Form	990	(2014)

CATTLE MARKETING INFORMATION SERVICE, 84-0583095 'Page 6 Form 990 (2014) 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 Nο Yes 9 1a Enter the number of voting members of the governing body at the end of the tax year 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 2 officer, director, trustee, or key employee? 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 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? X 5 5 6 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 X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 Х a The governing body? 8a Х b Each committee with authority to act on behalf of the governing body? 8b 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 Did the organization have local chapters, branches, or affiliates? 10a Х 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 X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 Х 12a 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 Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a X 15b **b** Other officers or key employees of the organization 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 X taxable entity during the year? 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

7	List the states with	th which a copy	of this Form 990 is	s required to be filed 🕨	-	NONE

18 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)

19 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

State the name, address, and telephone number of the person who possesses the organization's books and records ► \_ SAM BAILEY - (303) 694-0323

9110 E NICHOLS	1 AVE #301	CENTENNIAI.	സ	80112

Form 990 (2014)

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

Check if Schedule O contains a response 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  $\cdot 0 \cdot$  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	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than is bot	h an	( <b>D)</b> Reportable compensation from	(E) Reportable compensation from related	<b>(F)</b> 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		X						0.	0.	0
(2) JEFF & WENDY SPARROWK	1.00									
WESTERN DIRECTOR		Х						0.	0.	0
(3) TOM JENSEN	1.00									
FINANCE DIRECTOR		X						0.	0.	0
(4) MARK FRASIER	1.00									
INTERMOUNTAIN DIRECTOR		X						0.	0.	0
(5) TODD ALLEN	1.00									
CENTRAL DIRECTOR		X						0.	0.	0
(6) JAMIE & LARISA WILLRETT	1.00									
MIDWEST DIRECTOR		X				<u></u>		0.	0.	0
(7) PONO VON HOLT	1.00									
NORTHWEST DIRECTOR		X						0.	0.	0
(8) DALE SMITH	1.00									
SOUTHWEST DIRECTOR		X						0.	0.	0
(9) DON QUINCEY	1.00									
SOUTHEAST DIRECTOR		X						0.	0.	0
(10) DOUG MAYES	1.00							•		
FINANCIAL ADVISOR		X						0.	0.	0
(11) RANDY BLACH	40.00									
CHIEF EXECUTIVE OFFICER		<u> </u>		X				400,000.	0.	51,701
(12) MICHAEL MURPHY	40.00									
MARKET ANALYST/RISK MANAGE						X		294,000.	0.	_44,223
(13) DUANE LENZ	40.00									
GENERAL MANAGER			<u>L</u> .			X		244,000.	0.	39,918
(14) ALAN SMITH	40.00									
DIRECTOR OF PROTEIN RESEAR						X		304,000.	0.	47,352
(15) KEVIN GOOD	40.00									
SENIOR ANALYST						X		166,031.	0.	33,575
(16) CHAD SPEARMAN	40.00									
ANALYST		1	i I			Х		159,775.	0.	32,707

84-0583095 Page 8 Form 990 (2014) Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (F) (A) (D) (E) Position Average Reportable Estimated Name and title Reportable (do not check more than one hours per amount of compensation compensation box, unless person is both an officer and a director/trustee) week from related from other (list any the organizations compensation ndividual trustee or director hours for organization (W-2/1099-MISC) from the Highest compensated related nstitutional trustee (W-2/1099-MISC) organization organizations and related ey employee below organizations line) 806 0 1b Sub-total 0. c Total from continuation sheets to Part VII, Section A 567,806. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 6 compensation from the organization Yes Νo Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on X line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual X 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year. (A) (C) Name and business address Description of services Compensation NONE

Form **990** (2014)

\$100,000 of compensation from the organization

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

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Form 990 (2014) INC
Part VIII Statement of Revenue

