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Form **990**

Return of Organization Exempt From Income Tax

2014

OMB No 1545-0047

Department of the Treasury

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public

Inten	nal R	Revenue	Service	▶ Informati	on about Form 99	o and its instruction	ns is at www.irs.go	v/rorm990			nispection	
<u>A</u>	Fo	r the 2	2014 calend	lar year, or tax year begin		· · · · · · · · · · · · · · · · · · ·	, 2014, and er	nding			, 20	
В	Che	ck if app	plicable	C Name of organization New	Mexico Cattl	Le Growers Ass	юс			D Employer identification		
	Add	ress cha	ange	Doing business as						8	35-0056700	
	Nan	ne chan	ge	Number and street (or P O bo	x if mail is not delivered	to street address)		Room/suite	:	Ε	Telephone number	
	Initia	al retum	1	PO Box 7517						((505) 247 - 0584	
	Fina	l retum/	/terminated	City or town, state or province	, country, and ZIP or fore	eign postal code					455,702	
	Ame	ended re	eturn	Albuquerque, M	M 87194-7517					G	Gross receipts\$	
$\bar{\Box}$	Арр	lication	pending	F Name and address of principa		y Sullivan						
				Same as C above	e			H(a) Is	this a grou bordinates	p return	on for Yes 🔀 No	
1	Tax	-exempt	t status	501(c)(3) X 501(c) (5		4947(a)(1) or	527	Н(b) А	re all subor	dinates	included? Yes No a list (see instructions)	
J		osite.		GRICULTURE.ORG				H(c) G	",If "No roup exem	attach a ption nu	a list (see instructions) imber	
К	For	n of ora	anization X	Corporation Trust Ass	ociation Other ►		L Year of formation 1	964	M State o	f legal d	fornicile NM	
Pa	art		Summar	γ				· ·				
نستنا	T			be the organization's miss	on or most signific	ant activities. To	promote and p	rotect	the	catt	le industry in	
			-	co by providing a	-							
ည	- [-		ndustry.				*				
ī.		-		<u> </u>								
Activities & Governance		2 (Check this b	ox ▶ ☐ if the organization	discontinued its of	perations or disposed	of more than 25% o	f its net as	sets			
ő				oting members of the gove					1	3	82	
න් ග				ndependent voting member	• • •	•			<u> </u>	4	82	
Ę.				r of individuals employed in	•	- '	,		·	5	9	
₹				er of volunteers (estimate if					· · · Ի	6		
ĕ				ted business revenue from					· · ·	7a	49,691	
				d business taxable income	·	•				7b	45,051	
	\dashv	D 1	vet uniterate	d business taxable income	101111 01111 990-1,			Prio	r Year		Current Year	
		8 (Contribution	s and grants (Part VIII, line	1h)	===	-	7110	205,	698	214,376	
<u>a</u>				vice revenue (Part VIII, line	REC	EIVED			193,		182,644	
Ę			_		290	EIVED				888		
Revenue				ncome (Part VIII, column (/	711-27	1	· · · · · · · ·			_	709	
Œ				ue (Part VIII, column (A), lir	11 11 1 4	(() ///	· · · · · · ·		91,		57,973	
				ie - add lines 8 through 11 (2)		491,	259	455,702	
				similar amounts paid (Part		(A) / 1 cm (A)	• • • • • • • •					
			-	d to or for members (Part I)					100	004	172 422	
es				er compensation, employe				 .	182,	994	172,422	
Expenses				I fundraising fees (Part IX,	• •	•		······································	······	-,, - ,		
×	.			ising expenses (Part IX, co			0				0.60 0.40	
ш				ses (Part IX, column (A), li			· · · · · · · ·		275,		262,842	
2			•	ses Add lines 13-17 (must					458,		435,264	
		19 I	Revenue les	s expenses. Subtract line	18 from line 12 .	<u> </u>			32,		20,438	
L. U. I. L.I. Net Assets or	üÇ	oc -	T	(D-+V I: 40)			<u> </u>	Beginning of			End of Year	
set F	321			,		• • • • • • • • •			533,	+	557,867	
⊋ ĕ	Ę								12,		15,857	
`				or fund balances. Subtract	line 21 from line 20	<u> </u>			521,	572	542,010	
	art			Ire Block lare that I have examined this retui	m uncluding occompany	and schodules and stateme	ata and to the heat of my l		d ballof it			
				claration of preparer (other than offi				criowieuge ar	id beller, it	15		
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Sig	an			ey Sullivan	soc /	GNVV				Data -	8-18	
•	_	!	- 5							Date		
He	re			ey Sullivan, Secr	retary (Treas	urer						
			1		- 000	— <i></i>	Date					
ъ.	.: _=		1	eparer's name	Preparer's striature	lua -	1		eck [_]		rin Doggana	
Pa				A Rasmussen	I Will		05-27-2015	T	f-employed	1	P00301171	
	-	arer	Firm's name	· · · · · · · · · · · · · · · · · · ·		PC		Firm's EIN	<u> </u>			
US	e (Only	Firm's addres					Phone no		.		
	-		<u> </u>		que NM 8718				50	5-87	8-0829	
Ma	y th	e IRS	discuss this	return with the preparer sh	nown above? (see i	instructions)					🛛 Yes 🗌 No	

