Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form

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

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 10/01/08 , and ending 9/30/09

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Termination
- [ ] Amended return
- [ ] Application pending

Please use IRS label or print or type. See Specific Instructions

C Name of organization
NEW YORK BEEF INDUSTRY COUNCIL, INC

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 250

City or town, state or country, and ZIP + 4
WESTMORELAND NY 13490-0250

D Employer identification number
22-2845726

E Telephone number
315-339-6922

F Group Exemption Number ▶

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method [ ] Cash [X] Accrual
Other (specify) ▶

I Website: ▶ WWW.NYBEEF.ORG

H Check ▶ [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Organization type (check only one)— [X] 501(c) (6) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

K Check ▶ [ ] if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 763,875

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	147,142
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments SEE STATEMENT 1	3	612,778
	4	Investment income	4	4,455
	5a	Gross amount from sale of assets other than inventory 5a		
	b	Less cost or other basis and sales expenses 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ [ ]		
	a	Gross revenue (not including $ _____ of contributions reported on line 1) 6a		
	b	Less direct expenses other than fundraising expenses 6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a	Gross sales of inventory, less returns and allowances 7a		
	b	Less cost of goods sold 7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ▶ SEE STATEMENT 2)	8	-500
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	763,875
Expenses	10	Grants and similar amounts paid (attach schedule) SEE STATEMENT 3	10	9,688
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	200,549
	13	Professional fees and other payments to independent contractors	13	5,200
	14	Occupancy, rent, utilities, and maintenance	14	19,271
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ SEE STATEMENT 4)	16	537,515
	17	**Total expenses.** Add lines 10 through 16 ▶	17	772,223
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-8,348
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	401,374
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶	21	393,026

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Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	314,217	22	319,408
23 Land and buildings	105,213	23	95,319
24 Other assets (describe ▶ SEE STATEMENT 5)	88,349	24	77,897
25 **Total assets**	507,779	25	492,624
26 **Total liabilities** (describe ▶ SEE STATEMENT 6)	106,405	26	99,598
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	401,374	27	393,026

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose?

TO PROMOTE BEEF AND BEEF PRODUCTS TO THE GENERAL PUBLIC.

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

28	PROMOTION-TO PROMOTE SALES OF BEEF PRODUCTS THROUGHOUT THE STATE OF NEW YORK. (Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	183,664
29	CONSUMER INFORMATION-INFORMATION PROVIDED TO EDUCATE THE GENERAL PUBLIC ABOUT THE BEEF INDUSTRY. (Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	104,031
30	INDUSTRY INFORMATION-INFORMATION PROVIDED TO PRODUCERS IN DAIRY AND CATTLE BUSINESS ABOUT WHAT IS GOING ON IN THE BEEF INDUSTRY. (Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	17,341
31	Other program services (attach schedule) SEE STATEMENT 7 (Grants $ 9,688) If this amount includes foreign grants, check here ▶ ☐	31a	43,621
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	348,657

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address		(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
CAROL GILLIS 6351 ROUTE 26 S	ROME NY 13440	EXECUTIVE DI	70,240	2,042	0
RICHARD AYERS 125 COUNTY RTE 45	ARGYLE NY 12809	CHAIRMAN	0	0	0
CONNIE KELLEY 9757 DUTCH ROAD	CAMDEN NY 13316	SECR/TREAS	0	0	0
AJ. WORMUTH PO BOX 275	ELBA NY 14058	V. CHAIRMAN	0	0	0
DAVE SCHUBEL 1021 RYAN ROAD	MEDINA NY 14103	V. CHAIRMAN	0	0	0
LLOYD KINNEAR 2865 COOLEY ROAD	CANANDAIGUA NY 14424	DIRECTOR	0	0	0
ART KEICHER 13104 BIG TREE ROAD	EAST AURORA NY 14052	DIRECTOR	0	0	0
PAUL DOXTADER 9516 RTE 274	REMSEN NY 13438	DIRECTOR	0	0	0
GLENN TAYLOR 9801 BABCOCK HILL ROAD	CASSVILLE NY 13318	DIRECTOR	0	0	0
SCOTT WHITTAKER 4585 NY ROUTE 26	WHITNEY POINT NY 13862	DIRECTOR	0	0	0
WOODY ADAMS 1420 LAKE ROAD	ONTARIO NY 14519	DIRECTOR	0	0	0
HEATHER BIRDSALL 60 CENTRAL AVENUE	CORTLAND NY 13045	DIRECTOR	0	0	0
KEVIN CARRAZZONE 43 KETTLE COURT	NEWBURGH NY 12550	DIRECTOR	0	0	0
CHARMAINE CAMPANY PO BOX 87	CROGHAN NY 13327	DIRECTOR	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ ; section 4912 ▶ _____ , section 4955 ▶ _____			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X

41 List the states with which a copy of this return is filed. ▶ NY

42a The books are in care of ▶ CAROL GILLIS Telephone no ▶ 315-339-6922

Located at ▶ 6351 RT 26 S ROME, NY ZIP + 4 ▶ 13440

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S.? If "Yes," enter the name of the foreign country. ▶ _____	42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51.