CATTLE MARKETING INFORMATION SERVICE,

		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512 - 514
nts its	1 a	Federated campaigns	1a					
oun	b	Membership dues	ÌЬ	1,660,012.				
S, G	С	Fundraising events	1c					
a His	ď	Related organizations	1d					
S,E	е	Government grants (contribut	tions) 1e					
ion	f	All other contributions, gifts, gran	its, and					
t e		sımılar amounts not included abo	ve <b>1f</b>					
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	1a-1f \$					
<u>3 g</u>	h	Total. Add lines 1a-1f		<b>•</b>	1,660,012.			
				Business Code				
ice	2 a	MARKET RESEARCH/ANALYS	IS	541910	2,553,043.	2,553,043.		
e er	b	COMMUNICATION SYSTEMS		541910	167,405.	167,405.		
en S	С			541910	137,418.			137,418.
Program Service Revenue	d	CONSULTING/MANAGEMENT	FEES	541610	6,000.		6,000.	
ě	e	All 41						
_	f		enue		2 262 266			
	<u>9</u> 3	Total. Add lines 2a-2f Investment income (including	dividende intere	et and	2,863,866.			
	3	other similar amounts)	dividends, intere	st, and	275 101.			275,101.
	4	Income from investment of ta	v.evemnt hand n	roceeds	2/3,101.			275,101.
	5	Royalties	x exempt bond p	Noceeds				
	3	Tioyanies	(ı) Real	(II) Personal				
	6 a	Gross rents	(y r rour	(1) 1 0/00/10.				
		Less rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)		<b>&gt;</b>				
		Gross amount from sales of	(ı) Securities	(II) Other			<del>_</del>	
		assets other than inventory	2 418 298.					
	b	Less cost or other basis						
		and sales expenses	2,442,323,					
	С	Gain or (loss)	<24.025.	>				
	d	Net gain or (loss)			<24,025.	> <24,025.>		
en	8 a	Gross income from fundraisin	g events (not			ļ		
e		including \$	of					
Other Reven		contributions reported on line	1c) See					
e		Part IV, line 18	а					
퉏		Less direct expenses	b					
		Net income or (loss) from fund	_	<b>_</b>			-	
	9 a	Gross income from gaming ac	ctivities See					
		Part IV, line 19	a .					
		Less direct expenses	<b>b</b>	L				
		Net income or (loss) from gan	_	<b>P</b>				
	то а	Gross sales of inventory, less and allowances						
	h	Less cost of goods sold	a b					
l		Net income or (loss) from sale						
		Miscellaneous Revenu	*	Business Code				
	11 a	ADVERTISING REVENUE		541800	159.787.		159.787.	
		DATA PROCESSING - COMP	SERVICES	541511	1,500.		1,500.	-
	c							
	d							
	е	Total. Add lines 11a-11d		<b>•</b>	161,287.			
15.	12	Total revenue. See instructions.		<b></b>	4 936 241.	2,696,423.	167,287,	412,519.
43200 11-07	y ∙14							Form <b>990</b> (2014)

INC

Form 990 (2014) INC
Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com			omplete column (A)	
	Check if Schedule O contains a respon		this Part IX	(0)	
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	160,203.			
2	Grants and other assistance to domestic				
	ındıvıduals. See Part IV, line 22			,	
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1,567,806.			<del></del>
7	Other salaries and wages	865,898.	<del></del>		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	219,159.			
9	Other employee benefits	243,973.			<del></del>
10	Payroll taxes	134,233.			<del></del>
11	Fees for services (non-employees):				
а	Management				
b	Legal	165.			
С	Accounting	93,110.			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	151 063			<del> </del>
12	Advertising and promotion	171,063.			
13	Office expenses				
14	Information technology				
15	Royalties	122 272			
16	Occupancy	122,272. 44,090.			
17	Travel	44,090.			
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials		<del> </del>		
19	Conferences, conventions, and meetings Interest				
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	115,195.			
23	Insurance	41,347.			
24	Other expenses. Itemize expenses not covered		······································		
	above. (List miscellaneous expenses in line 24e. If line l				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PRINTING/POSTAGE	170,607.			
b	MEETINGS	114,467.			
c	CONTRACTING/CONSULTING	90,433.			
d	FEES	52,400.			
	All other expenses	136,662.			
25	Total functional expenses Add lines 1 through 24e	4,343,083.			
26	Joint costs. Complete this line only if the organization	•			<u> </u>
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

