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1

Department of the Treasury

### **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

Internal F	Revenue	Service	► The or	ganızatıon may	hav	e to use a copy	of this retu	rn to satisfy	y stat	e reporting	j requirer	nents	Inspection
A Foi	the :	2010 ca			egin	ning 01-01-2010	0 and end	ing 12-31-2	010				
<b>B</b> Che	ck ıf a	pplicable	C Name of COLORAD		RICL	JLTURAL LAND TRU	JST				D Emp	oloyer i	identification number
┌ Add	ress ch	nange	Doing Bus								84-	1317	592
∏ Nan	ne cha	nge	Doing bus	illess As							E Tele	phone	number
┌ Inıtı	al retu	rn	Number a	nd street (or P O	box r	ıf maıl ıs not delivei	red to street ac	ldress)	F	loom/suite	(30	3)22!	5-8677
<b>Г</b> Теп	nınate	d	8833 RAL	STON ROAD							,,,,,	-,	
┌ Ame	ended	return		wn, state or countr	y, an	nd ZIP + 4					<b>G</b> Gros	ss receip	ots \$ 42,451,665
Г Арр	lication	n pending	ARVADA, (	CO 80002									
			<b>F</b> Nar	ne and address	of p	rincipal officer			Τ,	d(a)		6 6C1	ıates <sup>?</sup>
			WILLIA	M FALES	·				_ ՝	i(a) is this	a group retur	п юг апп	lates/  Yes  - No
				ALSTON ROA A,CO 80002					1	<b>l(b)</b> Are al	l affiliates i	ncluded	?
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									t (see instructions)
I Tax	-exem	npt status	▼ 501(c)	(3) \( \bigcirc \) 501(c) (	) -	◀ (insert no ) 「	4947(a)(1) or	<u> 527</u>	<b></b>	H(c) Grou	ıp exemp	otion n	umber 🟲
1 W	heit e	>• <b>b</b> =- \Λ/\Λ/'	W CCALT	ORG					$\dashv$				
									<u> </u>				
			•	ion Trust As	socia	tion Other 🟲				<b>L</b> Year of fo	rmation 1	.995	M State of legal domicile CO
Pai	rt I	Sumi	mary										
Governance	- - -	IUMMOD	NITIES			discontinued it:							
	3	Number	of voting m	embers of the g	jove	rning body (Par	t VI, line 1a	)				3	13
ĕ	4	Number	ofindepend	lent voting mer	nber	rs of the govern	ıng body (Pa	rt VI, line 1	1b) .			4	13
Activities &	5	Total nun	nber of ınd	ıvıduals employ	/ed ı	ın calendar year	r 2010 (Part	:V, line 2a)				5	8
<b>ই</b>	6	Total nun	nber of vol	unteers (estima	ate i	fnecessary) .						6	40
						Part VIII, colu						7a	0
	ь	Net unrel	lated busir	iess taxable ind	ome	e from Form 990	0-T, line 34					7b	0
	_								-	Pric	r Year		Current Year
<u>.</u>	8			,	,	, line 1h)			•		35,039	-	33,898,762
Revenue	9 10	-		•	,	, line 2g)			•			,073	362,687
Ž	11					mn (A ), lines 3, v), lines 5, 6d, 8			•			,139	87,065 -2,065
	12		-	•		11 (must equal		•	line		-10	,723	-2,003
					_	<u>.`'.</u>	,				35,312	,704	34,346,449
	13	Grants	and simila	ir amounts paid	l (Pa	art IX, column (A	A), lines 1–3	3)	.			0	0
	14	Benefit	s paid to c	r for members	(Par	t IX, column (A	), line 4) .					0	0
82	15	Salarıe 10)	s, other co	ompensation, ei	mplo	yee benefits (P	art IX, colur	nn (A ), line	s 5-		393	,312	451,048
Expenses	16a	•	sional fund	raising fees (Pa	art I	X, column (A), l	line 11e) .					0	0
<b>₹</b>	ь	Total fur	ndraising exp	enses (Part IX. col	umn	(D), line 25) <b>▶</b> 71,	331		Ī				
ш	17			•		), lines 11a-11			⁻. ┟		34,262	,260	33,430,719
	18			,	•	nust equal Part			-		34,655	-	33,881,767
_	19					ne 18 from line :			· -		657	,132	464,682
8 % 9 8										Beginnin	_	ent	End of Year
9 m 0 m	25			+ V					-	•	/ear		
Not Assets or Fund Balances	20 21								-		2,657	-	3,230,138
5 × ×	21		•	,		ct line 21 from l			-		2,559	,618	3,168,348
Par			ature Blo		DLIA	t iiie 21 iioiii i	illie 20 .		•		2,559	,970	3,100,346
Under	penal edge a edge.	***** Signat	rjury, I dec , it is true, ** ture of office	lare that I have correct, and con						s based on		nation	to the best of my of which preparer has any
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Use (		Firm's add	dress 🕨 4999	PEARL EAST CR S	TE 30	00							Phone no 🕨 (303) 440-
	- 1		BOU	LDER, CO 80301									0399

BOULDER, CO 80301

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . . . . .

VIDE BY WORKING WITH AL COMMUNITIES  d on . Yes Vo No
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d on . Yes Vo . Yes Vo  Yes Vo
Yes No  Yes No
Yes No  Yes No
. Yes No  vices by expenses the amount of grants and  enue \$ 362,687 )  FINUING AGRICULTURAL PRODUCTION BY DNSULTS WITH GOVERNMENTAL AGENCIES VATION IN 2010, PROTECTING MORE THAN LK IS HAVING IN PROTECTING RURAL
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ROWN THE COLORADO CATTLEMEN'S GROWTH IN 2010, CCALT ACCEPTED CTIVE STEWARDS OF CHARITABLE STURN ON INVESTMENT IN 2010, CCALT AR INVESTED BY OUR SUPPORTERS TO EVER 370,497 ACRES FROM 1995 TO 2010 AND DONORS
enue \$ )
enue \$ )
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Part IV	<b>Checklist of</b>	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νo
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		Νo
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		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		No
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	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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		No
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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Form	990 (2010)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νo
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		Νo
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-24d and complete Schedule K. If "No," go to line 25	24a		No
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		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νο
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νo
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? <i>If</i> " <i>Yes," complete Schedule L, Part</i>			
	IV	28a		Νo
	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," complete Schedule L, Part IV	28b		Νo
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🖼	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,  Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νο
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? <i>If</i> "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νο
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Νo
а	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 Yes V No			
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		Νo
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		. [	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 15			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	1		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a		Νο
b 4a	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νο
b	If "Yes," enter the name of the foreign country •			
	See Instructions for filing requirements for Form ID F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\cdot$ .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		Νο
	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7b		
	file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year	1		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
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 and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
_	Did the organization make any taxable distributions under section 4966?	9a		
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross Income from members or shareholders	1		
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13				
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
h	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	]		
С	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
L	If "Vac " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	1/16		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Chack if Schadula O	contains a response to an	y question in this Part VI									J
Check if Schedule O	contains a response to an	y question in this Fait vi	-	-	•	•	-	•	•		.   *

Se	ction A. Governing Body and Management			
			Yes	No
_				
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct			
4	supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was	3		No
5	filed?  Did the organization become aware during the year of a significant diversion of the organization's assets? .	4 5		N o N o
6		6		
	Does the organization have members or stockholders?	-		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νo
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b		N o
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νo
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply			

Own website Another's website V Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization BARB DOWDY 8833 RALSTON ROAD

ARVADA,CO 80002 (303) 225-8677

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

Check if Schedule O contains a response to any question in this Part VII . . . . . . . . . . . . . .

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organ	nization nor any re	lated o	rganı	zatio	on co	mpen	sate	d any current office	r, director, or trust	ee
(A) Name and Title	(B) Average hours		tion ( that a	(che		II		( <b>D)</b> Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) WILLIAM FALES PRESIDENT	10 00	х		х				0	0	0
(2) SUE ANSCHUTZ-RODGERS DIRECTOR	5 00	х						0	0	0
(3) REEVES BROWN TREASURER	2 00	х						0	0	0
(4) MILES DAVIES DIRECTOR	1 00	Х						0	0	0
(5) H BEN DUKE III SECRETARY	5 00	х						0	0	0
(6) STEVE WOOTEN DIRECTOR	3 00	Х						0	0	0
(7) RICHARD KNIGHT DIRECTOR	1 00	х						0	0	0
(8) PENNY LEWIS DIRECTOR	1 00	Х						0	0	0
(9) KENNY ROGERS DIRECTOR	1 00	х						0	0	0
(10) CJ MUCKLOW DIRECTOR	4 00	х						0	0	0
(11) RANDY RUSK VICE PRESIDENT	8 00	х		х				0	0	0
(12) JOANNE SINCLAIRE DIRECTOR	3 00	х						0	0	0
(13) TIM WOHLGENANT DIRECTOR	3 00	х						0	0	0
(14) CHRIS WEST EXECUTIVE DIRECTOR	40 00			х				82,341	0	2,250

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	( <b>A</b> ) Name and Title	(B) A verage hours per		(ition ithat a			II		Repo compe	D) ortable onsation on the	(E) Reportable compensation from related	1	(F) Estima amount o compens	ited fother
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organiza	ation (W- 9-MISC)	organizations (W- 2/1099- MISC)		from t organizati relati organiza	:he on and ed
1b	Sub-Total	<u> </u>		<u>.                                    </u>	<u> </u>	<u> </u>	<u> </u>	<b> </b>						
С	Total from continuation sheets		tion A				<b>-</b>					+		
d	Total (add lines 1b and 1c) .							►		82,341		0		2,250
2	Total number of individuals (inc \$100,000 in reportable compe					ted	above)	who	receive	d more tha	an			
													Yes	No
3	Did the organization list any <b>for</b> on line 1a? <i>If</i> "Yes," complete Sc				ee, k • •	eye •	mploy	ee, o	rhighest • • •	compens	ated employee	3		Νο
4	For any individual listed on line organization and related organiz													
_	ındıvıdual			•	•	•		•				4		No
5	Did any person listed on line 1a services rendered to the organi											5		Νο
<u> </u>	ection B. Independent Cor	atractors												
1	Complete this table for your five \$100,000 of compensation from	e highest comper		ndep	ende	ent c	ontrac	tors	that rec	eıved mor	e than			
		(A) me and business add								Desc	(B) ription of services		(C) Compen	
			_	_			_							

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

\$100,000 in compensation from the organization ▶0

		2010)					Р	age <b>9</b>
Part VI	***	Statement of Revenu	ue		(A) Total revenue	(B) Related or	(C) Unrelated business	(D) Revenu
						exempt function revenue		exclude from tax under section
								512, 513, o
<u></u> 42 1	La	Federated campaigns	1a					
and other similar amounts	b	Membership dues	. 1b					
, E	c	Fundraising events	. 1c	40,105				
<u>2 E</u>		Related organizations	. 1d					
<u></u>		Government grants (contributions)	<b>1</b> e	3,075,150		ļ	ļ	
<u> </u>	f	All other contributions, gifts, grants similar amounts not included above	, and <b>1f</b> e	30,783,507				
ĝ	g	Noncash contributions included in li	nes 1a-1f \$	30,026,120				
र्ज ह	h	Total. Add lines 1a-1f	· · · · · · · · · · · · · · · · · · ·		33,898,762			
al l	٠_	FEEC FOR CERVICE		Business Code	0.0.00			
Program Service Revenue	2a b	FEES FOR SERVICE		541900	362,687	362,687		
е Н	c							
er vi	d							
න ව	e							
<u> </u>	f	All other program service rev	venue					
Š	g	<b>Total.</b> Add lines 2a-2f			362,687			
3		Investment income (includin			47.000			47.0
4		and other similar amounts) Income from investment of tax-ex			47,089	'		47,0
5		Royalties						
		. [	(ı) Real	(II) Personal				
6		Gross Rents						
	_	Less rental expenses						
		Rental income or (loss)						
-	d	Net rental income or (loss)		(11) O th a 11				
7		Gross amount	(ı) Securities 8,137,297	(II) O ther				
		from sales of assets other						
	Ь	than inventory Less cost or	8,097,321					
		other basis and sales expenses						
		Gain or (loss)  Net gain or (loss)	39,976 <b>b-</b>		39,976			39,9
<b>—</b>		Gross income from fundraisii			35,510			33,3
5		(not including						
è		of contributions reported on						
		See Part IV, line 18	a	5,830				
,	b	Less direct expenses	. <b>. b</b>	7,895				
_		Net income or (loss) from fur			-2,065			-2,0
9			ctivities See Part IV, line 19 . a					
		Net income or (loss) from ga	ming activities	b				
1		Gross sales of inventory, les returns and allowances						
	b	Less cost of goods sold .	a . b					
		Net income or (loss) from sa	_					
<u> </u>		Miscellaneous Revenue		Business Code				
1	l1a b							
	C							
	_	All other revenue	•					
		Total. Add lines 11a-11d						
			<b>+</b>					
1	L2	Total revenue. See Instruction	ons		34,346,449	362,687	0	85,0