Checklist of Required Schedules

Part IV

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X 2 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Х Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, X Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the night to provide advice on the distribution or investment of amounts in such funds or accounts? If X Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Х 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or Χ debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 Χ endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," Х Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more Χ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 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 Х d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ 12a Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if Х 12b the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 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 Χ foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 15 X for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Χ 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 X Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? b Form 990 (2014) EEA

Part IV Checklist of Required Schedules (continued)

	·		Yes	No
21	Qid the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government 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 or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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		İ	l
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			l
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
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		<u> </u>
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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	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 990-EZ?			l
	if "Yes," complete Schedule L, Part I	25b		ļ <u>-</u> -
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			l
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? 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,			
	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		X
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 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
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 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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			37
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			37
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			77
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	24		v
0.5	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		^
ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	25h		v
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	20		
27	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			1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	27		₩
20	Part VI	37		X
38		20	_v	1
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2014) New Mexico Cattle Growers Assoc

Part V Statements Regarding Other IRS Filings and Tax Compliance

	*Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	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	I		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 9	I		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X	
	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		X
ь	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)	į		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	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		Х
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 file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	Ì	Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
l2a	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			
13	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		
	Note. See the instructions for additional information the organization must report on Schedule O			
ь	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	ł		
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
				

Form 990 (2014) New Mexico Cattle Growers Assoc 85-0056700 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Section A. Governing Body and Management Yes No 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 2 Х any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 Х 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? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Х Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following X X 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at Χ the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b 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 X 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," Х 12c 13 Did the organization have a written whistleblower policy? 13 Х 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X Х 15b 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? X 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NM 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply X Another's website ☑ Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19

20

financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records

Shacey Sullivan (505)247-0584, PO Box 7517, Albuquerque, NM 87194-7517

orm 990 (2014	New Mexico Cattle Growers Assoc	85-0056700	Page
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest (Compensated Employed	es. an

Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

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

EEA

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (C) Position (F) (B) (D) (E) (A) (do not check more than one Name and Title Average Reportable Reportable Estimated box, unless person is both an hours per officer and a director/trustee) compensation compensation from amount of week (list any from related other organizations hours for the compensation Highest Individual trustee (W-2/1099-MISC) Institutional trustee organization related from the (W-2/1099-MISC) organizations · employee organization below dotted and related compensated line) organizations (1) Shacey Sullivan 3.00 X X Secretary Treasurer 0 (2) See attached listing Various Х 0 (3) <u>(4)</u> <u>(6)</u> <u>(9)</u> (10) (11) (12)_ (13)_ <u>(</u>14)

Form 990 (2014)

