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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

2014 Open to Public Inspection

OMB No 1545-0047

<u>A</u> _	For the 2014 c	alendar year, or tax year beginning	<u>, and e</u>	ending			
В	Check if applicable	C Name of organization				D Employer ide	ntification number
	Address change	Pima County J	unior Live	stock Sale	S		
Ξ	Name change	Doing business as				7 86-054	3984
=	Name change	Number and street (or P O box if mail is not delivered to street	et address)		Room/suite	E Telephone nun	nber
_}	Initial return	17315 S. Camino de Las Quir	ntas		ł	520-62	3-0421
	Final return/ terminated	City or town, state or province, country, and ZIP or foreign po-				1	
\exists		Sahuarita A					432,619
_	Amended return	F Name and address of principal officer	4 63629		- ,	G Gross receipts	432,019
╝	Application pending	, ,			H(a) Is this a g	roup return for subord	ınates? Yes X No
		Garrett Ham	• • • • •		11/63		Yes No
		17315 S. Camino de Las		•	1 ''	ibordinates included?	
		Sahuarita	AZ 8562	9		o," attach a list (see i	nstructions)
<u> </u>	Tax-exempt status	X 501(c)(3) 501(c) () ◀ (insert n	10) 4947(a)	(1) or 527			
J	Website: ► N	/A			H(c) Group ex	emption number	
K	Form of organization	X Corporation Trust Association Oth	ner 🕨		L Year of formation	М_	State of legal domicile AZ
F	Part I Su	mmary					
	1 Briefly de	scribe the organization's mission or most significa	nt activities				
ø)	Educ	ation - Assist 4-H Programs					
2	1	_					
Б							
ě	2 Check thi	s how N I if the arganization discontinued its a	norotiono or di om	mad of more than	25% of its not seen	to.	
Activities & Governance	2 Check thi			Sed of more than	25% of its net asse		1
త	3 Number o	f voting members of the governing body (Part Vt.	TO FIVE F				
Ë	4 Number o	f independent voting members of the governing b	ody (Part VI, line			4 0	
Ξ̈	5 Total num	ber of individuals employed in calendar webr 2014	(Part V. line 2a)			5 0	
Aci	6 Total num	ber of volunteers (estimate if necessary)		اعقات		6 0	
	7a Total unre	lated business revenue from Part VIII, column (C), line 12	T -		7a	0
	b Net unrela	ated business taxable income from Form 990-T	<u>galn, u</u>			7b	0
			The state of the s		Prior Y		Current Year
ō	8 Contributi	ons and grants (Part VIII, line 1h)				8,550	5,375
Revenue	9 Program	service revenue (Part VIII, line 2g)			45	5,769	427,202
ě	10 Investmen	nt income (Part VIII, column (A), lines 3, 4, and 7d	i)			117	42
œ	11 Other reve	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10	c, and 11e)				0
	12 Total reve	nue – add lines 8 through 11 (must equal Part VII	il, column (A), line	e 12)	46	4,436	432,619
	13 Grants an	d similar amounts paid (Part IX, column (A), lines	1–3)				6,150
	14 Benefits p	aid to or for members (Part IX, column (A), line 4))				0
10	45 0	other compensation, employee benefits (Part IX, o	•	5–10)			0
Expenses	16a Profession	nal fundraising fees (Part IX, column (A), line 11e)	• • •	· · · · · ·			0
ben	h Total fund	raising expenses (Part IX, column (D), line 25) ▶		0			_
X	17 Other eve	enses (Part IX, column (A), lines 11a–11d, 11f–24	40)	•	4	2,827	443,369
	17 Office exp		•			2,827	449,519
		enses Add lines 13–17 (must equal Part IX, colum	nn (A), line 25)			1,609	-16,900
_ 9		ess expenses Subtract line 18 from line 12			Beginning of Cu		End of Year
Net Assets or Fund Balances	20 Total acco	ets (Part X, line 16)				7,875	70,884
SSe Bal	20 Tutal asse				<u>-</u>	328	237
	21 Total liabil	ities (Part X, line 26)				7,547	70,647
		s or fund balances Subtract line 21 from line 20				1,341	10,041
		nature Block					
Ų	pder penalties of p	erjury, I declare that I have examined this return, include	ding accompanying	schedules and stat	ements, and to the be	est of my knowled	ge and belief, it is
_	ue, correct, and co	mplete Declaration preparer (other than officer) is b	ased on all informa	ation of which prepa	rer has any knowledg	 -	
		1/3 //					. <u></u>
3įg	ព្រៃ 📗 Si	gnature of officer // Williams		11 -	-	Date	
۱è	re L _	\Box	accott.	Man /	1 cas	<u> </u>	<u>-/3</u>
Fig.	₹ 7 Ty	pe or print name and title	· · · · · · · · · · · · · · · · · · ·				
	,	preparer's name Prepar	ers signature	200	Date Date	Check	if PTIN
aio	d) David	1. Mancini, CPA Dav	Mest II	uller	01/12	2/15 self-employed	P00529205
re	parer Firm's nam	CD3 Manager Ca	rvices LI	LC			46-3792264
Jse	only	6075 E Grant Rd					
7		. W 37 OF710	-2319		1	Phono no	20-296-0800
_		this return with the preparer shown above? (see				Phone no 3.	X Yes No
ıa۷	r ure iko uiscuss	uns return with the preparer shown above? (See '	แเอนนะแบบรั				42 C3 NO

