

### 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



# Form **990**.

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

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCANNED JUN 19 2013

benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

<u>A</u>	For the	2012 ca	lendar year, or tax year beginning		, and e	nding				
В		applicable		UNTY CATTLEMAN'S AS			D Employer is	dentification	number	
	Address	change	Doing Business As		<u> </u>		84-0994069			
	Name ch	ange	Number and street (or PO box if mail is	not delivered to street address)	Room/suite		E Telephone r	umber		
Ħ	Initial retu	1LU	8487 CR K			1				
Ħ	Terminate		City, town or post office, state, and ZIP co	ode	ı	-		-		
Ħ	Amended		JOES	СО	80822		G Gross recei	ots \$	2	220,620
H			F Name and address of principal officer		CCCLL	l H/o) lo #		<del></del>		X No
ш	Application	on pending	DANA SHAW 8487 CR K, JOES, (	CO 90922			nis a group return		=	=
_			<del></del>			1 ` `	all affiliates inclu		Yes	No
	Tax-exem	pt status	501(c)(3) X 501(c) ( 5 )	◀ (insert no ) 4947(a)(1	) or 527	1 ""	No," attach a list	(see instruct	ions)	
<u>J</u>	Website	e: ► N/A	<b>\</b>			H(c) Gro	up exemption nu	ımber 🟲		
K	Form of o	rganızatıon	Corporation Trust X Asso	ociation Other ►	L Yea	ar of forma	tion 1980	M State of	legal domicile	• со
	art I	Su	mmary		L					
	1		describe the organization's mission	or most significant activitie	s INCO	OME FR	OM FEEDLO	OT DEMOI	NSTRATIO	N
	1 .	-	CT PROVIDES FUNDS FOR MAN	-						
8			ENTIAL TO THE PROMOTION OF		- <b></b>					
nan			GE SCHOLARSHIPS TO AREA ST		7. 57. 11 11 15 1					
Activities & Governance	2		his box ▶ if the organization o		or disposed	of more	than 25% o	fite not se	cate	
တိ	3		r of voting members of the governin	•	or disposed	OI IIIOIE	; [[]aii 25 /6 0	3	3 <del>C</del> (3.	10
<b>රේ</b> ගු	4	_	r of independent voting members of		\/  line 1h\		F	4		10
/itie	5		imber of individuals employed in cal		•		· · ·	5		
Ct	6		imber of volunteers (estimate if nec	· ·		• •	·	6		
•	7a		nrelated business revenue from Part	• -	•	•	}	7a		
	) 'b		elated business texable income from		•		·	7b		
_	+ -	14Ct Cilii	elated business taxable income in	DEACH	7		Prior Year		Current Yea	ar
	8	Contribi	utions and grants (Part VIII, line 1h)	<b>KECFIVED</b>	ſ			161		62,740
Ę	9		n service revenue (Part VIII, line 2g		ါပ္ကု					02,7 10
Revenue	10	Investm	ent income (Part VIII, column (A)	nes 3 MAA Xn 27h 2013	OSO			322		208
8	11	Other re	evenue (Part VIII, column (A), lines		-11	980		-28,220		
	12		venue—add lines 8 through 11 (must e	1	· — ·			503		34,728
_	13		and similar amounts paid (Part IX-		10 12)					01,720
	14		s paid to or for members (Part IX, co							
	15		, other compensation, employee bene		s 5–10)	,				
Expenses	16a		ional fundraising fees (Part IX, colu		,	<b> </b>				
Per	b		ndraising expenses (Part IX, columi		• •	<u> </u>				
ŭ	17		xpenses (Part IX, column (A), lines			<del>                                     </del>	34.	165		39,158
	18		penses Add lines 13–17 (must equ		e 25)			165		39,158
	19		ie less expenses Subtract line 18 fr		,			338		-4,430
٥.	8			<del></del>		Beginn	ing of Current \		End of Yea	
96 ts	20	Total as	sets (Part X, line 16)				84,	550		80,119
¥,	21		ibilities (Part X, line 26)		•					
Net Assets or	<b>22</b>		ets or fund balances Subtract line:	21 from line 20			84	550		80,119
	art II	Sic	gnature Block					-		
_			ry, I declare that I have examined this return, ii	ncluding accompanying schedules	and statements	s, and to th	e best of my kno	wledge		
and	belief, it	is true, com	ect, and complete Declaration of preparer (oth	ner than officer) is based on all inf	ormation of whic	h preparer	has any knowle			
Si	gn		Dana Show				05	/13/	20/3	
	ere a		Signature of officer				Date			
•••			Dana Shaw Ir	4 4 5 K 7 6 V						<del></del>
			Type or print name and title							
_		Pnr	t∜Type preparer's name	Preparer's signature		Date		eck   f	PTIN	
	ıid	<sub>R</sub>	ssell R Haynes, CPA	Russell R. Haynes, CP	Ά	5/		If-employed	P009205	16
	epare	,	· · · · · · · · · · · · · · · · · · ·							
Us	se Onl	, –	m's name ► NE Accounting and Tax							
			n's address ▶ PO Box 346, Wray, CC	•	<del></del>		Phone no	<u>(970) 332-</u>		
Ma	ay the IF	RS discus	ss this return with the preparer show	vn above? (see instruction	ıs)				X Yes	L No