85-0056700

Part VI	Section A. Officers, Directors, Trustees,	Key Employ	ees, a	nd I	High	est	Comp	ens	ated Employees (continued)				
•	(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from		(F) Estimated amount of other		
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC		com fr orga and	pensation rom the anization d related anization	on d
<u>(15)</u>							·							
<u>(</u> 16)														
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(23)														
(24)													····	•
(25)														
с То	ub-total	on A						>			0	İ	·	
2 To	otal (add lines 1b and 1c)								than \$100,000 of	<u> </u>	U			0
re	portable compensation from the organization										0		Yes	No
	d the organization list any former officer, director, nployee on line 1a? If "Yes," complete Schedule J		•						oensated			3		Х
4 F	or any individual listed on line 1a, is the sum of rep ganization and related organizations greater than	ortable comp	oensat	ion a	and o	other	comp	ensa	ation from the		·			
ine	dividual											4		Х
fo	r services rendered to the organization? If "Yes,"			_			_			<u></u>	<u>. </u>	5		X
1 Co	B. Independent Contractors omplete this table for your five highest compensation from the organization. Report compensation.													
ye	ear. (A)								(B)				(C)	
	Name and business address			•			-		Description of	services		Comp	ensatio	<u>"1" </u>
											 			
														
	otal number of independent contractors (including aceived more than \$100,000 of compensation from				liste	d ab	ove) v	vho						

1		•	Check if Schedule O contains a respons	e or no	ote to any line in this	Part VIII	<u>, , , , , , , , , , , , , , , , , , , </u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>
b b Membership dues 15 214,376	· ·	_				` '	Related or exempt function	Unrelated business	Revenue excluded from tax under sections
b b Membership dues 15 214,376	တ္ တ	1a	Federated campaigns	1a				<u> </u>	
Security Security	ant		, ,	-	214,376		1		
Security Security	တ္ခ်ိန္မ		•						
Security Security	ir A		•	\vdash	- 		1		
Security Security	ତ୍ର <u>ଞ୍</u> ଞ		•				1		
Security Security	Sir	_		<u> </u>			1		
Security Security	ž Per	•		1f			1		
Security Security	흡증	a							
Security Security	and					214.376			
2a Convention and Meetings 900099 139,647 149,651 149,	<u> </u>		Total / Rod III/OS Ta 11 TT TT TT TT						
182,644	9	22	Convention and Meetings		i	139.647	139.647	ĺ	
182,644	Ne N								·
182,644	ž					4			
182,644	פֿעוּ					1.775	- }-		
182,644	Š								
182,644	ogra								
1 1 2 2 2 2 2 2 2 2	ō.								,
and other similar amounts) 1						202,000			
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10 10 10 10 10 10 10 10		4	ŕ		F				· · · · · · · · · · · · · · · · · · ·
(i) Real (ii) Personal		l '	•	•	⊢				
100 100		•	·				-		
D Less: rental expenses		6a	· · · · · · · · · · · · · · · · · · ·						
C Rental Income or (loss)		b Less: rental expenses					-		
d Net rental income or (loss)				8,282		į			
Ta Gross amount from sales of assets other than inventory					8.282	8.282			
Second S		1							
b Less cost or other basis and sales expenses		'a	Closs amount nom sales of		(", 0 0				
and sales expenses			,						
C Gain or (loss) C Net gain or (loss) C Net gain or (loss) C Net gain or (loss) C Net income or (loss) C Ne		"							
d Net gain or (loss)		c	·						
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18						1			•
of contributions reported on line 1c) See Part IV, line 18	9	l .					·····		
of contributions reported on line 1c) See Part IV, line 18	le J		•						
c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19	Š		•	_			-		
c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19	9		•	. а	[`		
9a Gross income from gaming activities See Part IV, line 19	ð	ь					, [
9a Gross income from gaming activities See Part IV, line 19		c	Net income or (loss) from fundraising event	s.		1			
See Part IV, line 19									·····
c Net income or (loss) from gaming activities ▶ 10a Gross sales of inventory, less returns and allowances				. а			†		
c Net income or (loss) from gaming activities ▶ 10a Gross sales of inventory, less returns and allowances		ь					-		
10a Gross sales of inventory, less returns and allowances			-						
returns and allowances		i							
C Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11a Insurance Managemnt Fee 561000 36,234 36,234 b Advertising 541800 3,295 3,295 c Others 900099 10,162 10,162 d All other revenue 49,691 49,691				. а			ŧ		
C Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11a Insurance Managemnt Fee 561000 36,234 36,234 b Advertising 541800 3,295 3,295 c Others 900099 10,162 10,162 d All other revenue 49,691 49,691		ь	Less: cost of goods sold	. b			Ė		
Miscellaneous Revenue Business Code 11a Insurance Managemnt Fee 561000 36,234 36,234 b Advertising 541800 3,295 3,295 c Others 900099 10,162 10,162 d All other revenue 49,691 49,691		I .	_			[[
b Advertising 541800 3,295 3,295 c Others 900099 10,162 10,162 d All other revenue 49,691 49,691					 				
b Advertising 541800 3,295 3,295 c Others 900099 10,162 10,162 d All other revenue 49,691 49,691		11a	Insurance Managemnt Fee		561000	36,234	1	36,234	
c Others 900099 10,162 10,162 d All other revenue		1							
d All other revenue		c	Others		900099	10,162		···	· · · · · · · · · · · · · · · · · · ·
——————————————————————————————————————		d	All other revenue						
12 Total revenue. See instructions		е (Total. Add lines 11a-11d		> [49,691			
		12	Total revenue. See instructions		<u> ▶</u> [455,702	191,635	49,691	0