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

A	Section 501(c)(3) and 501(c)(4) organizations mus Il other organizations must complete column (A) but are not required to o	-		(D).	
Do no	ot include amounts reported on lines 6b, b, 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 governments and organizations in the U S See Part IV, line 21		'		· · · · · ·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	84,591	54,985	21,994	7,612
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	307,752	158,890	108,665	40,197
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	28,464	14,159	9,656	4,649
10	Payroll taxes	30,241	15,381	10,084	4,776
а	Fees for services (non-employees) Management				
b	Legal	51,248	51,248		_
С	Accounting	9,994		9,994	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	27,465		27,465	
g	Other	84,597	74,643	9,954	
12	Advertising and promotion				
13	Office expenses	48,838	22,292	19,130	7,416
14	Information technology				
15	Royalties				
16	Occupancy	12,650	6,434	4,218	1,998
17	Travel	31,219	13,736	12,800	4,683
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,591		9,591	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,500	7,500		
23	Insurance	5,271		5,271	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	CONSERVATION EASEMENTS	33,142,346	33,142,346		
b					
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	22 004 767	22 501 611	240.022	71 221
		33,881,767	33,561,614	248,822	71,331
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet (A) (B) Beginning of year End of year 1 Cash—non-interest-bearing . . . . . . . . . . . . . 72 17,708 814.080 2 947,106 2 Savings and temporary cash investments . . . . . . . 130,092 3 3 158,478 4 312,992 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Assets 6 7 Notes and loans receivable, net . . . . . . . . . 8 4.997 Prepaid expenses and deferred charges . . . . 3,440 9 3,440 10a Land, buildings, and equipment cost or other basis Complete Part 64.650 10a VI of Schedule D 10b 29,434 ь Less accumulated depreciation . . . . . 13,427 **10c** 35,216 1.533.002 1.913.676 11 11 12 12 Investments—other securities See Part IV, line 11 . . . . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 16 2,657,588 16 3,230,138 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 97.618 17 61,790 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 Liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 25 25 Other liabilities Complete Part X of Schedule D . . . . . 26 97.618 26 61,790 **Total liabilities.** Add lines 17 through 25 . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets . . . . 359.636 368,508 Temporarily restricted net assets . . . . . 1,720,334 2,319,840 28 28 Fund 480,000 480,000 29 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here 🕨 🥅 and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds . . . . . Assets 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 2,559,970 3,168,348 33 Total net assets or fund balances . . . . 33 34 Total liabilities and net assets/fund balances . . . . . 2.657.588 3,230,138 34

Par	Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		34,3	346,44
2	Total expenses (must equal Part IX, column (A), line 25)	2		33,8	381,76
3	Revenue less expenses Subtract line 2 from line 1	3			164,68
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,5	559,97
5	Other changes in net assets or fund balances (explain in Schedule O)	5		1	143,69
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		3,1	168,34
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	•
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were in on a separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separated basis	ssued			
3a		e	3a		No
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	_	

**Employer identification number** 

#### OMB No 1545-0047

0040

2010

Open to Public Inspection

#### **SCHEDULE A**

(Form 990 or 990EZ)

h

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**Public Charity Status and Public Support** 

Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization COLORADO CATTLEMEN'S AGRICULTURAL LAND TRUST

84-1317592 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h ┌ Туре I **b** Type II Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizat col (i) lis: your gove docume	e Ion In ted In rnIng	(v) Did you not organizat col (i) of suppor	ion in your	(vi) Is the organizat col (i) orga	on in anized	(vii) A mount of support
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

Provide the following information about the supported organization(s)

# Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	under Part III. II u	ie organizacion	ialis to quality	inder the tests	iistea below, pi	ease co	iipiete i	art III.)
	ection A. Public Support		1	1				
Cale	endar year (or fiscal year beginning in) 🟲	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	<b>(e)</b> 2	010	<b>(f)</b> Total
1	·							
	membership fees received (Do no	ot 24,118,68	41,968,92	32,881,162	35,039,897	33	,888,657	167,897,330
	include any "unusual	, ,		, ,	, ,		, ,	, ,
,	grants ") Tax revenues levied for the							
2	organization's benefit and either							
	paid to or expended on its							
	behalf							
3	The value of services or facilities							
	furnished by a governmental unit to the organization without							
	charge							
4	Total. Add lines 1 through 3	24,118,68	41,968,92	32,881,162	35,039,897	33	,888,657	167,897,330
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							10 506 606
	supported organization) included							19,506,636
	on line 1 that exceeds 2% of the amount shown on line 11, column							
	(f)							
6	Public Support. Subtract line 5							148,390,694
	from line 4							110,330,031
	ection B. Total Support	1	1					
сак	endar year (or fiscal year beginning in) 📂	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 20	10	(f) Total
7	A mounts from line 4	24,118,689	41,968,925	32,881,162	35,039,897	33,	888,657	167,897,330
8	Gross income from interest,							
_	dividends, payments received							
	on securities loans, rents,	30,905	35,376	47,206	36,780		47,089	197,356
	royalties and income from							
_	similar sources Net income from unrelated							
9	business activities, whether or							
	not the business is regularly							
	carried on							
10	Other income Do not include							
	gain or loss from the sale of							
	capital assets (Explain in Part IV )							
11	Total support (Add lines 7							160,004,606
	through 10)							168,094,686
12	Gross receipts from related activi	ties, etc (See ins	tructions )			12		566,601
13	First Five Years If the Form 990 is	for the organizat	ion's first, second	l, thırd, fourth, or f	ifth tax year as a	501(c)(3	3) organız	'
	check this box and <b>stop here</b>							<b>▶</b> □
S	ection C. Computation of Pu	blic Support	Percentage					
14	Public Support Percentage for 20:			11 column (f))		14		88 280 %
15	Public Support Percentage for 200	09 Schedule A , P	art II, line 14			15		82 070 %
16a	33 1/3% support test-2010. If th	e organization did	I not check the bo	x on line 13, and l	ine 14 is 33 1/3%		. check t	
	and <b>stop here.</b> The organization qu						,	<b>▶</b>  ✓
b	<b>33 1/3% support test—2009.</b> If th				a, and line 15 is	3 3 1/3%	or more,	
4	box and <b>stop here.</b> The organization	•		=				▶□
1/a	10%-facts-and-circumstances tes is 10% or more, and if the organiz							
	in Part IV how the organization me							ed
	organization		a circumstances	toot ino organiz	ation quantito as	а равист	, 546601	Ĩ <b>⊳</b> ⊏
Ь	10%-facts-and-circumstances tes							
	15 is 10% or more, and if the orga			•		-		
	Explain in Part IV how the organiz	ation meets the "	facts and circums	tances" test The	organization qua	lifies as a	a publicly	<b>.</b>
18	supported organization  Private Foundation If the organization	ation did not chas	kahoyon line 12	16a 16h 17a o	r 17h chack this	hov and	500	<b>►</b> □
	instructions	and not chec	K a DOX OII IIIIe 13	, 100, 100, 1700	. I/D, CHECK HIIS	DOX allu		<b>▶</b> □

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for <b>2010</b> (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18	

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

DLN: 93493215005381

OMB No 1545-0047

Inspection

Open to Public

**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, 11, or 12. ► Attach to Form 990. ► See separate instructions.

	the organization CATTLEMEN'S AGRICULTURAL LAND TRUST		Emp	loyer identificati	on numb	er
CULURADO	CATTLEMEN'S AGRICULTURAL LAND TRUST		84-	1317592		
Part I	Organizations Maintaining Donor Ac				Comple	te if the
	organization answered "Yes" to Form 99	(a) Donor advised funds	-	( <b>b)</b> Funds and oth	er accou	nts
L Tota	I number at end of year	(a) bener authora lands		(2) : 11112 1111 111		
	regate contributions to (during year)					
	regate grants from (during year)					
	regate value at end of year					
	the organization inform all donors and donor advi s are the organization's property, subject to the o	<del>-</del>	oradvi	sea	☐ Yes	☐ No
used	the organization inform all grantees, donors, and I only for charitable purposes and not for the ben erring impermissible private benefit		•		┌ Yes	┌ No
Part II	Conservation Easements. Complete	if the organization answered "Yes" to	o Forn	n 990, Part IV,	lıne 7.	
┌ ┌ Com	Preservation of land for public use (e g , recreati Protection of natural habitat Preservation of open space uplete lines 2a-2d if the organization held a quali ement on the last day of the tax year	Preservation of a c	ertifie	d historic structu		a
cusc	sment on the last day of the tax year	1		Held at the E	nd of the	Year
a Tota	Il number of conservation easements		 2a	neid de the L	ila or the	261
_	Il acreage restricted by conservation easements		2b		370	,497 00
	ber of conservation easements on a certified his	toric structure included in (a)	2c			0
_	ber of conservation easements included in (c) ac	` '	2d			0
		· · · · ·				
	nber of conservation easements modified, transfe caxable year 🛌 <u> </u>	rred, released, extinguished, or terminate	a by tr	ie organization di	aring	
Num	ber of states where property subject to conserva	ition easement is located 🛌 🧘 3				
	s the organization have a written policy regarding rcement of the conservation easements it holds?		dling of	violations, and	✓ Yes	┌ No
<b>S</b> taff	f and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	ents d	uring the year 🛌	2319	00
<b>7</b> A mo	ount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	during	g the year ► \$	52,79	8
	s each conservation easement reported on line 2 (h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion		┌ Yes	┌ No
bala	art XIV, describe how the organization reports conce sheet, and include, if applicable, the text of torganization's accounting for conservation easem	he footnote to the organization's financial	•	•		
art III	Organizations Maintaining Collectio		or Ot	her Similar A	ssets.	
7.5.1	Complete if the organization answered "			1 - 1 1 1		
art, I	e organization elected, as permitted under SFAS historical treasures, or other similar assets held ide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	:h ın fu			e,
histo	e organization elected, as permitted under SFAS orical treasures, or other similar assets held for pide the following amounts relating to these items	oublic exhibition, education, or research in				
(i) <sub>F</sub>	Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
(ii) <sub>/</sub>	Assets included in Form 990, Part X			<b>►</b> \$		
_	e organization received or held works of art, histo wing amounts required to be reported under SFA!	•	r finan	cial gain, provide	the	