Form s	990 (2012)	YUMA COUNTY CATTLEMAN'S ASSOCIATION	84-0994069	Page Z
Pa	rt III 🌯	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III		
1	•	escribe the organization's mission <sup>.</sup> S PAGE 1 - LINE 1		
2	Did the	organization undertake any significant program services during the year which were not listed on		
		Form 990 or 990-EZ?	Yes	X No
		describe these new services on Schedule O	_	
3	Did the services	organization cease conducting, or make significant changes in how it conducts, any program?	Yes	X No
		describe these changes on Schedule O		
4	expense	the organization's program service accomplishments for each of its three largest program services, s Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allo expenses, and revenue, if any, for each program service reported		
4a	(Code	) (Expenses \$ including grants of \$ ) (Revenue		)
	THE NE	T PROCEEDS FROM THE DEMONSTRATION PROJECT GO TO FUND SCHOLARSHIPS FOR T	HE AREA STUDE	NTS
			<del>-</del>	
- 41	(0. 1			<del></del>
4b	(Code.	) (Expenses \$ including grants of \$) (Revenue		
		······································		
4c	(Code	) (Expenses \$ including grants of \$) (Revenue	\$	)
		•••••••••••••••••••••••••••••••••••••••		
4d	Other or	ogram services (Describe in Schedule O )		
74	(Expens		)	
4e		ogram service expenses		

