

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



DLN: 93493320038572

Form **990**

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)

2011

OMB No 1545-0047

2011

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

Open to Public Inspection

ilellal Revellu		1			·	Inspection
		lendar year, or tax year beginning 07-01-201: C Name of organization	1 and ending 06-30-20	12	D Employer ide	ntification number
Check if a Address c		KLAMATH CATTLEMANS ASSOCIATION			93-056227!	
_	_	Doing Business As		_	E Telephone nu	
Name cha					(541) 545-6	331
Initial retu — _		Number and street (or P O box if mail is not deliver PO BOX 7108	red to street address) Room/s	uite	G Gross receipts	
Terminate —						
Amended —		City or town, state or country, and ZIP + 4 KLAMATH FALLS, OR 97602				
Applicatio	n pending					
		F Name and address of principal officer NATHAN JACKSON			s a group return	
		57301 GERBER ROAD		affilia	tes?	⊤Yes 🔽 No
		BONANZA,OR 97623		H(b) Are all	affiliates include	ed?
Tay ayar	mpt status	501(c)(3)	1047(-)/1)			(see instructions)
			4947(a)(1) or 527	H(c) Grou	p exemption nur	nber 🟲
Websit	e:► N/A			1		
(Form of o	rganızatıon	Corporation Trust Association Other		L Year of for	mation 1990 M	State of legal domicile Ol
Part I	Sum	mary				
		escribe the organization's mission or most sig	gnificant activities			
	PROMO	TE AREA CATTLE INDUSTRY				
2 3 4 5 6 1						
2	Check th	is box দ if the organization discontinued it:	s operations or disposed	of more than 2	5% of its net as	sets
8 3		of voting members of the governing body (Par			3	13
ß 4		of independent voting members of the governi			 	1:
5		mber of individuals employed in calendar year			5	(
፤		mber of volunteers (estimate if necessary) .			6	30
		elated business revenue from Part VIII, colu lated business taxable income from Form 990			7a 7b	(
— В	Net unie	Tated business taxable income from Form 990	5-1, lille 54	Prio	r Year	Current Year
8	Contri	butions and grants (Part VIII, line 1h)		Filo	1,384	2,438
ou I		m service revenue (Part VIII, line 2g)		<u> </u>	307,634	418,613
Heyenu		ment income (Part VIII, column (A), lines 3,			19	23
å 11		revenue (Part VIII, column (A), lines 5, 6d, 8	,		0	
12		evenue—add lines 8 through 11 (must equal		ne		
					309,037	421,074
13		and similar amounts paid (Part IX, column (0	0
14		ts paid to or for members (Part IX, column (A es, other compensation, employee benefits (P			- 0	
& 15	5-10)		art 1x, column (A), mies		О	0
ЕД Не 16а в В Не Не Не Не Не Не Не Не Не Не Не Не Не	Profes	sional fundraising fees (Part IX, column (A), l	line 11e)		0	C
ੜੇ ь	Total fu	ndraising expenses (Part IX, column (D), line 25) 🕒				
ш ₁₇	Other	expenses (Part IX, column (A), lines 11a–11	d,11f-24e)		322,564	430,873
18	Total e	expenses Add lines 13–17 (must equal Part	IX, column (A), line 25)		322,564	430,873
19	Reven	ue less expenses Subtract line 18 from line :	12		-13,527	-9,799
පිරි විසි					of Current	End of Year
Section 20	Total	assets (Part X, line 16)		— Y	ear 22,998	13,199
第四 20 元		iabilities (Part X, line 26)			22,998	13,199
		sets or fund balances Subtract line 21 from			22,998	13,199
Part II		ature Block			/	10,10
Jnder pena	alties of pe and belie	erjury, I declare that I have examined this return, f, it is true, correct, and complete. Declaration of				
	****				12-11-15	
Sign	Signa	ture of officer		Da	te	
Here		AN JACKSON PRESIDENT				
	F Type	or print name and title			T	
	Preparer		Date	Check if self-	Preparer's taxpay (see instructions)	er identification number
Paid	signature	SEEK OF RESIDENT FALLS LEC		employed 🕨	P01295642	
Preparer's		ame (or yours ISLER OF KLAMATH FALLS LLC			EIN • 20-468638	 35
Jse Only		and ZIP + 4 626 S SEVENTH STREET				
		KLAMATH FALLS, OR 97601			Phone no 🕨 (54	11) 882-2575