85-0056700

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). Check if Schedule O contains a response or note to any line in this Part IX (B) (D) (A) Total expenses Do not include amounts reported on lines 6b, 7b, Program service Management and Fundraising 8b. 9b. and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 5 Compensation of current officers, directors, Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 127,802 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 29,746 14,874 10 Fees for services (non-employees) 11 33,650 4,030 d Professional fundraising services See Part IV, line 17 . f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . 12 9,029 13 3,657 14 4,947 15 16 16,152 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings 91,296 20 21 3,089 22 Depreciation, depletion, and amortization 23 5,431 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 Scholarships YCLC & Others 4,000 b Legislative and Marketing 12,930 6,557 Postage 5,384 d Real Estate Taxes e All other expenses 62,690 25 Total functional expenses. Add lines 1 through 24e 435,264 0 0 0 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here 🕨 🖾 if following SOP 98-2 (ASC 958-720)

New Mexico Cattle Growers Assoc 85-0056700 Page 11 Form 990 (2014) Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 84,340 66,352 1 1 411,838 2 412,497 2 3 3 21,731 16,460 4 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 7 Assets 5,362 8 11,125 9 6,086 1,429 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 27,359 Less: accumulated depreciation 10b 186,535 26,971 10c b 11 11 12 Investments - other securities See Part IV, line 11 12 13 13 14 14 15 15 533,683 16 557,867 16 15,857 12,111 17 17 18 18 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, iabilities. trustees, key employees, highest compensated employees, and 22 disqualified persons. Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 12,111 26 15,857 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗓 and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 542,010 27 521,572 28 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here

I and complete lines 30 through 34.

Retained earnings, endowment, accumulated income, or other funds

Paid-in or capital surplus, or land, building, or equipment fund

542,010

30

31

32

33

34

521,572

533,683

30

31

32

33

34

orm	990 (2014) New Mexico Cattle Growers Assoc 8:	5-005	6700	٢	age 12
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				<u>. 🔲</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		455,	702
2	Total expenses (must equal Part IX, column (A), line 25)	2		435,	264
3	Revenue less expenses Subtract line 2 from line 1	3		20,	438
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		521,	572
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior penod adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		542,	010
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u>.</u>	<u></u>		<u>. 🔲</u>
				Yes	No
1	Accounting method used to prepare the Form 990		r	-	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			1	
	Schedule O			1	
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	
	reviewed on a separate basis, consolidated basis, or both:			1	
				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				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			1	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			1	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O			1	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				-
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		-		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
EΑ			For	m 990	(2014)

EEA

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

2014

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number Name of the organization 85-0056700 New Mexico Cattle Growers Assoc Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds 1 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) 4 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 🗌 No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? **Conservation Easements.** Part II 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 education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 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 Tax Year Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax vear ▶ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 🗍 Yes 🗍 No and section 170(h)(4)(B)(ii)? In Part XIII, 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 describes the organization's accounting for conservation easements. 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue included in Form 990, Part VIII, line 1 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 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land		4,303		4,303
b	Buildings		119,466	103,166	16,300
С	Leasehold improvements				
d	Equipment				
е	Other		90,125	83,369	6,756
ota	I. Add lines 1a through 1e. (Column (d) must equal For	m 990, Part X, column (B), line 10c)		27,359