D 4 D 4 D 3	01 111 1 6		<u> </u>
Part IV	Checklist of	Required	Schedules

1 is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule B, Schedule A Confinitors (see instructions)?  2 is the organization required to complete Schedule B, Schedule of Confinitors (see instructions)?  3 is build the organization required on direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II  3 is Bed organization as excent Sol1(c)(4), 501(c)(6), 50 f01(c)(6), 501(c)(6), 5				168	NO
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  2 Is the organization engage in direct or inforter political camping netwites on behalf of ori nopposition to candidates for public office? If "Yes," complete Schedule C, Part II  3 Section 50(15(3) arganizations. Dut the organization engage in lobbying activities, or have a section 501(ft) election in effect during the tax year? If "Yes," complete Schedule C, Part II  4 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 88-19" If "Yes," complete Schedule C, Part III  5 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 II  7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land dreas, or historic structures? If "Yes," complete Schedule D, Part III  8 Did the organization membral collections of works of art, historical treasures, or other similar assets? If If "Yes," complete Schedule D, Part III  9 Did the organization report an amount for works of art, historical treasures, or other similar assets? If	1		1		x
3 Dit the organization engage in direct or indirect pollucial campaign activities on behalf of or in opposition to candidates for public office? if "Yes," complete Schedule C, Part II  4 Section 901(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part III  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 98-197 If "Yes," complete Schedule C, Part III  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 II  7 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part III  8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV  10 Did the organization of the part X, inc 121, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 if "Yes," complete Schedule D, Part VIII  10 Did the organization report an amount for investments—spring related in	2		-		
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activaties, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part III  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 58-18? If "Yes," complete Schedule C, Part III  6 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part III  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 III  8 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 III  8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," a complete Schedule D, Part III  9 Did the organization amount or New Schedule D, Part V, and 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, VII, VIII, IX, or X as applicable and the organization report an amount for investments—programine report and the organization report an amount for investments—program related or Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII  10 Did the organization report an amount for investments—program related or Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII  11 Did the organization organization amount for investments—securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 If "Yes		Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
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negotation services? If "Yes," complete Schedule D, Part IV  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 IVII, VII, VIII, X, or X as applicable  a Did the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V IVII, VIII, X, or X as applicable  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V IVII DID IVII (IVII) (IVII	9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
10 bit 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  11 if the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI, VIII, VIII, IX, or X as applicable  12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII  12 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  13 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  14 Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X  15 Did the organization amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X  16 Did the organization amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X  17 Did the organization amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X  18 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X  18 Did the organization answered "No" to line 12a, then completing Schedule D, Parts X and XII is optional is the organization answered "No" to line 12a, then completing Schedule D, Parts X and XII is optional is the organization answered "No" to line 12a, then completing Schedule D, Parts X and XII is optional is the organization answered "No" to line 12a, then completing Schedule D, Parts X and XII is optional is the organization answered "No" to line 12a, then completing Schedule D, Parts X and XII is optional induced in the organization report more than		· · · · · · · · · · · · · · · · · · ·	9		Х
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Part IV Checklist of Required Schedules (continued)

			168	NO
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		x
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	21		
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
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	24a		
b	24b through 24d and complete Schedule K If "No," go to line 25  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) 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		<u> </u>
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	056		
00	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, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			<u> </u>
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> x</u>
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)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a	-	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	. 28b		x_
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			١.,
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	<del>  ^-</del>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N,</i>	"		<u> </u>
٠.	Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,  III, or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	<b>↓</b> _
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		ļ 1
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	_	<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	A S	(2012)
		Form	. JJU	(2012)

Form 990 (2012)

Par	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	_		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	_		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u> </u>
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	<u> </u>		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	ļ	
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 as charitable contributions?	6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or	1		
	gifts were not tax deductible?	_6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	ļ	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1_		
	required to file Form 8282?	7c		-
d	If "Yes," indicate the number of Forms 8282 filed during the year	<del>-</del>		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		-
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	-	<u> </u>	
•	organization, have excess business holdings at any time during the year? .	8	-	├
9	Sponsoring organizations maintaining donor advised funds.	-	<del> </del>	
a b	Did the organization make any taxable distributions under section 4966?  Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b	├	
0	Section 501(c)(7) organizations. Enter	190		<del> </del>
а	Initiation fees and capital contributions included on Part VIII, line 12		1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	┨		
1	Section 501(c)(12) organizations. Enter	┨	·	
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
-	against amounts due or received from them )			
2a	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			<u> </u>
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	┪		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<del>                                     </del>	
-	Note. See the instructions for additional information the organization must report on Schedule O	1.50	$\vdash$	<b></b>
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<del>                                     </del>	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Yes Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Х Did the organization delegate control over management duties customarily performed by or under the direct 3 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 filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 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 Are any governance decisions of the organization reserved to (or subject to approval by) members. stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? Х Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No 10a Did the organization have local chapters, branches, or affiliates?... 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 Х 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 Х 15b Х Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a Х If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the organization. 