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

Part I		Statement of Pro Check if Schedule O			lishments Jestion in this Part III		
1 B	riefly	describe the organiza	ation's mission				
PRO MO	TE A	REA CATTLE INDUS	TRY				
th	e prio	r Form 990 or 990-E	Z?		ervices during the yea	r which were not listed on	┌ Yes ┌ No
Ιf	"Yes,	" describe these new	services on Sch	edule O			
se	ervice	organization cease c s? " describe these chai			nt changes in how it co	onducts, any program · · · · · · ·	┌ Yes ┌ No
4 D	escrib opens	e the organization's per Section 501(c)(3	program service a) and 501(c)(4) o	accomplishn organization:	s and section 4947(a)	rree largest program service)(1) trusts are required to re ch program service reported	port the amount of
,	Code ANNUAL AREA		Expenses \$ HORSE SALE - BULL	422,454 AND HORSE PI	including grants of \$) (Revenue \$ RTHWEST BRING BULLS AND HORS	418,613) SES TO BE AUCTIONED IN THIS
4b (Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
- - - -							
4c (Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
- - - -							
- - - -							
		program services (D		ule O) ıng grants o	f \$) (Revenue \$)
4e -	Γotal	program service expe	nses ⊩ \$	422,45	4		

Part IV Checklist of Required Schedule
--

			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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		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		No
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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
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
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	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? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
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
	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	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, Part 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, Part 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? <i>If "Yes," complete Schedule G, Part I</i>	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		No
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		No
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? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	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 1^7 If "Yes," complete Schedule I, Parts I and II	21		No
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		No
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		No
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 questions 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		
С	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		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	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		No
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		No
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? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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 owner? If "Yes," complete Schedule L, Part IV .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
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	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		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		
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		Νo
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•	.F	
			Yes	No
а	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	1a 0			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	•		
_	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
•	gaming (gambling) winnings to prize winners?	1c		
a	Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
a	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities			
	account)?	4a		Νo
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
		<u> </u>		
a L	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Νο
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	OD		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		Νo
_	services provided to the payor?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7c		Νo
d	file Form 8282?	1		NO
u	11 Tes, indicate the number of forms 5252 med during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
_	contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		
1	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		
)	Sponsoring organizations maintaining donor advised funds.	_		
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	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 Tark (1992)			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
D	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization			
	allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
	the states in which the organization is licensed to issue qualified health plans [3b]			
С	Enter the aggregate amount of reserves on hand 13c			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14b		

Part VI 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.

Check if Schedule O contains a response to any question in this Part VI		. 🗸
---	--	-----

Se	ection 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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
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	
ь	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	evenue Code.)			
40-	Delthe annual to be been been been been been been been	10-	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete 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 the Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	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		No
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure	16b		

- 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 made these available. Check all that apply

Own website Another's website V Upon request

- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 NATHAN JACKSON 57301 GERBER ROAD BONANZA, OR 97623 (541) 545-6331

<u>Part VII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

Chack this box if neither the erganization per any related erganizations compensated any current or former efficer, director, or trustee

◆ 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 organiz	ation nor any re	lated or	ganız	zatio	ns c	ompe	nsat	ed any current or fo	ormer officer, direct	or, or trustee
(A) Name and Title	(B) A verage hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	related organizations
(1) GLENDA STILWELL 1ST VICE PRESIDENT	5 00	х		Х				0	0	0
(2) BILL KENNEDY DIRECTOR	1 00	х						0	0	0
(3) GARY VOIGHT DIRECTOR	1 00	х						0	0	0
(4) RANDY ALVES TREASURER	5 00	х		Х				0	0	0
(5) NATHAN JACKSON PRESIDENT	5 00	х		Х				0	0	0
(6) CHANDA ENGEL SECRETARY	5 00	х		Х				0	0	0
(7) MARK CAMPBELL DIRECTOR	1 00	х						0	0	0
(8) JASON CHAPMAN DIRECTOR	1 00	х						0	0	0
(9) DUANE HARDENBURGER 2ND VICE PRESIDENT	5 00	х		Х				0	0	0
(10) LES NORTHCUTT DIRECTOR	1 00	Х						0	0	0
(11) SYLVIA GERBER BRUCE DIRECTOR	1 00	х						0	0	0
(12) ERNEST TOSTI DIRECTOR	1 00	х						0	0	0
(13) ROBERT BUCHANAN DIRECTOR	1 00	х						0	0	0