84-0583095 Page 11 Form 990 (2014)
Part X Balance Sheet INC

		Check if Schedule O contains a response or not	e to ar	ny line in this Part X			
	,				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			712,048.	1	853,988.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			295,606.	4	233,421.
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensations					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined under			
		section 4958(f)(1)), persons described in section	4958(	c)(3)(B), and contributing			
হ		employers and sponsoring organizations of sec	ion 50	1(c)(9) voluntary			•
	ļ	employees' beneficiary organizations (see instr)	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
ĕ	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			67,797.	9	87,244.
	10a	Land, buildings, and equipment cost or other	1				
	ł	basis Complete Part VI of Schedule D	10a	525,026.			
	Ь	Less accumulated depreciation	10b	381,446.	124,024.	10c	143,580.
	11	Investments - publicly traded securities	223,112.	11	334,170.		
	12	Investments - other securities See Part IV, line		4,056,853.	12	4,514,172.	
	13	Investments - program-related See Part IV, line	11			13	
	14	Intangible assets		14	* <u>-</u>		
	15	Other assets See Part IV, line 11		Ī	16,955.	15	16,955.
	16	Total assets. Add lines 1 through 15 (must equ	al line (	34)	5,496,395.	16	6,183,530.
	17	Accounts payable and accrued expenses	805,678.	17	815,532.		
	18	Grants payable				18	
	19	Deferred revenue			443,840.	19	523,646.
	20	Tax-exempt bond liabilities		[	•	20	
	21	Escrow or custodial account liability Complete	Part IV	of Schedule D		21	
Ś	22	Loans and other payables to current and former	office	rs, directors, trustees,			
≝		key employees, highest compensated employee	s, and	disqualified persons			•
Liabilities		Complete Part II of Schedule L				22	
=	23	Secured mortgages and notes payable to unrela	ated th	ird parties		23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24	) Complete Part X of	•		
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			1,249,518.	26	1,339,178.
		Organizations that follow SFAS 117 (ASC 958	), che	k here 🕨 🗶 and			
es		complete lines 27 through 29, and lines 33 ar	d 34.				
ũ	27	Unrestricted net assets			4,246,877.	27	4,844,352.
Net Assets or Fund Balances	28	Temporarily restricted net assets				28	
펄	29	Permanently restricted net assets		[		29	
Ē		Organizations that do not follow SFAS 117 (A	SC 95	8), check here 🕨 🔲			
þ		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds		Ĺ		30	,
Ass	31	Paid-in or capital surplus, or land, building, or ed				31	
et/	32	Retained earnings, endowment, accumulated in	come,	or other funds		32	
Z	33	Total net assets or fund balances		Ĺ	4,246,877.	33	4,844,352.
	34	Total liabilities and net assets/fund balances			5,496,395.	34	6,183,530.

	1990 (2014) INC	<u>84-05</u>	<u> 83095</u>	Pag	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	4,93	<u>5,2</u>	<u>41.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,343		
3	Revenue less expenses Subtract line 2 from line 1	3			<u>58.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,24	5,8	<u>77.</u>
5	Net unrealized gains (losses) on investments	5	<u></u>		
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		<u>4,3</u>	<u> 19.</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	4,844	4,3	<u>54.</u>
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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	Х	
	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 X Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	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 Si	ngle Audıt			
	Act and OMB Circular A·133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2014)