DANA SHAW

•												
Form 990 (2012) YUMA CO	DUNTY CATTLEMAN'S A	SSOCIATION								84-09940	)69 Page	7
Employees	tion of Officers, Dire s, and Independent C	ontractors	·	•		•	•	•		ensated		
	hedule O contains a re ectors, Trustees, Key E		•								· · <u>L</u>	_
1a Complete this table for a organization's tax year.  List all of the organization compensation Enter -0-1  List all of the organization's who received reportable cororganization and any related List all of the organization List all of the organization compensated employees, a	ation's current officers, din columns (D), (E), and (lation's current key emploration's current highest compensation (Box 5 of Ford organizations ation's former officers, key pensation from the organization's former directors (1,000 of reportable compensation individual trustees)	rectors, trustees F) if no compens yees, if any See appensated employees, are uzation and any iter trustees that ensation from the cord directors, institute of the cord of th	mpen  (whe sation e instr  yees ox 7 o  d hig relate receiv e orga stitutio	esations and a second s	on for ind s pa ons oner t correganium that in the corrections of the	ivid id for har 109 mpe izat ne c i an	definite an of 9-MIS ensate ions. capacid any s, office	r or	dar year ending variance of "key employeer, director, trustof more than \$1 mployees who reas a former directed organization, key employees	gardless of amo ee." ee, or key emplo 00,000 from the ecceived more th tor or trustee of ns s; highest	unt yee) an the	
(A) IADEN RI ACH	d Title	(B) Average hours per week (list any hours for related organizations below dotted line)	x, id Individual trustee or director	unles	s per	tion nore son	th both is both Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	

(A) Name and Title	(B) Average hours per	box, office	unle: er an	neck ss pe d a d	rson	than o	an e)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JADEN BLACH	2 00									i
PRESIDENT	1	Х	_	Х						
(2) ROGER SEEDORF VICE-PRESIDENT	2 00	×		×						
(3) TYSON BROWN	2 00		Ħ	Ť	<u> </u>					
SECRETARY		x		x						
(4) DANA SHAW TREASURER	2 00	Ţ		x						
(5)		X		^						
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)									, , , , , , , , , , , , , , , , , , , ,	
(13)										
(14)										

Page 8

Р	Section A. Officers, Directors, Tru	ıstees, Key Em <sub>l</sub>	ploye	es,	and	<u>Hi</u>	ghes	t Co	ompensated Em	ployees (contir	ued)	
	. (A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted	box,	unles	Pos neck ss pe	rson	n of the state of	an ee)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	comp fro orga	(F) timated tount of other pensation om the anization I related
		line)	stee	rustee		Ď	pensated				orga	nizations
(15)		 										
(16)												
(17)								ļ. <u>.</u>				
(18)												
(19)											<del> </del>	_
(20)				_	-						_	
(21)			-		-							
(22)												
(23)												
(24)										<del></del>		
(25)												
1b c	Sub-total  Total from continuation sheets to Part VII, So	ection A		<u> </u>	I	·	·	<b>&gt;</b>				
d	Total (add lines 1b and 1c)					•		•				
2	Total number of individuals (including but not lir reportable compensation from the organization		ted a	bov	e) v	vho	recei	ved	more than \$100	,000 of		
3	Did the organization list any former officer, dire				oye	e, c	r high	nest	compensated			Yes No
	employee on line 1a? If "Yes," complete Sched					•					3	X
4	For any individual listed on line 1a, is the sum of the organization and related organizations greater									h		
	ındıvıdual	•									4	X
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Ye									ridual 	5	X
	tion B. Independent Contractors											
1	Complete this table for your five highest compe compensation from the organization Report co year										tax	
	(A) Name and business add	ress							(B) Description of ser	vices	(C) Compens	
2	Total number of independent contractors (include	ding but not limit	ed to	tho	se l	ste	d abo	ve)	who received			
	more than \$100,000 of compensation from the		<b>•</b>					- /				