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

	(A) Name and Title	(B) Average hours per week (describe hours	unles an	on (d e tha	n one son er ai	e bo ıs bo nd a	x, oth)		Repo compo fro organiz	(D) ortable ensation m the zation (W- 9-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	tion amount of other ed compensation ons from the organization as				
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		organiza			
1b	Sub-Total				•			•								
c d	Total from continuation sheets to Total (add lines 1b and 1c).			• •	•	•		>		0		0		0		
2	Total number of individuals (inclusion) \$100,000 of reportable compens	udıng but not lın	nited to	thos	e lıs		<u>a</u> bove) who	receive	d more tha	in	<u> </u>				
													Yes	No No		
3	Did the organization list any form on line 1a? <i>If</i> " <i>Yes,"</i> complete Sch								r highes	t compens	ated employee	3		No		
4	For any individual listed on line 1 organization and related organization and related organization.											4		No		
5	Did any person listed on line 1a services rendered to the organiza										or individual for •	5		No		
Se	ection B. Independent Cont	tractors														
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax years.	highest comper the organizatio														
	-	(A) ne and business add	dress							Desc	(B) ription of services		(C) Compen			
												\perp				
												+				
	Total number of independent conti \$100,000 of compensation from t			ot lır	nited	to t	those	liste	d above)	who recei	ved more than					

Part \	4 4 4 4	Statement of Revenue				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
\$ \$	1a	Federated campaigns 1a				
≅≘	ь	Membership dues 1b				
ಕ್ರಾ		· ———				
Contributions, gifts, grants and other similar amounts	C	Fundraising events 1c				
粗岩	d	Related organizations 1d 2,438				
S:끝	e	Government grants (contributions)				
25	•					
.≗ <u>"</u>	f	All other contributions, gifts, grants, and 1f				
<u> </u>	_ ا	similar amounts not included above				
≣ਰ	g	Noncash contributions included in				
등핃	١.	lines 1a-1f \$	2.420			
ं ल	h	Total. Add lines 1a-1f	2,438			
an a		Business Code				
ž	2a		410 612	410.613		
ē.	Zu	LIVESTOCK AUCTION REVE 110000	418,613	418,613		
28	b					
9.	c					
ž	d					
33	"					
Ξ	e					
Program Serwce Revenue	f	All other program service revenue				
§်						
4	g	Total. Add lines 2a-2f	418,613			
	3	Investment income (including dividends, interest				
		and other similar amounts)	23			23
	4	Income from investment of tax-exempt bond proceeds				
	5					
		(ı) Real (ıı) Personal				
	6a	Gross rents				
	b	Less rental				
	_	expenses Rental income				
	C	or (loss)				
	d	Net rental income or (loss)				
		(ı) Securities (ıı) Other				
	7a	Gross amount				
	′ ′ ′	from sales of				
		assets other than inventory				
	Ь	Less cost or				
		other basis and				
	_ ا	sales expenses Gain or (loss)				
	C .					
	d	Net gain or (loss)				
<u>Ф</u>	8a	Gross income from fundraising events (not including				
Other Revenu		\$				
ž		of contributions reported on line 1c)				
æ		See Part IV, line 18				
<u></u>		a				
Š	b	Less direct expenses b				
0	c	Net income or (loss) from fundraising events 🕨				<u> </u>
	9a	Gross income from gaming activities				
		See Part IV, line 19				
		a				
	ь	Less direct expenses b				
	c	Net income or (loss) from gaming activities				
		I				
	10a	Gross sales of inventory, less returns and allowances.				
		a l				
	١.					
	Ь	Less cost of goods sold b				
	С	Net income or (loss) from sales of inventory •				
		Miscellaneous Revenue Business Code				
	11a		İ			
	Ь					
	"					
	С					
	d	All other revenue				
	e	Total. Add lines 11a-11d				
		P-				
	12	Total revenue. See Instructions				
		iotal levelue. See Tiistiuctions	421,074	418,613	0	23
						Form 990 (2011)