### **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, INC

**Employer identification number** 84-0583095

Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		·
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	-	Yes No
6	Did the organization inform all grantees, donors, and donor a		used only
	for charitable purposes and not for the benefit of the donor of	ų ų	· · · · · · · · · · · · · · · · · · ·
	impermissible private benefit?	, , , ,	Yes No
Par		ganization answered "Yes" to Form 990, P	
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a certi	•
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year		
	, ,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic sti	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	, ,	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	<u> </u>
	year >		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
•	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		uring the year
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abor		
_	and section 170(h)(4)(B)(ii)?	, ,	Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense	statement, and balance sheet, and
•	include, if applicable, the text of the footnote to the organiza		
	conservation easements		3
Pai	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statem	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtheral	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		, , , , , , , , , , , , , , , , , , , ,
b	If the organization elected, as permitted under SFAS 116 (AS		and balance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, e		
	relating to these items.	,	.,
	(i) Revenue included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial	
-	the following amounts required to be reported under SFAS 1		
а	Revenue included in Form 990, Part VIII, line 1	,,	<b>&gt;</b> \$
h	Assets included in Form 990, Part X		<b>S</b>

	dule D (Form 990) 2014 INC								83095		<u>je 2</u>
Pai	rt III   Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Oth	<u>er Simil</u>	ar Asse	ts(continu	ed)	
3	Using the organization's acquisition, accession	on, and other record	ds, checl	k any of the	following that	at are a s	ignificant	use of its	collection i	tems	
	(check all that apply)										
а	Public exhibition	c		Loan or exc	hange progr	ams					
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explai	n how th	ney further t	he organizat	ion's exe	mpt purp	ose in Parl	XIII		
5	During the year, did the organization solicit or	receive donations	of art, hi	storical trea	sures, or oth	er sımıla	r assets				
	to be sold to raise funds rather than to be ma	intained as part of	the orga	nization's co	ollection?				Yes		No
Pai	rt IV Escrow and Custodial Arrang	ements. Comple	ete ıf the	organizatio	n answered	"Yes" to	Form 990	), Part IV, I	ine 9, or		
	reported an amount on Form 990, Part	. ,		· ·					,		
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contribution	s or other as	sets not	tincluded				
	on Form 990, Part X?		<b>,</b>						Yes		No
h	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing t	table:				_			
_	Troo, explain the arrangement in account	and complete and to							Amount		
С	Beginning balance						1c		7 41100111		
d	Additions during the year						1d				
e	Distributions during the year						1e				—
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	rm 990 Part Y line	21 for 4	ecrow or c	istodial acco	aunt liabi			Yes		No
	If "Yes," explain the arrangement in Part XIII						iiity:	L	] 162	Ħ	140
	rt V Endowment Funds. Complete if						10		·	<u></u>	
	Zildovillolit i dildov complete il	(a) Current year	ĭ	rior year	(c) Two year		(d) Three	vaare hack	(e) Four ye	agre ha	
10	Beginning of year balance	(a) Current year	(D)	noi yeai	(C) TWO yea	13 Dack	(u) Tillee	years back	(e) I our y	5413 06	<u>IUN</u>
1a	Contributions										—
b	F										—
C	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 curre	ent year end baland	,	g, column (a	a)) neid as						
a	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
	The percentages in lines 2a, 2b, and 2c shoul	•									
За	Are there endowment funds not in the posses	ssion of the organiz	ation tha	at are held a	nd administe	ered for t	the organi	zation		1.	
	by									es l	<u>No</u>
	(i) unrelated organizations								3a(i)		—
_	(ii) related organizations								3a(ii)		
_	If "Yes" to 3a(II), are the related organizations	•							3b	L	
4 Do	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipment		owment	tunds.							—
Га			) Doot IV	luna 11a C	aa Carm 000	Don't V	luna 10				
	Complete if the organization answered								4 D D1	-1	—
	Description of property	(a) Cost or of basis (investr		` '	or other (other)		ccumulate preciation	I .	(d) Book v	alue	
	Lond	Dasis (IIIVesti	nem)	Dasis	(outer)	l de	PIECIALIUI	<u>'</u>			—
_	Land							-			—
b	Buildings										—
С	Leasehold improvements			E 2	E 026		201 4	16	1.42	EO	_
d	• •			54	<u>5,026.</u>	-	<u>381,4</u>	40.	143	<u>, 58</u>	<u>v .</u>
	Other			(0)	(0-1)				1.4.2	EO	
ı ota	I. Add lines 1a through 1e. (Column (d) must eq	juai rom 990, Part	x, colur	ıın (ʁ), iine 1	UC.)				143	<u>, ၁४</u>	<u>U •</u>