•	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market va	
1) Financial d				
•	d equity interests			
3) Other	a oquity into local Time Time Time			
(A)				
(B)				
(C)				
(D)				
(E)				
				,
(F) (G)				
(H)				
	The second Park V and (P) (park 42)	<u> </u>		
	must equal Form 990, Part X, col (B) line 12) Investments - Program Relate			
Part VIII			Part IV, line 11c. See Form 990, F	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market va	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	must equal Form 990, Part X, col (B) line 13)	>		
Part IX	Other Assets.			
Part IX		swered "Yes" to Form 990, I	Part IV, line 11d. See Form 990, I	Part X, line 15
Part IX		swered "Yes" to Form 990, I	Part IV, line 11d. See Form 990, I	Part X, line 15 (b) Book value
		· · · · · · · · · · · · · · · · · · ·	Part IV, line 11d. See Form 990, I	
(1)		· · · · · · · · · · · · · · · · · · ·	Part IV, line 11d. See Form 990, I	
(1)		· · · · · · · · · · · · · · · · · · ·	Part IV, line 11d. See Form 990, I	
(1) (2) (3)		· · · · · · · · · · · · · · · · · · ·	Part IV, line 11d. See Form 990, I	
(1) (2) (3) (4)		· · · · · · · · · · · · · · · · · · ·	Part IV, line 11d. See Form 990, I	
(1) (2) (3) (4) (5)		· · · · · · · · · · · · · · · · · · ·	Part IV, line 11d. See Form 990, I	
(1) (2) (3) (4) (5) (6)		· · · · · · · · · · · · · · · · · · ·	Part IV, line 11d. See Form 990, I	
(1) (2) (3) (4) (5) (6) (7)		· · · · · · · · · · · · · · · · · · ·	Part IV, line 11d. See Form 990, I	
(1) (2) (3) (4) (5) (6) (7) (8)		· · · · · · · · · · · · · · · · · · ·	Part IV, line 11d. See Form 990, I	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization ans	(a) Description	Part IV, line 11d. See Form 990, I	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization ans	(a) Description	Part IV, line 11d. See Form 990, I	
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum	n (b) must equal Form 990, Part X, col. (B) to Other Liabilities. Complete if the organization ans	(a) Description	Part IV, line 11d. See Form 990, I	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Colum	n (b) must equal Form 990, Part X, col. (B) l Other Liabilities. Complete if the organization ans line 25.	(a) Description line 15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum	n (b) must equal Form 990, Part X, col. (B) I Other Liabilities. Complete if the organization ans line 25. (a) Description of liability	(a) Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Colum Part X)	n (b) must equal Form 990, Part X, col. (B) l Other Liabilities. Complete if the organization ans line 25.	(a) Description line 15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum Part X	n (b) must equal Form 990, Part X, col. (B) I Other Liabilities. Complete if the organization ans line 25. (a) Description of liability	(a) Description line 15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum Part X (1) Federal (2) (3)	n (b) must equal Form 990, Part X, col. (B) I Other Liabilities. Complete if the organization ans line 25. (a) Description of liability	(a) Description line 15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum Part X . (1) Federal (2) (3) (4)	n (b) must equal Form 990, Part X, col. (B) I Other Liabilities. Complete if the organization ans line 25. (a) Description of liability	(a) Description line 15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum Part X (1) Federal (2) (3) (4) (5)	n (b) must equal Form 990, Part X, col. (B) I Other Liabilities. Complete if the organization ans line 25. (a) Description of liability	(a) Description line 15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Colum Part X . (1) Federal (2) (3) (4) (5) (6)	n (b) must equal Form 990, Part X, col. (B) I Other Liabilities. Complete if the organization ans line 25. (a) Description of liability	(a) Description line 15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Colum Part X) (1) Federal (2) (3) (4) (5) (6) (7)	n (b) must equal Form 990, Part X, col. (B) I Other Liabilities. Complete if the organization ans line 25. (a) Description of liability	(a) Description line 15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum Part X (1) Federal (2) (3) (4) (5) (6) (7) (8)	n (b) must equal Form 990, Part X, col. (B) I Other Liabilities. Complete if the organization ans line 25. (a) Description of liability	(a) Description line 15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum Part X (1) Federal (2) (3) (4) (5) (6) (7) (8) (9)	n (b) must equal Form 990, Part X, col. (B) I Other Liabilities. Complete if the organization ans line 25. (a) Description of liability	(a) Description line 15.)		(b) Book value

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.

Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs gov/form990.

Name of the organization

2014

Open to Public

Open to Public Inspection

Employer identification number

New Mexico Cattle Growers Assoc 85-0056700
01. Officer, directors, etc. family relationship (Part VI, line 2)
An employee has direct family members on the board of directors.
02. Members or stockholder classes and rights (Part VI, line 6)
The organization is a member based organization.
03. Member election for additional members (Part VI, line 7a)
Board of directors are voted in by the membership on an annual basis.
04. Governing body decisions (Part VI, line 7b)
Major issues are voted upon at the regular meeting of the board of directors.
05. Form 990 governing body review (Part VI, line 11)
A copy of the 990 and the 990T are reviewed by the board at the first available meeting
after the preparartion of the 990 and 990T.
06. Conflict of interest policy compliance (Part VI, line 12c)
The organization annually reviews the conflict of interest policies with the board.
07. CEO, executive director, top management comp (Part VI, line 15a)
Salary information is reviewed by the board on an annual basis from information derived
from within the indusrty.
08. Other officer or key employee compensation (Part VI, line 15b
Salary information is reviewed by the board on an annual basis from information derived

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization	Employer identification number
New Mexico Cattle Growers Assoc	85-0056700
from within the indusrty.	
09. Governing documents, etc, available to public (Pa	rt VI, line 19)
Governing documents are available upon a qualified request.	
10 Tint of other common (Boot TV line 24c)	
10. List of other expenses (Part IX, line 24e)	
See attached listing	

New Mexico Cattle Growers' Association Officers 2014 - 2015

(January 2014)

Jose J. Varela Lopez President PO Box 15921 Santa Fe, NM 87592 (Santa Fe) (505) 438-2045 (HM) (505) 660-5828 (Cell) jjvlchimex@aol com

Pat Boone (Cindy)
President-Elect
PO Box 10
Elida, NM 88116-0010
(Roosevelt)
(575) 274-6223 (HM)
(575) 760-6199 (Cell)
Pboone4@yahoo com
texting cell is best

John Conniff (Laura) Vice President At Large 1500 Snow Rd Las Cruces, NM 88005 (Dona Ana) (575) 525-1411 (HM) (575) 644-2900 (John) CFXF@aol com

Ernie Torrez NW Vice President P O. Box 4 La Jara, NM 87027 (Sandoval/ Bernalillo) (505) 249-0284 (cell) erniet18@gmail.com

Blair Clavel (Darcie) NE Vice President 45 Clavel Ln. Roy, NM 87743 (Harding) (575) 485-0046 (HM) (575) 643-7517 (Cell) iclavel@nmsu.edu Jeff Bilberry (Sheri) SE Vice President PO Box 39 Elida, NM 88116 (Roosevelt) (575) 274-6464 (HM) (575) 760-3384 (Cell) (575) 274-6460 (Fax) jbilberry@yucca net

Randell Major (Lynn) SW Vice President PO Box 244 Magdalena, NM 87825 (Socorro) (575)854-2150 (HM) (575) 838-3016 (Cell) randell@gilanet.com

Shacey Sullivan (Russell)
Secretary/Treasurer
P O Box 94330
Albuquerque, NM 87199
(Valencia)
(505)239-5288 (Cell)
shacey sullivan@farmcreditnm com

Rex Wilson (Carol)
Past President
SR 1-53
Carrızozo, NM 88301
(Lincoln)
(575) 648-2428 (HM/Fax)
(575) 200-6550 (Cell)
Rex_Wilson@pmsnet.org

Bert Ancell (Debbie)
Past President
P.O. Box 216
Springer, NM 87747 (Colfax)
(575) 403-8650 (Cell)
ancell@plateautel net

Caren Cowan
Executive Director
2231 Rio Grande Blvd NW
Albuquerque, NM 87194
(Bernalillo)
(505) 247-0584 (Office)
(505) 842-1766 (Fax)
(505) 263-2015 (Cell)
nmcga@nmagniculture.org

DIRECTORS 2014

(coding denotes number of term and expiration date, ex: 2.2014 is first term, expires in 2014)

Dale Armstrong (Gail) PO Box 326 Magdalena, NM 87825 (Socorro)

(575) 761-5501(HM)

(505)269-6097(Cell) darmstrong@tlcplumbing.com (1:2016)

- - ...