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tre</u>	easur	es, or O	the	r Simil	ar Ass	ets (c	ontınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ie foll	owing th	nat are	a significa	ant u	se of its	collectio	n	
а	Public exhibition		d	Γ	Loan o	rexcha	ange progr	ams				
Ь	Scholarly research		e	$\vdash$	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ıın hov	v they	/ further	the or	ganızatıon	ı's ex	empt pu	rpose in		
5	During the year, did the organization solicity assets to be sold to raise funds rather than t								ıılar	Г	Yes	┌ No
Par	Part IV, line 9, or reported an ar	ements. Comple	ete ıf	the o	organiz	ation			es" to F	orm 99	0,	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	ian or other interme	ediary	for c	ontributi	ions or	other ass	ets r	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follow	ıng ta	able		Γ			A mo	unt	
с	Beginning balance						F	1c				
d	Additions during the year						F	1d				
e	Distributions during the year							1e				
f	Ending balance							1f				
	Did the organization include an amount on Fo	orm 990 Bort V lin	0 212				L				Yes	
2a L	-	•	e 21,							ı	1 65	1 140
	If "Yes," explain the arrangement in Part XI\  rt V Endowment Funds. Complete		n and	MORO	d "Vac	" to E	orm 000	Dan	+ T\/ _lıc	<u>α 10</u>		
Ра	Endowment Funds. Complete	(a)Current Year		Prior \			o Years Back				<b>e)</b> Four \	ears Back
1a	Beginning of year balance	2,294,395	ν		,719,836	(-)	1,664,1		,	,		
 Ь	Contributions	515,634			674,564		397,8	86				
c	Investment earnings or losses	228,596			165,194		-233,9	39				
d	Grants or scholarships											
e	Other expenditures for facilities and programs	65,134			265,199		108,3	00				
f	Administrative expenses											
g	End of year balance	2,973,491		2,	,294,395		1,719,8	36				
2	Provide the estimated percentage of the yea	r end balance held a	as		•			_		•		
а	Board designated or quasi-endowment	84 000 %										
ь	Permanent endowment 16 000 %											
	reilialient endownent P											
c 3a	Term endowment ►  Are there endowment funds not in the posse	ssion of the organiz	ation	that a	re held	and ad	ministere	d for	the			
	organization by	zz.z o. t.io organiz			5 ,7614			01			Yes	No
	(i) unrelated organizations									. 3a(i)		No
	(ii) related organizations									3a(ii)	1	No
	If "Yes" to 3a(II), are the related organizatio	•						٠		. 3b		<u> </u>
4	Describe in Part XIV the intended uses of th	<u> </u>				0 D-	ا ⊶ا کاست	10				
Paï	t VI Investments—Land, Building	s, and Equipme	nt. 5			•					Τ	
	Description of investment				a) Cost or sıs (ınvest		(b)Cost or basis (oth			umulated eciation	(d) E	look value
1a	Land		•									
b	Buildings		•									
c	Leasehold improvements		•									
d	Equipment						6-	4,650		29,434	1	35,216
	Other											
Tota	<b>I.</b> Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colur	mn (B)	, line	10(c).)							35,216
									Sche	edule D (	Form 9	90) 2010

Investments—Other Securities. See	roi ili 990, Pait X, ilile 12		
(a) Description of security or category	(b)Book value	(c) Method of valuation	
(including name of security)	(2)2001111111	Cost or end-of-year market v	alue
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
		12	
Part VIII Investments—Program Related. See	: гогиг ээо, rait x, ime . T		
(a) Description of investment type	(b) Book value	(c) Method of valuation	ماليم
		Cost or end-of-year market v	aiue
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, In	e 15.		
(a) Descrip	tion	(b) Book v	alue
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
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Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		

