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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

➤ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

2011

Open to Public Inspection

A	For the	2011 calenda	ar year, or tax year beginning	December 1	, 2011,	and ending	_ Nov	embei	730 , 20 12
B Check if applicable		pplicable	C Name of organization				D Empl	oyer id	entification number
Address change		change	Okmulgee County Cattlemen's Ass	ociation				8	0-0498625
\Box	Name cha	ange	Number and street (or P O box, if mail is	not delivered to street address)		Room/suite	E Telephone number		
=	Initial retui		James Pittman, 4599 Bixby Rd					91	8-366-8545
$\overline{}$	Terminate		City or town, state or country, and ZIP + 4	1			F Grou	р Ехе	mption
=	Amended Applicatio		Okmulgee, OK 74447-2099					ber 1	•
		ting Method.	<u> </u>	pecify) ►		i u			f the organization is not
	Websit	•	E casi			''			ach Schedule B
			eck only one) — 501(c)(3) 501(c	1/ 6 / 4 (most no) 1 / 40	47(a)(1) or	527	•		D-EZ, or 990-PF).
									-
	Check >		e organization is not a section 509(a)(3)			•		•	•
			00. A Form 990-EZ or Form 990 return		n 990-iv (e	-postcard) m	ay be req	uirea (see instructions) But if
1 2	add Imee	s 5b 6c and 7	oses to file a return, be sure to file a co	omplete return.) or mom	or it total acco	te (Part II		
_ /	25 0	soums (P) bala	by) are \$500,000 or more, file Form 990	not and of Form 000 F7		SCENIE	LS (Fait II,	. .	
_						_		<u> </u>	(5)
	art I		e, Expenses, and Changes in) (s for Part I.)
	1 :		the organization used Schedule		uestiona	in this Part	. 0	/ 1	<u> U</u>
	1		ons, gifts, grants, and similar amo		Finis		' · [:X	1	273
	2		ervice revenue including governm	ent fees and contracts	-Q@	DELL		2	700
	3	Membersh	up dues and assessments			SEIN'FI	$T \cdot $	3	2880
	4	Investment	t income					4	. 5
	5a	Gross amo	ount from sale of assets other than	n inventory	5a				
	b	Less: cost	or other basis and sales expense	S	5b				
	С	Gain or (los	ss) from sale of assets other than	inventory (Subtract line s	5b from l	ne 5a)		5c	
	6	Gaming an	nd fundraising events						-
e	а	Gross inc \$15,000) .	ome from gaming (attach Sch		an 6a				
Revenue	b	•	ome from fundraising events (not i	ncluding \$		contributio	ns	ľ	
ě	-		raising events reported on line 1)			COMMIDATIO	,,,		
ш			ch gross income and contributions	•	6b		78488	ŀ	
	С		ct expenses from gaming and fund	·	6c		78670	1	
	d		e or (loss) from gaming and fund	_		1 6b and si		1	
	"	line 6c)					Journal	6d	(182)
	7a	•	s of inventory, less returns and all	Owancee	7a	 I	331	- Ou	(102)
	b		of goods sold	owances	7b		1367	l	
	6		it or (loss) from sales of inventory	(Subtract line 7h from lin			1307	7c	(1036)
	8	•	nue (describe in Schedule O)	(Subtract line 75 from lin	icraj.		}	8	(1030)
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7	'c and 8				9	2640
—	10		d similar amounts paid (list in Sche		· · ·	• • • • •	•	10	795
	11						, t	11	1595
Expenses	12	-	ther compensation, and employed				٠ .	12	1393
	13		al fees and other payments to ind						
	14		y, rent, utilities, and maintenance					13 14	
X	15		y, rent, utilities, and maintenance ublications, postage, and shipping					-	777
_	16							15	757
			enses (describe in Schedule O) .					16	284
	17	Evenes and	enses. Add lines 10 through 16 .	17 from line 0\	<u> </u>	· · · ·	. 🏲	17	3431
Net Assets	18 19		(deficit) for the year (Subtract line					18	(791)
	13		s or fund balances at beginning our figure reported on prior year's re					40	
	200	-	- · · · · ·	·			L	19	22753
Š	20		nges in net assets or fund balance					20	•
	21	inet assets	or fund balances at end of year (ombine lines 18 throug	n 20 .		. ▶	21	21962