Schedule D (Form 990) 2014

### Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15 (a) Description (b) Book value (1) (2)(3)(4)(5) (6)(7)(8) (9)Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)

### Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 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) line 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) 2014

CATTLE MARKETING INFORMATION SERVICE, 84-0583095 Page 4 INC Schedule D (Form 990) 2014 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a 4,964,079. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 2 <2,601. a Net unrealized gains (losses) on investments 2a b Donated services and use of facilities 2b c Recoveries of prior year grants 2c 30,439. d Other (Describe in Part XIII.) 24 27,838. e Add lines 2a through 2d 4,936,241. 3 Subtract line 2e from line 1 Amounts included on Form 990. Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b Add lines 4a and 4b Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) ,936 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 4,354,636. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25 2 a Donated services and use of facilities 2a 2b **b** Prior year adjustments c Other losses 2c 75,246. d Other (Describe in Part XIII) 2d 75,246. e Add lines 2a through 2d 2e 4,279,390. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 63,693 b Other (Describe in Part XIII.) 63,693. c Add lines 4a and 4b .343.083. 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information PART X, LINE 2: THE MANAGEMENT OF THE ORGANIZATION HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION AND HAS CONCLUDED THAT AS OF JULY 31, 2014, THERE ARE NO UNCERTAIN POSITIONS TAKEN, OR EXPECTED TO BE TAKEN, THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

POSITIONS FOR THE YEARS PRIOR TO 2010.

INCOME/LOSS FROM SUBSIDIARY

18.857.

THE ORGANIZATION MANAGEMENT BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX

CATTLE MARKETING INFORMATION SERVICE, Schedule D (Form 990) 2014 INC Part XIII Supplemental Information (continued)	84-0583095 Page 5
RECLASSIFICATION OF REIMBURSED EXPENSES	9,154.
. INTEREST INCOME ADJUSTMENT	2,428.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	30,439.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
INCOME/LOSS FROM SUBSIDIARY	6,891.
WEBSITE COSTS	59,201.
RECLASSIFICATION OF REIMBURSED EXPENSES	9,154.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	75,246.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
ADJUSTMENT FOR TAX DEPRECIATION	63,693.
SCHEDULE D, FORM 990, LINE 2D	
THE AMOUNTS RECORDED AS OTHER ADJUSTMENTS ARE DUE TO THE FA	
EXEMPT ORGANIZATION'S AUDITED FINANCIAL STATEMENTS ARE COMB	
RELATED ENTITY, C.F. RESOURCES, WHICH IS TAXED SEPARATELY A	S A
C-CORPORATION.	
	<u>-</u>

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

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

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

▶ Attach to Form 990.