Schedule	e D (Form 990) 2010				Page <b>4</b>
Part >	• Reconciliation of C	hange in Net Assets from Fo	rm 990 to Financial Stateme	nts	T
<b>1</b> T	otal revenue (Form 990, Pari	: VIII, column (A), line 12)		1	34,346,449
2 T	otal expenses (Form 990, Pa	rt IX, column (A), line 25)		2	33,881,767
3 E	xcess or (deficit) for the year	· Subtract line 2 from line 1		3	464,682
<b>4</b> N	et unrealized gains (losses)	on investments		4	143,697
<b>5</b> D	onated services and use of fa	acılıtıes		5	
<b>6</b> Ir	nvestment expenses			6	
<b>7</b> P	rıor perıod adjustments			7	
<b>8</b> 0	ther (Describe in Part XIV)			8	
9 <sub>T</sub>	otal adjustments (net) Add I	ines 4 - 8		9	143,697
		per financial statements Combine III		10	608,379
Part X		<b>Revenue per Audited Financia</b> er support per audited financial stater	nl Statements With Revenue p	er Re	34,498,041
		ut not on Form 990, Part VIII, line 12			34,430,041
		tments	<b>2a</b>   143,697		
<b>b</b> [	Donated services and use of	facilities	. 2b		
c F	Recoveries of prior year gran	ıs	. 2c		
d (	Other (Describe in Part XIV)		2d		
<b>e</b> /	Add lines <b>2a</b> through <b>2d</b>			2e	143,697
3 9	Subtract line <b>2e</b> from line <b>1</b> .			3	34,354,344
		90, Part VIII, line 12, but not on line	1 1		
	•	luded on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIV)		. 4b -7,895	_	
	Add lines <b>4a</b> and <b>4b</b>	nd <b>4c.</b> (This should equal Form 990, P		4c	-7,895
Part XI			al Statements With Expenses		34,346,449 <b>Return</b>
	Total expenses and losses pe				33,889,663
	statements			1	
		ut not on Form 990, Part IX, line 25			
		facilities	2a		
	Prior year adjustments Other losses		2b		
	Other (Describe in Part XIV)		2d 7,895		
	Add lines <b>2a</b> through <b>2d</b>			2e	7,895
	Subtract line <b>2e</b> from line <b>1</b> .			3	33,881,768
4 4	Amounts included on Form 99	00, Part IX, line 25, but not on line 1:			
a I	nvestment expenses not inc	luded on Form 990, Part VIII, line 7b	4a		
b c	Other (Describe in Part XIV)		4b		
	Add lines <b>4a</b> and <b>4b</b>			4c	0
	•	nd <b>4c.</b> (This should equal Form 990, F	Part I, line 18)	5	33,881,768
Part X	<u> </u>		B, 5, and 9, Part III, lines 1a and 4, P	art IV	lines 1h and 2h
Part V,			XIII, lines 2d and 4b Also complete t		
daditio	Ident if ier	Return Reference	Explanat	ion	
EXPLAN	ATION OF EASEMENTS	PART II, LINE 5	THE COLORADO CATTLEMEN'S A	GRIC	ULTURAL LAND
ENFORC	CEMENT POLICIES	,	TRUST (CCALT) IS CURRENTLY O		
			CONSERVATION EASEMENT STE AND ENFORCEMENT POLICY APP		
			1999 OUR POLICIES ENSURE CO	'AIT V	
			ETNIANCTAL MEANS NEGECCARY		
			FINANCIAL MEANS NECESSARY PERPETUAL OBLIGATIONS TO ST	го со	
			PERPETUAL OBLIGATIONS TO STOOMSERVATION EASEMENTS WE	TO CO TEWAR HAVE	RD THE E AND WILL ACCEPT
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			PERPETUAL OBLIGATIONS TO STONSERVATION EASEMENTS WE GOING FORWARD CCALT'S POLICCALT WILL HAVE THE NECESSAENFORCE EACH CONSERVATION	TO CO TEWAR HAVE CIES A RY DO EASE	RD THE E AND WILL ACCEPT ALSO ENSURE THAT D CUMENTATION TO EMENT GOING
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			PERPETUAL OBLIGATIONS TO STON SERVATION EASEMENTS WE GOING FORWARD CCALT'S POLICCALT WILL HAVE THE NECESSAENFORCE EACH CONSERVATION FORWARD THIS INCLUDES ACCUMENTATION SERVATION WELL AS PROPER DOCUMENTATION ISSUES WHICH HAVE OCCURRED	TO CO TEWAR CIES A RY DO EASE JRATE ONS O	RD THE E AND WILL ACCEPT ALSO ENSURE THAT D CUMENTATION TO EMENT GOING E BASELINE FILES AS OF STEWARDSHIP HE PAST
			PERPETUAL OBLIGATIONS TO STON SERVATION EASEMENTS WE GOING FORWARD CCALT'S POLICALT WILL HAVE THE NECESSAENFORCE EACH CONSERVATION FORWARD THIS INCLUDES ACCUMENTATION OF THE SERVATION OF THE SE	TO CO TEWAF HAVE CIES RY DO EASE JRATE ONS ONS ERPRE	RD THE E AND WILL ACCEPT ALSO ENSURE THAT CUMENTATION TO EMENT GOING E BASELINE FILES AS OF STEWARDSHIP HE PAST ETATION OR
			PERPETUAL OBLIGATIONS TO STON SERVATION EASEMENTS WE GOING FORWARD CCALT'S POLICALT WILL HAVE THE NECESSAENFORCE EACH CONSERVATION FORWARD THIS INCLUDES ACCUMENTATION OF THE SEASE WHICH HAVE OCCURRED LANDOWNER REQUESTS FOR INTOCHANGES TO THE DEED OF EASE WRITING, SO CCALT HAS RECOR	FO CO FEWAFE FAVE CIES RY DO EASE JRATE ONS IN THE ERPR EMENT DS OF	RD THE E AND WILL ACCEPT ALSO ENSURE THAT D CUMENTATION TO EMENT GOING E BASELINE FILES AS OF STEWARDSHIP HE PAST ETATION OR T MUST COME IN ETHE LANDOWNER'S
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			PERPETUAL OBLIGATIONS TO STON SERVATION EASEMENTS WE GOING FORWARD CCALT'S POLICALT WILL HAVE THE NECESSAENFORCE EACH CONSERVATION FORWARD THIS INCLUDES ACCUMENTATION OF THE SEASE WHICH HAVE OCCURRED LANDOWNER REQUESTS FOR INTENTIONS IF A RESERVED RIGHT OF MUST BE IN WRITING AND INTENTIONS THE NETTOR OF TOOMUST BE IN WRITING AND INTENTICE PROVISIONS SET FOR THE	TO CO TEWAF HAVE CIES RY DO EASE JRATE ONS IN THE ERPR EMENT DS OF HT IS N COIL	RD THE E AND WILL ACCEPT ALSO ENSURE THAT D CUMENTATION TO EMENT GOING E BASELINE FILES AS OF STEWARDSHIP HE PAST ETATION OR THE LANDOWNER'S EXERCISED, THIS MPLIANCE WITH THE ACH DEED OF