			Yes	No
46	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	46		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization(s) a section 527 organization?	49b		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over $100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None."

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors each receiving over $100,000 ▶		

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Carol Gillis — 11/25/10

Signature of officer — Date

CAROL GILLIS — EXECUTIVE DIRECTOR

Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Nancy Beadle CPA — Date: 1/22/10 — Check if self-employed ▶ ☐ — Preparer's Identifying Number (See instr)

Firm's name (or yours if self-employed), address, and ZIP + 4: GUSTAFSON & CO., CPA'S, 2249 STATE ROUTE 5, UTICA, NY 13502 — EIN ▶ 16-1263579 — Phone no ▶ 315-735-0705

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

Form **4562**
Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172
2008
Attachment Sequence No 67

Name(s) shown on return: NEW YORK BEEF INDUSTRY COUNCIL, INC

Identifying number: 22-2845726

Business or activity to which this form relates: INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6			

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	5,982

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	3,717
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only–see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property		2,103	5.0	HY	200DB	421
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs		S/L	
h	Residential rental property			27 5 yrs	MM	S/L	
				27 5 yrs	MM	S/L	
i	Nonresidential real property			39 yrs	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	1,875
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr	22	11,995
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? [X] Yes [ ] No 24b If "Yes," is the evidence written? [X] Yes [ ] No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use:								
2006 DODGE CARAVAN	9/29/06	100.00 %	27,027	27,027	5.0	S/L-	1,875	
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L-		
		%				S/L-		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28	1,875	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		X
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners	X	
39 Do you treat all use of vehicles by employees as personal use?		X
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		X
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		X
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2008 tax year (see instructions)					
43 Amortization of costs that began before your 2008 tax year				43	
44 **Total.** Add amounts in column (f). See the instructions for where to report				44	

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	Amount
CHECKOFF INCOME	$ 612,778
TOTAL	$ 612,778

Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount
NY RESTAURANT SHOW	$ -500
TOTAL	$ -500

Federal Statements

Statement 3 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid

Name and Address	Relationship to Organization		Class of Activity	Date of Gift	
Description of Property	Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation	Purpose
FINANCIAL	9,688					
TOTAL	9,688					

Statement 4 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
EXPENSES	$
TRAVEL AND LODGING	9,594
CONFERENCES AND MEETINGS	4,510
INSURANCE	2,862
OFFICE SUPPLIES & EXPENSE	4,717
TELEPHONE	5,701
POSTAGE AND SHIPPING	3,311
EQUIPMENT REPAIR	2,265
PRINTING AND PUBLICATIONS	4,794
INFORMATION PROGRAMS	1,531
PROMOTION PROGRAMS	96,581
TRADE SHOWS AND OTHER EVE	2,053
DUES AND SUBSCRIPTIONS	641
BUILDING MAINTENANCE	2,527
VEHICLE EXPENSES	7,029
ASSESSMENTS	350,819
NATIONAL PROGRAM EXPENSES	38,580
TOTAL	$ 537,515

Statement 5 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
GRANTS RECEIVABLE	$	$ 312
ACCOUNTS RECEIVABLE	83,003	71,966
PREPAID EXPENSES AND DEFERRED CHARGES	5,346	5,619
	88,349	77,897

Statement 6 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	$ 16,331	$ 32,698
GRANTS PAYABLE	2,375	
DEFERRED REVENUE	25,000	10,000
CHECK-OFF PAYABLE	62,699	56,900
	106,405	99,598

Statement 7 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments

Description
COLLECTION AND COMPLIANCE-INFORMATION PROVIDED TO PRODUCERS AND DEALERS IN THE BEEF INDUSTRY TO ENABLE THEM TO ADHERE TO PROPER REPORTING REQUIREMENTS.
PRODUCER COMMUNICATIONS
ASSESSMENTS
NATIONAL PROGRAM EXPENSES

Federal Statements

Form 990-EZ, Part II, Line 23 - Land and Buildings

Description	Beginning of Year	Accumulated Depreciation	End of Year	Accumulated Depreciation
LAND	$ 8,000	$	$ 8,000	$ 0
LAND IMPROVEMENTS	6,825		6,825	
BUILDING AND IMPROVEMENTS	84,168		84,168	
FURNITURE FIXTURES & EQUIPMENT	104,645		106,748	
VEHICLE	27,027		27,027	
ACCUMULATED DEPRECTION		125,452		137,449
TOTAL	$ 230,665	$ 125,452	$ 232,768	$ 137,449