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# Form 990-EZ

Department of the Treasury

# 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)

(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.

2012

OMB No 1545-1150

Open to Public Inspection

Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. , 20 13 , 2012, and ending June 30 A For the 2012 calendar year, or tax year beginning July 1 C Name of organization D Employer identification number B Check if applicable. Address change 93-1252622 Oregon Cattlemen's Stewardship Fund Room/suite Name change Number and street (or P O box, if mail is not delivered to street address) E Telephone number Initial return 217 503-361-8941 3415 Commercial St. SE Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return Number ▶ Salem, OR 97302 Application pending H Check ▶ ☐ if the organization is **not** Other (specify) ▶ G Accounting Method: required to attach Schedule B I Website: ► N/A (Form 990, 990-EZ, or 990-PF). if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . . . . . . . . . . . . . 196,125 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I. 1 189,912 2 2 Program service revenue including government fees and contracts 3 3 4 4 33 5a Gross amount from sale of assets other than inventory . . . . 5a Less: cost or other basis and sales expenses . . . . . . . 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . 5c 6 Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than <u>6,1</u>80 Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b Less: direct expenses from gaming and fundraising events . . . 6c -0-Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 6,180 7a Gross sales of inventory, less returns and allowances . . . . . 7a b C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . 7c 8 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . . 9 196,125 10 Grants and similar amounts paid (list in Schedule O) 10 120,060 11 Benefits paid to or for members . . . . . . . . . . . . 11 12 Salaries, other compensation, and employee benefits . . . . . . . . . 12 13 Professional fees and other payments to independent contractors: 13 67,173 14 14 15 Printing, publications, postage, and shipping . . . . . . . . 15 742 16 16 201 17 Total expenses. Add lines 10 through 16 . . . . . . . . . . . . . . . 17 188,176 18 7,949 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 62,193 Net' 20 20 Other changes in net assets or fund balances (explain in Schedule O) . . . . Net assets or fund balances at end of year. Combine lines 18 through 20 21 70,142

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2012)

Pa	Balance Sheets (see the instructions		ny avostion in this	Dort II		П
	Check if the organization used Schedule	O to respond to a	ny question in this	(A) Beginning of year	ĖΞ	(B) End of year
22	Cash, savings, and investments		r	62,193		70,142
23	Land and buildings				23	70,142
24	Other assets (describe in Schedule O)				24	
25	Total assets		[	62,193	25	70,142
26	Total liabilities (describe in Schedule O)		[		26	
27	Net assets or fund balances (line 27 of column			62,193	27	70,142
Par	t III Statement of Program Service Accom	•		•		Expenses
	Check if the organization used Schedule					uired for section
Wha	t is the organization's primary exempt purpose?	Agriculture related re	esearch, training and	d education		c)(3) and 501(c)(4) nizations and section
as n	cribe the organization's program service accompline the sured by expenses. In a clear and concise mons benefited, and other relevant information for eactions.	nanner, describe the			4947	(a)(1) trusts; optional thers)
28	Legal research and representation relative to grazing	rights and other ma	tters affecting livest	ock producers.		
	Serving all public land grazing permit holder and Ore					
		includes foreign gra			28a	62,207
29	RESTOR Task Force formed to gather information from	• • • • • • • • • • • • • • • • • • • •				ĺ
	communities, provide assistance and education and		and awareness rega	rding wildfire		
	impacts to public and private grazing lands in easter			• •	00-	
30	•	includes foreign gra			29a	102,810
30	Provide scholarships to six students with majors rela	ated to agriculture				<u> </u>
	(Grants \$ ) If this amount	includes foreign gra	ants, check here .	▶ □	30a	6,000
31	Other program services (describe in Schedule O)					
		includes foreign gra			31a	10,885
	Total program service expenses (add lines 28a				32	181,902
Par				•	struct	ions for Part IV)
	Check if the organization used Schedule	e O to respond to a	ny question in this (c) Reportable	(d) Health benefits.	<del></del>	<u> </u>
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC	contributions to employ benefit plans, and	6	Estimated amount of ther compensation
			(if not paid, enter -0-)	deferred compensation	<u> </u>	
	Sessier		1			_
	NE MS Ranch Rd, Prineville, OR 97754	Director5 hour	-0	-	0-	-0-
	s Martin D Hwy 237, North Powder, OR 97867	Director5 hour	-0		o-	-0-
_	O'Keeffe	Director5 mour	-0	•	J-	-0-
	ox 115, Adel, OR 97620	Director5 hour	-0		). 	-0-
	/ilber	Director   10 floar			_	
3477	6 N Harney Ln, Burns, OR 97720	Director5 hour	-0-		o.	-0-
John	Johnson					······
7081	3 Ferry Canyon Rd, Condon, OR 97823	Director5 hour	-0-	-(	)-	-0-
Kirk \	Winebarger					
	8 Box 3310, Post, OR 97752	Director5 hour	-0		<u>)-</u>	-0-
	Bradshaw		_			
	5 Hwy 140, Eagle Point, OR 97524	Director5 hour	-0-	-(	<u> </u>	-0-
	Nelson	Diseases 5 hours				•
	7 Driver Valley Rd, Oakland, OR 97462 s Males	Director5 hour	-0-	·]	<del>)-</del>	0-
	NW Woodland Dr, Corvallis, OR 97330	Director5 hour	-0.		o-	-0-
	Brooks			1	$\top$	
	Short Corner Rd, Fox, OR 97856	Director5 hour	-0		0-	-0-
Willia	m Hoyt					
77102	2 Hwy 99, Cottage Grove, OR 97424	Director5 hour	-0-	<u>-</u> -	D-	-0-
	n Miles	ļ				
70440	) Miles	Director5 hour	٠٥٠	.] -(	)- l	-0-