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Par	t VIII	Statement of Revenue Check if Schedule O contain	e a rosponso	to a	ny guestien in thi	s Port VIII			
	•	Check ii Schedule O Contain	із а тезропзе		ny question in un	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
- σ σ	1a	Federated campaigns .		1a					
rant unt	b	Membership dues .		1b					
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events		1c					
sifts ar A	d	Related organizations		1d					
š E	e	Government grants (contributio	ns)	1e		İ			
ntior er S	f	All other contributions, gifts, gra							
ğ Ş		similar amounts not included at		1f	62,740				
ž p	g	Noncash contributions included in	ı lines 1a-1f <sup>.</sup>	\$		<u> </u>			
	h	Total. Add lines 1a-1f			▶	62,740			
ant.					Business Code				-{
evel	2a			-					
ě	b			-					
Ş.	C								1
Se	d								<del> </del>
īā	e	All other programs and the							<del> </del>
Program Service Revenue	[	All other program service reventation. Add lines 2a–2f	iue		L		-	_	
	3	Investment income (including d	Iividends inte	reet					<del> </del>
	•	other similar amounts)	iividerids, irite	ı CSt,		208	208		
	4	Income from investment of tax-	exempt bond	proc	eeds	200	200		
	5	Royalties	onompt bond	p. 00					
			(ı) Real		(II) Personal			<del></del>	
	6a	Gross rents			·				1
	b	Less rental expenses							
	С	Rental income or (loss)	-	-				•	
	d	Net rental income or (loss)			•				
	7a	Gross amount from sales of	(ı) Secunti	es	(ii) Other				
		assets other than inventory	-			,			
	b	Less cost or other basis					,		
		and sales expenses .			<u>-</u>				
	С	Gain or (loss)			L			·	
	d	Net gain or (loss)			<b></b>				_
•									
ž	8a	Gross income from fundraising							
Ş.		events (not including \$							
8		of contributions reported on line	e 1c)						
Other Revenue	<u> </u>	See Part IV, line 18 .		a b					
ਠ	l	Less direct expenses  Net income or (loss) from fundr	cucina ovonto						
	с   9а	Gross income from gaming acti	-			· · · · · · · · · · · · · · · · · · ·			<del></del>
	Ja	See Part IV, line 19.	ivides	а					
	Ь	Less direct expenses	•	b					
	C	Net income or (loss) from gami	na activities		<b></b>			l <del></del>	_ <del> </del>
	I	Gross sales of inventory, less	ng don naoc	•				-	<del></del>
	' -	returns and allowances		а	157,672				
	Ь	Less cost of goods sold .		b	185,892				
	C	Net income or (loss) from sales		_	<u>▶</u>	-28,220	· · · · · · · · · · · · · · · · · · ·		
		Miscellaneous Revenue			Business Code	,	. <del>.</del> . ———		<u> </u>
	11a								
	b			•					
	C								
	d	All other revenue .							
	е	Total. Add lines 11a-11d .			▶				
	12	Total revenue. See instructions	2		<b></b>	34 728	208		1