			PERPETUAL OBLIGATIONS TO STON SERVATION EASEMENTS WE GOING FORWARD CCALT'S POLICE CALT WILL HAVE THE NECESSAEN FORCE EACH CONSERVATION FORWARD THIS INCLUDES ACCUMENTATION OF THE SEASE WHICH HAVE OCCURRED LANDOWNER REQUESTS FOR INTENTIONS IF A RESERVED RIGHT OF MUST BE IN WRITING AND INTENTIONS IF A RESERVED RIGHT ON MUST BE IN WRITING AND INTENTIONS OF THE DEED OF THE CONSERVATION EASEMENT IF A HANDS, IT IS CCALT'S POLICY TO THE CONSERVATION EASEMENT IF A HANDS, IT IS CCALT'S POLICY TO THE CONSERVATION EASEMENT IF A HANDS, IT IS CCALT'S POLICY TO THE CONSERVATION EASEMENT IF A HANDS, IT IS CCALT'S POLICY TO THE CONSERVATION EASEMENT IF A HANDS, IT IS CCALT'S POLICY TO THE CONSERVATION EASEMENT IF A HANDS, IT IS CCALT'S POLICY TO THE CONSERVATION EASEMENT IF A HANDS, IT IS CCALT'S POLICY TO THE CONSERVATION EASEMENT IF A HANDS, IT IS CCALT'S POLICY TO THE CONSERVATION EASEMENT IF A HANDS, IT IS CCALT'S POLICY TO THE CONSERVATION EASEMENT IF A HANDS, IT IS CCALT'S POLICY TO THE CONSERVATION EASEMENT IF A HANDS, IT IS CCALT'S POLICY TO THE CONSERVATION EASEMENT IF A HANDS, IT IS CCALT'S POLICY TO THE CONSERVATION EASEMENT IF A HANDS, IT IS CCALT'S POLICY TO THE CONSERVATION EASEMENT IF A HANDS.	TO CO TEWAF HAVE CIES RY DO EASE JRATE ONS IN THE ERPR HT IS N COI H IN E A PRO O UPD	RD THE E AND WILL ACCEPT ALSO ENSURE THAT CUMENTATION TO EMENT GOING E BASELINE FILES AS OF STEWARDSHIP HE PAST ETATION OR THE LANDOWNER'S EXERCISED, THIS MPLIANCE WITH THE ACH DEED OF PERTY CHANGES DATE OUR RECORDS
			PERPETUAL OBLIGATIONS TO STON SERVATION EASEMENTS WE GOING FORWARD CCALT'S POLICALT WILL HAVE THE NECESSAENFORCE EACH CONSERVATION FORWARD THIS INCLUDES ACCUMENTATION OF THE SEASE WHICH HAVE OCCURRED LANDOWNER REQUESTS FOR INTENTIONS IF A RESERVED RIGHT OF MUST BE IN WRITING AND INTENTIONS IF A RESERVED RIGHT OF MUST BE IN WRITING AND INTENTIONS THE MOTICE PROVISIONS SET FOR THE CONSERVATION EASEMENT IF A	TO CO TEWAF HAVE CIES A RY DO EASE JRATE ONS () IN THE ERPR HENT DS OF HT IS N COI H IN E A PRO O UPC OWNER	RD THE E AND WILL ACCEPT ALSO ENSURE THAT CUMENTATION TO EMENT GOING E BASELINE FILES AS OF STEWARDSHIP HE PAST ETATION OR THE LANDOWNER'S EXERCISED, THIS MPLIANCE WITH THE ACH DEED OF PERTY CHANGES OATE OUR RECORDS R TO ENSURE THEY
			PERPETUAL OBLIGATIONS TO STON SERVATION EASEMENTS WE GOING FORWARD CCALT'S POLICALT WILL HAVE THE NECESSAENFORCE EACH CONSERVATION FORWARD THIS INCLUDES ACCUMENTATION OF THE SEASE WHICH HAVE OCCURRED LANDOWNER REQUESTS FOR INTENTIONS IF A RESERVED RIGHT OF MUST BE IN WRITING AND INTENTIONS IF A RESERVED RIGHT ON MUST BE IN WRITING AND INTENTIONS IF A RESERVED RIGHT ON SERVATION EASEMENT IF A HANDS, IT IS CCALT'S POLICY TAND MEET WITH THE NEW LANDOFULLY UNDERSTAND THE RESTRICT OF THEIR PROPERTY THIS IS TO TREE	TO CO TEWAF HAVE CIES A RY DO EASE JRATE ONS () IN THE ERPRI H IN E A PRO O UPD OWNER CTIO Y TO	RD THE E AND WILL ACCEPT ALSO ENSURE THAT CUMENTATION TO EMENT GOING E BASELINE FILES AS OF STEWARDSHIP HE PAST ETATION OR THE LANDOWNER'S EXERCISED, THIS MPLIANCE WITH THE ACH DEED OF PERTY CHANGES OATE OUR RECORDS R TO ENSURE THEY NS SET FORTH ON PREVENT FUTURE
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			PERPETUAL OBLIGATIONS TO STON SERVATION EASEMENTS WE GOING FORWARD CCALT'S POLICY THE NECESSAEN ENFORCE EACH CONSERVATION FORWARD THIS INCLUDES ACCUMELL AS PROPER DOCUMENTATISSUES WHICH HAVE OCCURRED LANDOWNER REQUESTS FOR INTICHANGES TO THE DEED OF EASE WRITING, SO CCALT HAS RECORINTENTIONS IF A RESERVED RIGHT TOO MUST BE IN WRITING AND INTENTIONS IF A RESERVED RIGHT ON SERVATION EASEMENT IF A HANDS, IT IS CCALT'S POLICY TAND MEET WITH THE NEW LANDOFULLY UNDERSTAND THE RESTRICT HEIR PROPERTY THIS IS TO THE STEWARDSHIP ISSUES FROM AR POLICY OF MONITORING EVERY ANNUAL BASIS THIS USUALLY IN PROPERTY IN PERSON BUT MAY MONITORING, OR REMOTE MONITORING, OR REMOTE MONITORING.	TO CO TEWAF THAVE CIES A RY DO EASE JRATE ONS () IN THE ERPRI HIN E THAVE O UPD WNEF CTIO Y TO ISING EASE NCLUE ALSO TORE APPL ANDO	RD THE E AND WILL ACCEPT ALSO ENSURE THAT D CUMENTATION TO EMENT GOING E BASELINE FILES AS OF STEWARDSHIP HE PAST ETATION OR THE LANDOWNER'S EXERCISED, THIS MPLIANCE WITH THE ACH DEED OF PERTY CHANGES OATE OUR RECORDS R TO ENSURE THEY NS SET FORTH ON PREVENT FUTURE CCALT HAS A MENT ON AN DES A VISIT TO THE INCLUDE AERIAL NG CCALT'S IES TO THE OWNER MAY
			PERPETUAL OBLIGATIONS TO STON SERVATION EASEMENTS WE GOING FORWARD CCALT'S POLICY AND MEET WHILLY UNDERSTAND THE RESTRICT OF MUST BE AND	TO CO TEWAF THAVE CIES A RY DO TEMATE ONS ( TEMENT DS OF THAT THAT THAT THAT THAT THAT THAT THA	RD THE E AND WILL ACCEPT ALSO ENSURE THAT D CUMENTATION TO EMENT GOING E BASELINE FILES AS OF STEWARDSHIP HE PAST ETATION OR THE LANDOWNER'S EXERCISED, THIS MPLIANCE WITH THE ACH DEED OF PERTY CHANGES OATE OUR RECORDS R TO ENSURE THEY NS SET FORTH ON PREVENT FUTURE CCALT HAS A MENT ON AN DES A VISIT TO THE INCLUDE AERIAL NG CCALT'S IES TO THE OWNER MAY NITORS OF CCALT T MAKE DECISIONS
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DLN: 93493215005381