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Fait	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)			
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)?			
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		<b>✓</b>
c	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	35c		1
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		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 27a -0-	<del></del>		
b	Did the organization file Form 1120-POL for this year?	37b		<b>✓</b>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		
h	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b	Soa		<b>V</b>
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ -0- ; section 4912 ▶ -0- ; section 4955 ▶ -0-	-		
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		1
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			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ▶ Oregon			
42a	The organization a books are in our over internet or internet or in our or i	503-36	1-894	1
	Located at ▶ 3415 Commercial St. SE Ste. 217, Salem, OR 97302 ZIP + 4 ▶			<b>.</b>
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	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.?	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		. 1	▶ □
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		<b>✓</b>
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	44b		<b>√</b>
c	Did the organization receive any payments for indoor tanning services during the year?	44c		1
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		✓
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<b> </b>	
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)	45b		1

Form 99	90-EZ (2	012)							Page 4
	<del></del>		· · · · · · · · · · · · · · · · · · ·					Yes	No
46	Did t	ne organization engage, directly or i	ndirectly, in political of	campaign activities	on behalf of	f or in opposit	tion		+
		ndidates for public office? If "Yes,"		, Paπ I	• • • •	<u>· · · · · </u>	. 46	ــــــــــــــــــــــــــــــــــــــ	✓
Part		Section 501(c)(3) organizations All section 501(c)(3) organization		estione 47_49h ar	d 52 and	complete th	e tables	for lir	1es
		50 and 51	is must answer que	55110115 47 -49D ai	iu 52, and	complete th	o tabios		.00
		Check if the organization used Sc	hedule O to respond	d to any question i	n this Part \	/I			. 🗆
		Oncor in the organization cost of		<u> </u>				Yes	No
47	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 II							1	
48	Is the	organization a school as described i	n section 170(b)(1)(A)(	ii)? If "Yes," comple	te Schedule	Ε	. 48		<b>√</b>
49a		ne organization make any transfers t						a 🗸	
b		es," was the related organization a se							1
50	Com	plete this table for the organization's	five highest comper	nsated employees (	other than c	officers, direct	ors, trus	ees a	nd key
	empl	oyees) who each received more than	1 \$100,000 of compe	nsation from the or		If there is non alth benefits,	e, enter	None.	
	(a)	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contribute	ons to employee	(e) Estima		
		paid more than \$100,000	devoted to position	(Forms W-2/1099-MIS		ns, and deferred pensation	other co	mpensa	ation
None				-	_	•			
NOTIE									
				<del> </del>					<del></del>
				·					
	-				<del> </del>				
f	Total	number of other employees paid ov	er \$100,000	>		_			
51	Com	plete this table for the organization	's five highest comp	ensated independe	ent contract	ors who each	n receive	d mor	e than
	\$100	,000 of compensation from the orga	anization. If there is n	one, enter "None."					
(a)	Name a	nd address of each independent contractor pa	aid more than \$100,000	(b) Type of	service	(c	Compens:	ition	
Nama					<del> </del>	_	<del></del>		
None									
						-			
				1					
				.┪					
d	Total	number of other independent contri	actors each receiving	over \$100.000 .	. ▶				
52	Did ti	ne organization complete Schedule xempt charitable trusts must attach	A? Note: All section 5	501(c)(3) organizatio	ons and 494		► ✓ Ye	.e 🗆	No