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

Open to Public

Inspection

OMB No 1545-0047

Name of the organization CATTLE MA	RKETING I	CATTLE MARKETING INFORMATION SERVICE INC	SERVICE,				Employer identification number 84-0583095
Part I General Information on Grants and Assistance	nd Assistance						
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	to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the selec	tion
criteria used to award the grants or assistance?	stance?						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	cedures for moni	toring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Domestic Organi	zations and Domestic	Governments. C	omplete if the orga	ınızatıon answered "Y	'es" to Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	\$5,000 Part II can	be duplicated if additi	onal space is need	ed.			
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
COLORADO STATE UNIVERSITY							
FOUNDATION - PO BOX 1870 - FORT COLLINS, CO 80522	23-7090397	501(C)(3)	106,333.	0			
KANSAS STATE UNIVERSITY FOUNDATION 2323 ANDERSON AVE, STE 500							
MANHATTAN, KS 665002	48-0667209	501(C)(3)	50,000,	0			
COLORADO FUTURE FARMERS OF AMERICA							
$\sim$	, , , , , , , , , , , , , , , , , , ,		,	c			
GREELEY, CO 80832	970CCTT- <del>5</del> 8	501(0)(3)	,000,1	n			
KANSAS FFA FOUNDATION INC.							
IIO OMBERGER MALL MANHATTAN KS 66506	48-0939673	501(C)(3)	50.	0			
REGIS JESUIT HIGH SCHOOL							
age S. LEWISTON WAY AURORA, CO 80016	84-0791593	501(C)(3)	2,000.	0			

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

370,

23-1907729 501(C)(3)

26 BROADWAY, 15TH FL JDRF INTERNATIONAL

NEW YORK, NY 10004

Schedule I (Form 990) (2014)

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84-0583095 Page 1		(h) Purpose of grant or assistance						•	Schedule I (Form 99¢)
	t  )	(g) Description of non-cash assistance							-
	dule I (Form 990), Par	(f) Method of valuation (book, FMV, appraisal, other)							
	nited States (Sche	(e) Amount of non-cash assistance	0	0	0.				
SEKVICE,	izations in the Ur	(d) Amount of cash grant	100.	100.	250.				
CATTLE MARKETING INFORMATION SERVICE, INC	vernments and Orgar	(c) IRC section if applicable	501(C)(3)	501(C)(3)					
KKETING I	Assistance to Go	<b>(b)</b> EIN	73-6091755	41-0074541	02-0657688				
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)	(a) Name and address of organization or government	UNIVERSITY OF OKLAHOMA FOUNDATION PO BOX 258856 OKLAHOMA CITY, OK 73125-8856	EPILEPSY FOUNDATION OF MINNESOTA INC 1600 UNIVERSITY AVE. W. STE 300 - ST. PAUL, MN 55104-3825	COLORADO AGR LEADERSHIP FOUNDATION INC PO BOX 581 - CASTLE ROCK, CO 80104				

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Page 2

Schedule I (Form 990) (2014) INC

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

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

Part III Grants and Other Assistance is needed

(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 Part I, line 2, Part III, column (b), and any other additional information	juired in Part I, lin	e 2, Part III, column	(b), and any other a	dditional information	
PART I, LINE 2:					
THE MAJORITY OF GRANT MONEYS ARE PROVI		TO UNIVERS	DED TO UNIVERSITIES THAT HAVE	HAVE A	
PRESENCE IN THE AGRICULTURAL FIELD	IN	ORDER TO INCREASE	ASE THE NUMBER	MBER OF	
COLLEGE GRADUATES EXPERIENCED IN THE	Œ	OF ANALYI	S IN THE C	IELD OF ANALYIS IN THE CATTLE MARKET.	
GRANTS ARE AWARDED TO UNIVERSITIES WHERE	WHERE TH	THE ORGANIZ	ORGANIZATION HAS	AN ON-CAMPUS	
PRESENCE DUE TO SPEAKING ENGAGEMENTS	TE IN THE	- 1	FIELD OF ANALYSIS	OF THE CATTLE	
MARKET.					
THE MINOR GRANT AMOUNTS NOT SIGNIFICANTLY MONITORED,	ICANTLY 1	MONITORED,	AS THESE	ARE MOSTLY	
CHARITABLE DONATIONS TO VARIOUS ORGANI	GANIZATIONS		THAT MAY OR MAY NOT	NOT BE	
432102 10-15-14		20			Schedule I (Form 990) (2014)