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Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

OMB No 1545-0172

2014

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Attachment Sequence No 179

Business or activity to which this form relates

Identifying number

New	Mexico Cattle Gr	owers As	soc	FOR	M 990) -	1			85-0056700
Par	Election To Expens	e Certain Pro	operty Und	er Sect	ion 179)				
	Note: If you have any liste	d property, comp	lete Part V befo	ore you co	omplete P	art I				
1	Maximum amount (see instructions))							1	
2	Total cost of section 179 property p	faced in service ((see instruction	s)					2	
3	Threshold cost of section 179 prope	erty before reduc	tion in limitation	(see inst	ructions)				3	
4	Reduction in limitation. Subtract line	3 from line 2. If:	zero or less, en	iter -0-					4	
5	Dollar limitation for tax year. Subtra-	ct line 4 from line	1. If zero or les	ss, enter -	0- If man	ried f	ling		:	
	separately, see instructions								5	
6_	(a) Description of pr	operty		(b) Cost (bu	isiness use	only)	(c) Elec	ted cost		
							<u> </u>			
7	Listed property. Enter the amount fr					7	<u> </u>	Г		
8	Total elected cost of section 179 pro							r	8	
9	Tentative deduction. Enter the sma							1	9	
10	Carryover of disallowed deduction f	•						ì	10	
11	Business income limitation. Enter the								11	
12	Section 179 expense deduction. Ad				ſ				12	
13	Carryover of disallowed deduction t				<u> </u>	13				
	Do not use Part II or Part III below Till Special Depreciatio				riation	(Do	not include li	eted pror	perty)	(See instructions)
14	Special depreciation allowance for							sted prop	Jerty J	(See instructions)
14	during the tax year (see instructions								14	
15	Property subject to section 168(f)(1	•							15	
16	Other depreciation (including ACRS	•						1	16	
	MACRS Depreciation					_		··		
		(500.000		ction A			<u></u>			
17	MACRS deductions for assets place	ed in service in ta	ax years beginr	ning before	e 2014				17	3,089
18	If you are electing to group any ass		-			r mor	e general			2000-1
	asset accounts, check here		<u></u>				🕨			
	Section B - Assets	Placed in Servi	ice During 201	4 Tax Ye	ar Using	the (Seneral Depr	eciation	Syste	em
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depi (business/investri only-see instruc	nent use	(d) Recove	ery (e) Convention	(f) Meth	nod	(g) Depreciation deduction
19a	3-year property									
b	5-year property									
С	7-year property	<u> </u>								
d_	10-year property	<u> </u>								
_ е	15-year property	<u> </u>				_				
f	20-year property					-		. ,		
g	25-year property				25 yrs			S/		
h	Residential rental				27 5 yr		MM	S/		
	property				27 5 yr		MM	S/		
i	Nonresidential real		 		39 yrs	\$	MM	S/		
	property	D	D	. T V	- ! ! - ! 4	<u> </u>	MM	S/		
	Section C - Assets	Placed in Service	ce During 2014	lax Yea	r Using t	ne A	iternative De			stem
20 a		-			12.00	_		S/		
<u>b</u>	12-year		 		12 yrs		NANA	S/		
C	tiV Summary (See instru	ctions \	<u> </u>		40 yrs	<u>· </u>	MM	S/		l
21	Listed property Enter amount from								21	
22	Total. Add amounts from line 12, li		7 lines 19 and	 20 m colu	mn (a) a	nd lin	e 21 Enter		 '	
~~	here and on the appropriate lines o	_							22	3,089
22	For assets shown above and place	-	· ·	-	ſ			• •		
Z.3										
23	portion of the basis attributable to s					23				