Under p	enalties	of perjury, I declare that I have examined this discomplete. Declaration of preparer (other that	return, including accompar	nying schedules and stat	ements, and to	the best of my k			
	-	· Man soll				1/17	1/21		
Sign		Signature of officer			I	Date	<del>/                                    </del>		
Here		▲ Kay Teisl, Secretary							
		Type or print name and title							
Paid		Print/Type preparer's name	Preparer's signature		Date	Check	ıf PTIN		-
Duan			1			self-emplo	yed		

Paid **Preparer** 

Use Only

Firm's name

Firm's address ►

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

► ☐ Yes ☐ No

Firm's EIN ▶

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

#### **Public Charity Status and Public Support**

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

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

OMB No. 1545-0047
2012
Open to Public

Open to Public Inspection

**Employer identification number** 

Oregon Cattlemen's Stewardship Fund 93-1252622 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I **b** Type II **c** Type III–Functionally integrated **d** Type III–Non-functionally integrated e By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 11g(i) (ii) A family member of a person described in (i) above? . . . . . 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (iii) Type of organization (iv) Is the organization (v) Did you notify (ii) EIN (vi) Is the (vii) Amount of monetary in col. (i) listed in your (described on lines 1-9 the organization in organization organization in col. support col (i) of your support? governing document? (i) organized in the above or IRC section U S.? (see instructions)) Yes Yes Ves Nο No No (A) (B) (C) (D) (E) Total

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

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

Section A. Public Support

	on A. I abile Support		· · · · · ·			<del></del>	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the					]	
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by	L. Sorth R.	A TO THE STATE OF	<b>电影机场通知</b>	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	<b>展验证验证</b>	
	each person (other than a		4-1-1	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			
	governmental unit or publicly	Taring the same		語がから			
	supported organization) included on	"压阻性"的	THE WALL STOP	<b>研究的主义系</b>			
	line 1 that exceeds 2% of the amount		进		55		
	shown on line 11, column (f)	在特别的特色	理的理學學	<b>工程至一个人</b>		華。這些語言	
6	Public support. Subtract line 5 from line 4.	<b>计二级数据</b>	· 高品 第二章(1)	學問題 重點	中華。種類的出	STATE A	
	on B. Total Support						<del></del>
Caler	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,					1	
	rents, royalties and income from similar						
	sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets					[	
	(Explain in Part IV.)						
11				(1) (4) (2)			
12	Gross receipts from related activities, etc.	•	•			12	7~~~
13	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	, or fifth tax y	ear as a sectior	n 501(c)(3)
	organization, check this box and stop he			<u> </u>	<u> </u>	<u> </u>	<b>&gt;</b> 🗀
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2012 (line 6		-			14	<u>%</u>
15	Public support percentage from 2011 Sch					15	%
16a	331/3% support test—2012. If the organiz						
	box and stop here. The organization qua	•		•			
b	331/3% support test-2011. If the organ						•
	check this box and stop here. The organi	ization qualifie	s as a publicly	supported org	anization .		. ▶ 🗀
17a	10%-facts-and-circumstances test – 20						
	10% or more, and if the organization med						
	Part IV how the organization meets the "fa			_	•		
	organization						. ▶ 🗆
b	10%-facts-and-circumstances test - 20						
	15 is 10% or more, and if the organizat						
	Explain in Part IV how the organization m				•	•	•
	supported organization						_
18	Private foundation. If the organization di				•		
	instructions	· · · ·			<u> </u>	· <u>· · · · · · · · · · · · · · · · · · </u>	▶ 📮