Schedule I (Form 990) INC	84	<u>-0583095</u>	Page 2
Schedule I (Form 990) INC  Part IV Supplemental Information			
RELATED TO THE ORGANIZATION'S MISSION. THE ORGANIZATION	ALSO	MATCHES	
DONATIONS TO EXEMPT ORGANZATIONS MADE BY THEIR EMPLOYEES.			
DONATIONS TO EXEMPT ORGANIZATIONS MADE BY THEIR EMPDOTEES	•	. · <u>-</u>	
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### 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.

oyees
" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

CATTLE MARKETING INFORMATION SERVICE, INC

Employer identification number 84-0583095

Pa	rt 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		
2	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		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
·	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			ĺ
	☐ Independent compensation consultant ☐ Compensation survey or study			1
	Form 990 of other organizations  X Approval by the board or compensation committee			
	Tom ood of other organizations			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			1
	organization or a related organization			ĺ
а	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
•	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
				ĺ
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	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			ĺ
а	The organization?	5a		<u> </u>
b	Any related organization?	5b		<u> </u>
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			ĺ
	contingent on the net earnings of.			ĺ
а	The organization?	6a		l
b	Any related organization?	6b		
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			ĺ
	not described in lines 5 and 6? If "Yes," describe in Part III	7		<u> </u>
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			Ī
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		1

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

Schedule J (Form 990) 2014

Schedule J (Form 990) 2014

### 84-0583095

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

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

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of W-2 ar	V-2 and/or 1099-MI	nd/or 1099-MISC 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	Denefits	(a)·(i)(a)	in column (b) reported as deferred in prior Form 990
(1) RANDY BLACH	€	250,000.	150,000.	0.	33,083.	18,618.	451,701.	0
CHIEF EXECUTIVE OFFICER	(ii)	0	0	0	0	0	0	0
(2) MICHAEL MURPHY	(i)	190,000.	104,000.	0.	25,605.	18,618.	338,223.	0
MARKET ANALYST/RISK MANAGE	(ii)	0	0	0	0	.0	0	0
(3) DUANE LENZ	(i)	155,000.	.000,68	0	21,300.	18,618.	283,918.	
GENERAL MANAGER	(ii)	0.	0.	0.	0.	0.	0.	0
(4) ALAN SMITH	(i)	190,000.	114,000.	0.	27,623.	19,729.	351,352.	
DIRECTOR OF PROTEIN RESEAR	(ii)	0	0	0.	0	0	0	0
(5) KEVIN GOOD	(i)	115,500.	50,531.	0	14,95	18,618.	199,606.	
SENIOR ANALYST	(E)	0	0	0		0	• 0	!
(6) CHAD SPEARMAN	Ξ	112,000.	47,775.	0	14,089.	18,618.	192,482.	0
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432112				ć			Schedu	Schedule J (Form 990) 2014

Page 3 Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information 84-0583095 CATTLE MARKETING INFORMATION SERVICE, INC. Part III Supplemental Information Schedule J (Form 990) 2014

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

Schedule J (Form 990) 2014

### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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.

Open to Public

OMB No 1545-0047

Inspection

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. CATTLE MARKETING INFORMATION SERVICE,

Employer identification number 84-0583095

INC	04-0303033
FORM 990, PART VI, SECTION B, LINE 11:	
THE BOARD REVIEWS FORM 990 PRIOR TO FILING THE RETURN	
FORM 990, PART VI, SECTION B, LINE 15:	
COMPENSATION IS DETERMINED BY INDEPENDENT VOTING MEMBERS OF	F THE BOARD OF
DIRECTORS AND THE EXECUTIVE COMMITTEE.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990 IS AVAILABLE VIA WWW.GUIDESTAR.ORG	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
FMV DECREASE IN INVESTMENTS	-2,601.
INTEREST INCOME ADJUSTMENT	2,428.
TAX DEPRECIATION ADJUSTMENT	63,693.
RECLASSIFICATION OF WEBSITE COSTS TO FIXED ASSETS	-59,201.
ROUNDING	
TOTAL TO FORM 990, PART XI, LINE 9	4,319.
	<u>-</u>