	t IX Statement of Functional Expenses	· <u></u>			
Secti	on 501(c)(3) and 501(c)(4) organizations must complete all	columns All other o	rganizations must d	complete column (A)	
	Check if Schedule O contains a response to any o	question in this Part	IX .		
		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and	Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the			İ	
	United States See Part IV, line 22				
3	Grants and other assistance to governments,			'	
	organizations, and individuals outside the				
_	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members			<u> </u>	
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified	•			
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				·
10	Payroll taxes				· · · · · · · · · · · · · · · · · · ·
11	Fees for services (non-employees)				
a	Management				
b	Legal	765			
C	Accounting Lobbying .	765			
d e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O)	1,400			
12	Advertising and promotion .	2,234			-
13	Office expenses	1,558			
14	Information technology	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,371			
20	Interest				
21	Payments to affiliates .			•	aa
22	Depreciation, depletion, and amortization .				
23	Insurance	233			
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
a	Awards	5,882			
b	Contributions	11,195			
C	Rent	520			<del></del>
d	Scholarship All other expenses Scholarship	8,000		-	<del></del>
е 25	All other expenses Scholarship	20.450			-
25 26	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	39,158			
20	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response to	any question in this Part X			. 🔲
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing .			1	51,389
	2	Savings and temporary cash investments .	[	84,550	2	28,730
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		4		
	5	Loans and other receivables from current and for				
		trustees, key employees, and highest compens	ated employees			
		Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified person 4958(f)(1)), persons described in section 4958(c)(3)(B), a	`			
			• • • •			
Ø	}	sponsoring organizations of section 501(c)(9) voluntary e				<del></del>
Assets	١ ـ	organizations (see instructions) Complete Part II of Sche		6		
As	7	Notes and loans receivable, net	}		7	
_	8	Inventories for sale or use .	·	,	8	
	9	Prepaid expenses and deferred charges .	r'' r		9	
	10a	Land, buildings, and equipment cost or	100			
	_	other basis Complete Part VI of Schedule D	10a		400	
	b	Less accumulated depreciation	10b		10c	<u> </u>
	11   12	Investments—publicly traded securities Investments—other securities See Part IV, line	11		12	
	13	Investments—program-related See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11	·	-	15	
	16	Total assets. Add lines 1 through 15 (must equ	ol line 34)	84,550	16	80,119
	17	Accounts payable and accrued expenses	ai iiie 54)	04,330	17	00,119
	18	Grants payable	·		18	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities	ŀ		20	<del></del>
	21	Escrow or custodial account liability Complete	Part IV of Schedule D		21	
Ś	22	Loans and other payables to current and forme			=-+-	1
Liabilities		trustees, key employees, highest compensated	· · · · · · · · · · · · · · · · · · ·			
Ē		disqualified persons Complete Part II of Sched		<del></del>	22	<del></del>
Ë	23	Secured mortgages and notes payable to unrel			23	
	24	Unsecured notes and loans payable to unrelate	·	* .	24	
	25	Other liabilities (including federal income tax, pa	·			
		parties, and other liabilities not included on line	•			
		Part X of Schedule D	· · ·		25	
	26	Total liabilities. Add lines 17 through 25	[		26	
		Organizations that follow SFAS 117 (ASC 95	B), check here			
es		complete lines 27 through 29, and lines 33 a				
anc	27	Unrestricted net assets .	· · · · · · · · · · · · · · · · · · ·	·····	27	
3al	28	Temporarily restricted net assets	·		28	
ē	29	Permanently restricted net assets	1	<u>-</u>	29	
Ë		•	check here ► X and			
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC958), complete lines 30 through 34.	_			
ets	30	Capital stock or trust principal, or current funds			30_	
<b>\ss</b>	31	Paid-in or capital surplus, or land, building, or e	quipment fund		31	
et /	32	Retained earnings, endowment, accumulated in	•	84,550	32	80,119
ž	33	Total net assets or fund balances .		84,550	33	80,119
	34	Total liabilities and not assets/fund balances	ľ	84 550	24	80 110

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Part	XI Reconciliation of Net Assets				
	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	,728
2	Total expenses (must equal Part IX, column (A), line 25)	2		39	,158
3	Revenue less expenses Subtract line 2 from line 1	3		-4	,430
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		84	,550
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses .	7			
8	Prior period adjustments .	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		80	),120
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			. [	
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				-
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	-	_		
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				1 1
	reviewed on a separate basis, consolidated basis, or both		'	,'	
	Separate basis Consolidated basis Both consolidated and separate basis				1 ]
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		, ===	,	
	separate basis, consolidated basis, or both		1.		]
	Separate basis Consolidated basis Both consolidated and separate basis			; ·	
					. 1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		2c		l
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		20		
	If the organization changed either its oversight process or selection process during the tax year, explain in			_ 、	
•	Schedule O				┟┷┷┵┙
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		20		x
	the Single Audit Act and OMB Circular A-133?	•	3a		<del>  ^-</del> -
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		2.		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		Щ_

Form **990** (2012)

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

## Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number YUMA COUNTY CATTLEMAN'S ASSOCIATION 84-0994069 Form 990 Part VI Section B Line 11b Form 900 is reviewed by the secretary and the treasurer.