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section	on A. Public Support		·				
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	274,828	233,940	56,815	48,927	189,912	804,422
2	Gross receipts from admissions, merchandise sold or services performed, or facilities		į				
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an			•			
	unrelated trade or business under section 513					6,180	6,180
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
_	•		222.242	50 04 F	40.007	100.000	010.002
6 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3	274,828	233,940	56,815	48,927	196,092	810,602
<i>i</i> a	received from disqualified persons .						
_	Amounts included on lines 2 and 3	,					
b	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	145,590	90,062	21,582	-0-	107,836	365,070
С	Add lines 7a and 7b	145,590		21,582	-0-	107.836	365,070
8	Public support (Subtract line 7c from	<b>公本人的图像</b>					<del></del>
	line 6.)				的思考这种		445,532
Secti	on B. Total Support						<del> </del>
Calen	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	274,828	233,940	56,815	48,927	196,092	810,602
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,	İ	İ				
	royalties and income from similar sources .	1,667	116	76	64	33	1,956
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975			į			
_	•		110	70	C.4	22	1.056
	Add lines 10a and 10b	1,667	116	76	64	33	1,956
11	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
12.	loss from the sale of capital assets	!					
	(Explain in Part IV.)					į	
13	Total support. (Add lines 9, 10c, 11,				, _		
	and 12.)	276,495	234,056	56,891	48,991	196,125	812,558
14	First five years. If the Form 990 is for the	ne organization			, or fifth tax ye		n 501(c)(3)
	organization, check this box and stop he			<u> </u>		· · · · ·	<b>▶</b> □
Secti	on C. Computation of Public Suppo					· · · · · · · · · · · · · · · · · · ·	
15	Public support percentage for 2012 (line						55 %
16	Public support percentage from 2011 Sc			· · · · ·	<del></del>	16	56 %
	on D. Computation of Investment In				(6)	147	- 0/
17	Investment income percentage for 2012						.2 % 1 %
18	Investment income percentage from 201 331/3% support tests—2012. If the organ					18   ore than 33½9	
19a	17 is not more than 331/3%, check this box	and ston here	The organizati	on qualifies as a	na iine 15 is iii a publicly suom	orted organization	on . F
L	331/3% support tests—2011. If the organi						
b	line 18 is not more than 331/3%, check this	box and stop h	ere. The organ	ization qualifies	as a publicly s	upported organ	ization >
20	Private foundation. If the organization d						

Dogg	
Page	•

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
'	

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

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization 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.

Oregon Cattlemen's Stewardship Fund	93-1252622				
Part 1 Line 16: Stae filing fes and bank fees - 201					
Part 1 Line 10 List:					
ewis and Clark College - \$5000 donation in support of the Western Resources Law Clinic.					
Water for Life - \$5000 donation in support of agricultural water rights research					
Sprague River Water Resources Foundation - \$1250 donation in support of agricultural water rights re	search				
Fort Klamath Critical Habitat Landownes - \$1250 donation in support of agricultural water rights resear	rch				
Scholarships to seven students with major related to agriculture - \$6000					
RESTOR Task Force In-kind emergency hay donations to wildfire victims - \$101,559					
Part 3 Line 32 Scholarships awarded to five college students with majors with some relevance to the I	ivestock industry - \$5000				
Part 2: Kay Teisl, 3415 Commercial St. SE, Salem, OR 97302. Title - Secretary, Average Hours devoted	per week - 2, compensation -0-				
Part 3 Line 32: Provide contributions in support of agriculture related research and education					
······································					
······					