OMB No 1545-0047

#### **SCHEDULE G** (Form 990 or 990-EZ)

## Supplemental Information Regarding **Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization COLORADO CATTLEMEN'S AGRICULTURAL LAND TRUST **Employer identification number** 

						84-1317592	
Pa	rt I Fundraising Ac	<b>tivities.</b> Complet	e if the i	organiza	tion answered "Yes"	to Form 990, Part IV	, line 17.
a b c d	Indicate whether the organ  Mail solicitations  Internet and e-mail so  Phone solicitations  In-person solicitations  Did the organization have or key employees listed in the compensated at least	olicitations s a written or oral agre n Form 990, Part VII st paid individuals or	ement wi ) or entity	e f g th any ind y in conne (fundraise	Solicitation of non Solicitation of good Special fundraising dividual (including office ection with professional ers) pursuant to agreem	n-government grants vernment grants ng events ers, directors, trustees fundraising services? ents under which the fur	
	i) Name and address of Individual or entity (fundraiser)	(ii) Activity	fundraı cust	Did ser have ody or trol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
Tota	l						

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form				
			(a) Event #1  BBQ (event type)	(b) Event #2  (event type)	(c) O ther Events (total number)	(d) Total Events (Add col (a) through col (c))
φ	1	Gross receipts	45,935	5		45,935
Revenue	2	Less Charitable contributions	40,109	5		40,105
~	3	Gross income (line 1 minus line 2)	5,830			5,830
	4	Cash prizes				
မှာ	5	Non-cash prizes				
anse.	6	Rent/facility costs				
Expenses	7	Food and beverages				
Direct	8	Entertainment				
ā	9	Other direct expenses .	7,89!	5		7,895
	10	Direct expense summary Add line	es 4 through 9 ın column	(d)	🛌	7,895
	11	Net income summary Combine li	nes 3 and 10 in column (	d)		-2,065
Par	t III	<b>Gaming.</b> Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or rep	orted more than
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total gaming (Add col (a) through col (c))
		Gross revenue				+
Ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	∀es %     No	┌ Yes % ┌ No	┌ Yes % ┌ No	
		Direct expense summary Add lines				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (a)	<u> </u>	
9 a b	Is t	er the state(s) in which the organiza he organization licensed to operate: No," Explain	gamıng activities in eac			Yes No
10a b		re any of the organization's gaming l Yes," Explain			the tax year?	· · Fyes Fno

11	Does the organization operate ga	aming activities with nonmembers?		$\Gamma_{\text{Yes}}$ $\Gamma_{\text{No}}$
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mer	nber of a partnership or other entity	
	formed to administer charitable (	jaming?		Г <sub>Yes</sub> Г <sub>No</sub>
13	Indicate the percentage of gamin	ng activity operated in		
а	The organization's facility			1
b	An outside facility		13b	
14	Provide the name and address or records	f the person who prepares the organız	ation's gaming/special events books and	
	Name 🟲			
	Address 🟲			
15a		ntract with a third party from whom th		
ь		ning revenue received by the organizated by the third party 🟲 \$	ation <b>&gt;</b> \$ and the	
c	If "Yes," enter name and address	5		
	Name 🟲			
	Address 🟲			
16	Gaming manager information			
	Name 🟲			
	Gaming manager compensation l	<b>\$</b>		
	Description of services provided	<b>&gt;</b>		
	Director/officer	Employee	Independent contractor	
17	Mandatory distributions			
а		er state law to make charitable distrib		
p.				· Fyes Fno
D		required under state law distributed activities during the tax year > \$	to other exempt organizations or spent	
Par			r responses to question on Schedule	e G (see
	Identifier	ReturnReference	Explanation	

**NonCash Contributions** 

OMB No 1545-0047

**SCHEDULE M** (Form 990)

Department of the Treasury

Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

Open to Public Inspection

Vame	of the	organiza	tıon			
COLOR		TTLÉMEN'S	<b>AGRICULTU</b>	RAL	AND	TRUS

Employer identification number

COLO	RADO CATTLÉMEN'S AGRICULTURAL LAND 1	ΓRUST			. ,			
					84-1317592			
Pa	rt I Types of Property			T	1			
		(a) Check if applicable	<b>(b)</b> Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of determining of amounts		ontribut	ion
1	Art—Works of art			_				
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
good								
	Cars and other vehicles .							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded							
	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests .							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures	x	34	33,142,346	APPRAISAL			
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts .							
25	O ther ► ()							
26	O ther ►()							
27	O ther ►()							
28	O ther ► ()							
29	Number of Forms 8283 received befor which the organization complete				29			
30a	During the year, did the organizati	ion receive	e by contribution any prope	rty reported in Part I, lines	1-28 that it		Yes	No
	must hold for at least three years							
	for exempt purposes for the entire					30a		No
b	If "Yes," describe the arrangemen			·		554		-
31	Does the organization have a gift			review of any non-standard	contributions?	31		Νo
32a	Does the organization hire or use	thırd partı	es or related organizations	to solicit, process, or sell				
	contributions?					32a		Νo

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

**b** If "Yes," describe in Part II

describe in Part II

Page 2

#### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2010

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# Supplemental Information to Form 990 or 990-EZ

(Form 990 or 990-EZ)

**SCHEDULE 0** 

Department of the Treasury Internal Revenue Service

Name of the organization

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

COLORADO CATTLEMEN'S AGRICULTURAL LAND TRUST

**Employer identification number** 

84-1317592

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE BOARD OF DIRECTORS REVIEWS AND APPROVES AN ELECTRONIC VERSION OF THE 990 AN OFFICER OF THE ORGANIZATION SIGNS THE 990

Identifier Return Reference Explanation		Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ALL CONFLICTS OF INTERESTS ARE REQUIRED TO BE DISCLOSED TO THE BOARD OF DIRECTORS BY COMPLETING THE CONFLICT OF INTEREST STATEMENT FORM

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15A	THE EXECUTIVE COMMITTEE DEVELOPS THE COMPENSATION PACKAGE FOR THE EXECUTIVE DIRECTOR THE COMMITTEE REVIEWS SEVERAL SOURCES OF DATA TO DETERMINE THE COMPENSATION WHICH INCLUDES GUIDESTAR AND SURVEYS

	ldentifier	Return Reference	Explanation	
I	FORM 990, PART VI, SECTION C, LINE 19		BY CONTACTING THE ORGANIZATION	

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 143,697