Related Organizations and Unrelated Partnerships ▶ Attach to Form 990. SCHEDULE R (Form 990)

2014

OMB No 1545-0047

Employer identification number 384-0583095 Open to Public Inspection ▶Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 CATTLE MARKETING INFORMATION SERVICE, INC Name of the organization Department of the Treasury Internal Revenue Service Part

(g) Section 512(bX13) controlled ž 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 Public charity status (if section <u>e</u> 501(c)(3)) Total income Exempt Code section ਉ ਉ Legal domicile (state or Legal domicile (state or foreign country) foreign country) Primary activity Primary activity Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity Part II

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

Schedule R (Form 990) 2014

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Page 2

84-0583095

CALTLE MAKK Schedule R (Form 990) 2014 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

General or Percentage managing ownership 50.00% 3 Yes × Code V-UBI gamount in box m 20 of Schedule K-1 (Form 1065) N/A Ξ Disproportionate Yes No allocations? Ξ 42,507 Share of end-of-year assets **6** 112,593, Share of total income ε Predominant income (related, unrelated, excluded from tax under sections 512-514) **e** RELATED (d)
| Direct controlling entity (c)
Legal
domicile
(state or
foreign ľΝ CATTLE INDUSTRY MARKET ANALYSIS Primary activity 9 Name, address, and EIN of related organization OBSONO LLC - 22-3771089 08721 BAYVILLE, NJ P.O. BOX 312

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

טופפווזבפווטוס וופסובים של בכולוסים של וופסו מחוויום וויפ ושל אפים	חווות ווופ ומע אפמו								
(a)	(q)	(c)	(p)	(e)	(J)	(6)	(h)	(i)	
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	Share of end-of-year	Percentage ownership	512(b)(13) controlled entity?	7 (5 d) 6
		country)		or trustly		455615		Yes No	2
C.F. RESOURCES, INC 84-0961724									
9110 E. NICHOLS AVENUE	RESEARCH STUDIES ON								
CENTENNIAL, CO 80112	CATTLE INDUSTRY	ည		C CORP	18,548.	168,607.	100% X	×	
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Schedule R (Form 990) 2014

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Schedule R (Form 990) 2014

Page 3

84-0583095

Schedule R (Form 990) 2014 S × × × × × × × × × × × × × Yes 1 1a ę ပ္ 79 þ ξ 우 4 Method of determining amount involved þ 두 4 4 ÷ F ¥ = ÷ 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 500. 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? Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 (c) Amount involved <u>\_</u> (b)
Transaction type (a·s) Performance of services or membership or fundraising solicitations for related organization(s) z m Performance of services or membership or fundraising solicitations by related organization(s) 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 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. j Lease of facilities, equipment, or other assets to related organization(s) Other transfer of cash or property from related organization(s) Gift, grant, or capital contribution 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 e 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 432163 08-14-14 L. Part V ۵ ے ત **3** ত্র <u>ම</u> 2 <u>ල</u>

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INC Schedule R (Form 990) 2014 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

(a)	(Q)	(c)	(a) (b)	<b>(£)</b>	(b)	£	8	S	3
Name, address, and EIN of entity	Primary activity	ë g	Predominant income parties (related, unrelated, 501(c/3)		Share of end-of-year	Dispropor- tionate allocations?	Dispropor- Code V-UBI General or Percentage totals amount in box 20 managing ownership allocations? of Schedille K-1 partner?	General or managing partner?	Percentage ownership
		country)	sections 512-514) Yes No	lo income	assets	Yes No	(Form 1065)	Yes No	
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