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) ~ Check if Schedule O contains a response to any question in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, 3 organizations, and individuals outside the United States See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees . . . 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 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 10 Fees for services (non-employees) 11 Management Legal Lobbying Professional fundraising See Part IV, line 17 . . Investment management fees g 372 Advertising and promotion . . . 11,062 11,062 12 2,557 211 Office expenses 2,346 13 14 Information technology 15 Royalties . . 16 17 Payments of travel or entertainment expenses for any federal, 18 state, or local public officials 19 Conferences, conventions, and meetings 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization 545 545 23 3,220 3,220 Other expenses Itemize expenses not covered above (List 24 miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) **BULL EXPENSES** 297,559 297,559 21,572 RANCH RODEO EXPENSES 21,572 HORSE EXPENSES 15,669 15,669 FAIRGROUNDS RENTAL 15,018 15,018 d е All other expenses 63,299 60,818 2,481 25 Total functional expenses. Add lines 1 through 24f 430,873 422,454 8,419 0 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

Form 990 (2011) Page **11** Part X **Balance Sheet** (A) (B) Beginning of year End of year 21,092 -2 1 1 2 11.840 2 3 3 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)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 7 8 9 9 Prepaid expenses and deferred charges 10a 5.562 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 4,201 b Less accumulated depreciation 1,906 10c 1,361 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 Intangible assets 14 15 15 22,998 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 13,199 17 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L \ldots . \ldots . \ldots 22 23 Secured mortgages and notes payable to unrelated third parties . . 23 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 25 D 26 26 **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 27 Unrestricted net assets 28 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ▽ and complete lines 30 through 34. ö 0 0 30 Capital stock or trust principal, or current funds 30 Assets 0 31 31 Paid-in or capital surplus, or land, building or equipment fund 22,998 13,199 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 22.998 33 13.199 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 22.998 13.199 34

	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		4	121,074
2	Total expenses (must equal Part IX, column (A), line 25)	2			130,873
3	Revenue less expenses Subtract line 2 from line 1	3			-9,799
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			22,998
5	Other changes in net assets or fund balances (explain in Schedule O)	5			(
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			13,199
Pai	T XII Financial Statements and Reporting Check If Schedule O contains a response to any question in this Part XII			୮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? \cdot .		2a		Νo
b	Were the organization's financial statements audited by an independent accountant?		2b		No
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 Schedule O		2c		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both	ıssued			
	Separate basis Consolidated basis Both consolidated and separated basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?	ne	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

DLN: 93493320038572

OMB No 1545-0047

Inspection

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** KLAMATH CATTLEMANS ASSOCIATION 93-0562275 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ✓ Yes conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during

	the taxable year 📭				
4	Number of states where property subject to conservation easement is located ▶				
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	Г Ye	es	┌ N	lo
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🛌				
7	A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year				
	▶ \$				
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section $170(h)(4)(B)(i)$ and $170(h)(4)(B)(i)$?	┌ Ye	es	┌ N	lo
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that descr				

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

the organization's accounting for conservation easements

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the
- following amounts required to be reported under SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