990	Overflow Statement	2014 Page 1
Name(s) as shown on return		FEIN
New Mexico Catt	le Growers Assoc	85-0056700

OTHER EXPENSES PART IX LINE 24E

Description	Amount	
Awards NM State Fair	\$	580
Contract Labor		2,870
Contributions		9,475
Equipment Rental		6,592
Meetngs		1,565
Meals and Entertainment		5,117
Membership		7,011
Outside Services		607
Repairs and Maintenance		1,237
Gross Receipts Tax		541
Telephone		4,638
Utilities		4,184
Wool Growers		2,821
Printing		4,834
NMCGA Apparel		10,618
Total:	\$	62,690
		

Form **8868**

(Rev January 2014)

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

Department	of th	ne T	reasur
Internal Rev	enu	e Se	ervice

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

ntemai Revenue	Service Information about 1 only oc	oo ana ito in	structions is at www.iis.go	777011110000.	
•	iling for an Automatic 3-Month Extension, com				▶ 🏻
	iling for an Additional (Not Automatic) 3-Month				
Do not comp	lete Part II unless you have already been grante	ed an automa	itic 3-month extension on a pr	eviously filed Form 8868	
a corporation 8868 to reque Return for Tra	ing (e-file). You can electronically file Form 8868 required to file Form 990-T), or an additional (not est an extension of time to file any of the forms list insfers Associated With Certain Personal Benefit For more details on the electronic filing of this for	automatic) 3 ted in Part I o Contracts, w	i-month extension of time You or Part II with the exception of which must be sent to the IRS	u can electronically file Form Form 8870, Information in paper format (see	
Part I	Automatic 3-Month Extension of Ti	i me . Only	submit original (no cop	ies needed).	
A corporation	required to file Form 990-T and requesting an au	tomatic 6-mo	onth extension - check this bo	x and complete	_
•					▶ ∟
All other corpo	orations (including 1120-C filers), partnerships, R	EMICs, and	trusts must use Form 7004 to	request an extension of time	
to file income	tax returns		_		_
				filer's identifying number, see i	
Type or	Name of exempt organization or other filer, se		S	Employer identification number (I	EIN) or
print	New Mexico Cattle Growers Ass			85-0056700	
File by the due date for	Number, street, and room or suite no. If a P O	. box, see in:	structions	Social security number (SSN)	
filing your	PO Box 7517	For a foreign	addross con triber Attend		<u></u>
retum See instructions	City, town or post office, state, and ZIP code	For a toreign	address, see instructions.	HIBN ALIACHE	1)
	Albuquerque, NM 87194-7517				
Enter the Ret	urn code for the return that this application is for (file a separa	te application for each return)		0 1
Application	1	Return	Application		Return
Is For	•	Code	Is For		Code
	r Form 990-EZ	01	Form 990-T (corporation)		07
Form 990-E	3L	02	Form 1041-A		08
Form 4720	(ındıvıdual)	03	Form 4720 (other than individual)		09
Form 990-F	PF	04	Form 5227		10
Form 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-T	(trust other than above)	06	Form 8870		12
Telephone If the orga If this is fo for the whole	are in the care of ► Shacey Sullivan, No ► 505-247-0584 Inization does not have an office or place of busing ra Group Return, enter the organization's four digroup, check this box	E/ ess in the Ur git Group Exc it is for part o	AX No ▶nited States, check this box emption Number (GEN)		▶ [
	names and EINs of all members the extension is				
1 I reque until	st an automatic 3-month (6 months for a corporat 08-17, 20, 15, to file the exempt of				
	organization's return for	. g			
	calendar year 20 14 or				
_					
▶ 🗌	▶ ☐ tax year beginning, 20, and ending, 20				
2 If the ta	ax year entered in line 1 is for less than 12 months		F==3	Final return	
Cha	inge in accounting period				
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any					
nonrefundable credits See instructions 3a \$					
	application is for Forms 990-PF, 990-T, 4720, or 6				
estimated tax payments made Include any prior year overpayment allowed as a credit				3b \$	
c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using					
	(Electronic Federal Tax Payment System) See			3c \$	
Caution. If yo	ou are going to make an electronic funds withdra	wal (direct de	ebit) with this Form 8868, see	Form 8453-EO and Form 8879-EC) for