Pa	Balance Sheets. (see				_		
	Check if the organization	n used Schedule	O to respond to a	ny question in this			(B) Ford of
22	Cash, savings, and investment	•			(A) Beginning of year	-	(B) End of year
23	Land and buildings				22753	23	21962
24	Other assets (describe in Sche					24	
25	Total assets				22753	-	21962
26	Total liabilities (describe in So				22,00	26	21002
27	Net assets or fund balances				22753		21962
Par			•		,		Expenses
	Check if the organization		O to respond to a	ny question in this	Part III	(Red	quired for section
What	is the organization's primary exe	mpt purpose?				501(c)(3) and 501(c)(4)
Desc	ribe the organization's program	service accompli	shments for each o	f its three largest p	orogram services,		ınızatıons and section 7(a)(1) trusts, optional
as m	easured by expenses. In a clean ons benefited, and other relevant	ir and concise m	nanner, describe the	e services provide	d, the number of		others.)
28	ons benefited, and other relevant	inionnation for ea	ach program title.			1	1
20							
	(Grants \$		ıncludes foreign gra			28a	.1
29						204	
	(Grants \$) If this amount	ıncludes foreign gra	ants, check here .	> 🗆	29a	
30							
			includes foreign gra			30a	
31	Other program services (describe					١	
32	(Grants \$ Total program service expense) If this amount	includes foreign gra	ints, check here .	<u> </u>	31a	
Pari						32	ctions for Bart IVI
	Check if the organization						
			(b) Title and average	(c) Reportable	(d) Health benefits,		
	(a) Name and address		hours per week (Forms W-2/1000-MISC)		contributions to employ benefit plans, and		Estimated amount of other compensation
			devoted to position	(if not paid, enter -0-			and compensation
Orlin	B Nichols, Jr		President 1 hr				
	Nichols Rd, Beggs, OK 74421			-0	-(D-	-0-
David	Miller, Jr		Vice President			1	
	Hectorville Rd, Mounds, OK 74047-	4243	2 hr	-0	-(D-	-0-
	Lawson		Secretary 3 hr				_
	5 S 310 Rd, Morris, OK 74445			-0)-	-0-
	N 330 Rd, Haskell, OK 74436		Treasurer 2 1/2 hr	-0		,	-0-
	troot tray transition, ott 7 troo						
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Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi	s Part	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		√
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		√
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions. Did the organization file Form 1120-POL for this year?	37b		✓
b 39	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved	38a		✓
a b 40a	Initiation fees and capital contributions included on line 9	- -		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	transaction? If "Yes," complete Form 8886-T.	40e		✓
41 42a	List the states with which a copy of this return is filed. ► The organization's books are in care of ► Telephone no. ► 9/2	<u> </u>	77-	-0-6
		444	7-	
D	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ✓
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year			▶ □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	-	Yes	
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		√
С	Did the organization receive any payments for indoor tanning services during the year?	44b 44c	-	
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		*
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	1Eh		

Form 9	90-EZ (2011)					,,, - F	Page (
						Yes	No	
46	Did the organization engage, directly or it to candidates for public office? If "Yes,"	ndirectly, in political of	campaign activities on	behalf of or in oppos	sition			
Part						otion	_ ✓	
r ar c	501(c)(3) organizations and sect						h	
	and 52, and complete the tables			-0.0dot a00. q			_	
	Check if the organization used So	hedule O to respond	d to any question in t	his Part VI			. [
						Yes	No	
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Pai			_				
40	•		:00 K (0/- 2 1-1-)		 1 /	-	<u> </u>	
48 49a	Is the organization a school as described organization make any transfers				. 48	-	 	
b	If "Yes," was the related organization a s		_			<u> </u>	_	
50	Complete this table for the organization's			ner than officers, direc	ctors, truste	es an	ıd ke	
	employees) who each received more that	n \$100,000 of compe	nsation from the orgai	nization. If there is no	ne, enter "N	lone.")	
	(a) Name and address of each employee	(b) Title and average	(c) Reportable	(d) Health benefits, contributions to employee	(a) Estimate	od amo	unt of	
	paid more than \$100,000	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans, and deferred		Estimated amount of other compensation		
			1	compensation				
		-						
								
		•		:				
					 			
f	Total number of other employees paid ov	/er \$100,000	. ▶		<u> </u>		—	
51	Complete this table for the organization	's five highest compe	ensated independent	contractors who each	h received	more	tha	
	\$100,000 of compensation from the orga	anization. If there is no	one, enter "None."	-·· <u> </u>				
(a)	Name and address of each independent contractor pa	aid more than \$100,000	(b) Type of serv	ice (e	(c) Compensation			
			1					
						•		
			1					
			-					
			-					
			1					
d	Total number of other independent contra	actors each receiving	over \$100,000	>			_	
52	Did the organization complete Schedule			and 4947(a)(1)				
	nonexempt charitable trusts must attach	a completed Schedul	<u>le A </u>	<u> </u>	► ☐ Yes	<u> </u>	No	
	penalties of perjury, I declare that I have examined this rrect, and complete Declaration of preparer (other that				nowledge an	d belief.	, it is	
	James Foth	man	The second of th	3/7	1201			
Sign	Signature of officer			Date	<u>~~/_</u>	_ر		
Here	James Pittman, Treasurer			, .				
	Type or print name and title							

Preparer's signature

Date

Form **990-EZ** (2011)

► ☐ Yes ☐ No

PTIN

Check if self-employed

Firm's EIN ▶

Phone no



Paid

Preparer Use Only Print/Type preparer's name

Firm's address

May the IRS discuss this return with the preparer shown above? See instructions

Firm's name