(ii) Assets included in Form 990, Part X

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

ar	TIL Organizations Maintaining Co	<u>llections of Art</u>	t, His	tori	<u>cal Tr</u>	<u>easur</u>	es, or O	the	r Similar	<u>Asse</u>	ts (co.	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	owing t	hat are	a sıgnıfıca	ant u	se of its coll	ection		
а	Public exhibition		d	\sqcap	Loan	or excha	inge progr	ams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
ŀ	Provide a description of the organization's co	ollections and expla	ıın hov	w the	/ furthe	r the or	ganızatıon	's ex	empt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ılar	Γ,	Yes	┌ No
Pai	t IV Escrow and Custodial Arrang						answere	d "Y	es" to Forr	n 990	,	
	Part IV, line 9, or reported an an											
.a	Is the organization an agent, trustee, custoc included on Form 990, Part X?					tions or	other ass	ets r	not	Γ,	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	/ıng ta	able		г			•		
_							-	_		Amou	nt	
٦ C	Beginning balance						-	1c				
d	Additions during the year						-	1d				
e	Distributions during the year						-	1e				
f	Ending balance							1 f				
a	Did the organization include an amount on Fo		e 21?							Γ,	Yes	No
	If "Yes," explain the arrangement in Part XIV				1 !!\/ -		000	D-	1.71/ 1 4			
<u>'a</u>	rt V Endowment Funds. Complete	(a)Current Year		Mere Prior `			orm 990 <u>,</u> Years Back		t IV, line 1 Three Years Ba		Four Ye	ars Back
1	Beginning of year balance	(a) carrent rear	(5)	<i>y</i>	· cui	(6)1110	rears back	(4)	Timee rears ba	<u> </u>	i oui re	ars back
b	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities											
	and programs							_				
f	Administrative expenses											
g	End of year balance											
	Provide the estimated percentage of the year	r end balance held	as									
a	Board designated or quasi-endowment 🕨											
b	Permanent endowment 🕨											
С	Term endowment ►	6.1										
а	Are there endowment funds not in the posse organization by	ssion of the organiz	ation 1	that a	ire held	and ad	ministered	d for	the		Yes	No No
	(i) unrelated organizations								[3a(i)		
	(ii) related organizations								🛚	3a(ii)		
b	If "Yes" to 3a(II), are the related organization								[3b		
	Describe in Part XIV the intended uses of th											
aı	t VI Land, Buildings, and Equipme	ent. See Form 99	90, Pa	rt X	line 1	0.					Ι	
	Description of property				a) Cost o sis (inve		(b)Cost or basis (otl		(c) Accumu depreciat		(d) Bo	ok value
a	Land											
b	Buildings		•									
C	Leasehold improvements		•									
	Equipment		•	-								
е	Other			1				5,562		4,201		1,361

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) .

1,361

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1.	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(5)200. Talab	Cost or end-of-year market value
(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	Porm 990, Part X, line	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	-	Cost or end-or-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•	
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	
(a) Descrip	otion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	25.)	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 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	(, line 25.	
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	(, line 25.	

additional information

Identifier Return Reference

Explanation

	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ILS	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	421,074
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	430,873
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-9,799
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8		8	
9	Other (Describe in Part XIV)	9	
	Total adjustments (net) Add lines 4 - 8		0.700
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-9,799
	Reconciliation of Revenue per Audited Financial Statements With Revenue p		eturn
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments		
Ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
Ь	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments	1	
С	Other losses	1	
d	Other (Describe in Part XIV) 2d	1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV) 4b	1	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
	t XIV Supplemental Information		1

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493320038572

OMB No 1545-0047

2011

2011

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization KLAMATH CATTLEMANS ASSOCIATION **Employer identification number**

93-0562275

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THE MEMBERSHIP CONSISTS OF 116 VOTING MEMBERS AND 13 GOVERNING BOARD VOTING MEMBERS
	FORM 990, PART VI, SECTION A, LINE 7A	ALL VOTING MEMBERS HAVE THE OPPORTUNITY TO ELECT THE DIRECTORS AND OFFICERS
	FORM 990, PART VI, SECTION A, LINE 7B	MEMBERS ELECT THE GOVERNING OFFICERS/DIRECTORS IN SPECIAL CIRCUMSTANCES, MEMBERSHIP APPROVAL IS NEEDED FOR OTHER DECISIONS MADE BY THE BOARD HOWEVER, IN MOST CASES, THE BOARD DOES NOT NEED MEMBERSHIP APPROVAL
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS REVIEWED BY ONE OR MORE OFFICERS/DIRECTORS PRIOR TO FILING AT THE NEXT BOARD MEETING, THE FORM 990 IS REVIEWED
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL INFORMATION AVAILABLE TO THE PUBLIC UPON REQUEST AT THE ORGANIZATION'S OFFICE
ALL OTHER FUNCTIONAL EXPENSES	FORM 990, PART X, LINE 24E	CALCUTTA EXPENSES PROGRAM SERVICE EXPENSES 12,140 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 12,140 LABOR PROGRAM SERVICE EXPENSES 12,122 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 12,122 DOG TRIAL EXPENSES PROGRAM SERVICE EXPENSES 11,130 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 11,130 BIG LOOP EXPENSES PROGRAM SERVICE EXPENSES 10,724 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 10,724 TRADE SHOW EXPENSES PROGRAM SERVICE EXPENSES 5,970 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 5,970 STOCK HORSE CHALLENGE EXPENSES PROGRAM SERVICE EXPENSES 5,155 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 5,155 DUES/MEETING EXPENSES PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 1,957 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,957 KIDS EVENT STOCK PROGRAM SERVICE EXPENSES 1,573 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,573 UTILITIES PROGRAM SERVICE EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,415 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,415 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,415 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,415 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,415 EQUIPMENT RENTAL & MAINTENANCE PROGRAM SERVICE EXPENSES 589 COMPUTER EXPENSES PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 524 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 524

efile GRAPHIC print - DO NOT PROCESS | As Filed Data SCHEDULE R | Related Or

Related Organizations and Unrelated Partnerships

► Attach to Form 990. ► See separate instructions.

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

2011

DLN: 93493320038572

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization KLAMATH CATTLEMANS ASSOCIATION				Employer i	identification number		
KIAMATTI CATTELMANS ASSOCIATION				93-05622	.75		
Part I Identification of Disregarded Entities (Comp	lete if the organizatio	n answered "Yes"	on Form 990, Pa	rt IV, line 33.)			
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during		f the organization	answered "Yes"	on Form 990, F	Part IV, line 34 becaus	e it had	one
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity stat (if section 501(c)(tus Direct controlling antity	Section 5 cont organ	(g) 512(b)(13 trolled nization
(1) OREGON CATTLEMEN'S ASSOCIATION 3415 COMMERCIAL ST SE STE 217 SALEM, OR 973024668	TO PROMOTE INDUSTRY PRACTICES, IMPROVE ECONOMICS, PROTECT PROPERTY RIGHTS	OR	501(C)(5)			Yes	No
For Privacy Act and Paperwork Reduction Act Notice, see the Instruct	ions for Form 990.	Cat No 50	135Y	-	Schedule R (F	orm 990`	2011

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	,	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
												i

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

(a) Name, address, and EIN of related organization	(b) Рптагу activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership

che	dule R (Form 990) 2011		Рa	age 3
Pa	rt V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)			
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b		No
c	Gift, grant, or capital contribution from related organization(s)	1 c		No
d	Loans or loan guarantees to or for related organization(s)	1d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Sale of assets to related organization(s)	1f		No
g	Purchase of assets from related organization(s)	1 g		No
h	Exchange of assets with related organization(s)	1h		No
i	Lease of facilities, equipment, or other assets to related organization(s)	1 i		No
j	Lease of facilities, equipment, or other assets from related organization(s)	1j		No
k	Performance of services or membership or fundraising solicitations for related organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations by related organization(s)	11	Yes	
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		No
n	Sharing of paid employees with related organization(s)	1n		No
0	Reimbursement paid to related organization(s) for expenses	10		No
p	Reimbursement paid by related organization(s) for expenses	1р		No
q	O ther transfer of cash or property to related organization(s)	1 q		No
_	Other transfer of cash or property from related organization(s)	1r		No
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction threshold	 ds		
_	(6)	(d)		

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) OREGON CATTLEMEN'S ASSOCIATION	А	2,438	
(2)			
(3)			
(4) 			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		end-of-year assets amount in box 20 of Schedule K-1 (Form 1065)		Gene man part	j) eral or aging ener?	(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No								

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Schedule R (Form 990) 2011