Other program services (Describe in Sc	chedule O)		
(Expenses_ \$	including grants of \$) (Revenue \$	
Total program service expenses ▶	444,274		
			Form 990 (201
	•		(Expenses \$ including grants of \$) (Revenue \$

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 complete Schedule A 1 X Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X candidates for public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) X 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 98-19? If "Yes," complete Schedule C, X 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 X "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X 7 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," X 8 complete Schedule D, Part III 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 9 X debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted X endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X 11a | complete Schedule D, Part VI b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more 11b X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more X 11c of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets X 11d reported in Part X, line 16? If "Yes," complete Schedule D, Part IX X 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 X 11f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if Х the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate X 14b foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or X 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other X assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on X 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? X 19 If "Yes," complete Schedule G, Part III 20a 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20b

Forn	n 990 (2014) Pima County Junior Livestock Sales 86-0543984		F	age
P,	art IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did 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	1		₹.,
	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			ĺ
	organization's current and former officers, directors, trustees, key employees, and highest compensated		1	3,5
	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	1	ì	l
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			v
	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	 	
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	[ĺ	.
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<u>25a</u>	├	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	1		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	}	ł	
	If "Yes," complete Schedule L, Part I	25b	 	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any		[
	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,	İ		ŀ
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			٦,
	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
C	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			, ,
	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,			
	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			v
• •	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33_		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts 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
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	 		
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	 	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			v
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36_		X
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	J		
	and mai is realed as a natineishio tot tederal income tax outdoes? It is yes comblete acceditie k			

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

Part VI

Forn	1990 (2014) Pima County Junior Livestock Sales 86-0543984	·	F	Page
Pa	art 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			ᆜ
4.	Fig. 11. 12. 14. 15. 14. 15. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Table 10 of Form 1096 Enter -0- if not applicable 1a			<u> </u>
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the exemptation comply with healting withhelding rules for separately a payments to yender and			
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	16		1
Lu	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		
	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
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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_		X
b	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)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
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		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
L	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	6b		
7	gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	00		-
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	and services provided to the payor?	7a		İ
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		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f_		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		ŀ	
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter			
'' a	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)		ļ	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
		13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
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		ļ	
¢	Enter the amount of reserves on hand			
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	ł	

Form 990 (2014) Pima County Junior Livestock Sales 86-0543984 Page 6 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 or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 b Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 6 Did the organization have members or stockholders? 7a 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? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, X 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 8 X a The governing body? 8a 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 X 9 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) Yes No X 10a 10a Did the organization have local chapters, branches, or affiliates? b 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? X 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 X 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a 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 X with a taxable entity during the year? 16a b 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 16b 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 None 18 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 | 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, address, and telephone number of the person who possesses the organization's books and records Garrett Ham 17315 S Camino de Las Quintas

AZ 85629

Sahuarita

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and 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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for	(d bo	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			than o s both	ne an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(1) Patty Todd			-							
	0.00						ļ			
President	0.00	ļ		X	<u> </u>	_		0	0	0
(2) Laura Levin	0.00		l							
Wise Duncidon	0.00 0.00			x				o	0	0
Vice President (3) Chris Palmenberg	0.00	 		^	-					
(3) CHIIIS Parmenderg	0.00	!								
Secretary	0.00			x				o	0	0
(4) Garrett Ham										
` '	0.00									
Treasurer	0.00			X				0	0	0
(5)										
(6)										
(7)							-			
(8)	· · · · · ·									<u> </u>
(9)										
(10)					-					
(11)										
					<u> </u>			<u> </u>		- 000

Pa	(A) Name and title	(B) Average hours per week (list any	(d	lo not	Pos check	C) sition more erson	than o	ne an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estima amour othe	ated nt of er	
		hours for related organizations below dotted line)	or director		Officer	Key employee	Highest compensated employee	<u> </u>	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from organiz and rel organiza	the ation ated	
(12)							 -	_						
(13)					_									
						_								
(14)														
(15)														
(16)														-
(17)														
(18)														
(19)														
1b c	Sub-total Total from continuation shee	ets to Part VII, S	ectio	on A			ll	>						
2	Total (add lines 1b and 1c) Total number of individuals (increportable compensation from	•		to th	ose l	listed	d abo	ve)	who received more than \$10	00,000 of	l			
3	Did the organization list any for	rmer officer, direc	tor,					oloye	ee, or highest compensated				Yes	
4	employee on line 1a? If "Yes," For any individual listed on line organization and related organic	1a, is the sum of	repo	ortab	le co	mpe	nsati			n the		3		X
5	individual Did any person listed on line 1a	a receive or accru	е со	mpe	nsatı	on fr	om a	iny ι	unrelated organization or ind	ıvıdual		4		X
	for services rendered to the orgion B. Independent Contractor	rs										5		X
1	Complete this table for your five compensation from the organiz	ation Report con							year ending with or within t	ne organization's tax year	1		(C)	
	Name and	(A) business address		· · · · ·					Descript	(B) on of services		Co	(C) mpensa	tion
							_							
														
														•
2	Total number of independent or received more than \$100,000 c	ontractors (includ of compensation f	ing b	ut no	ot lim organ	ııted ıızatı	to the	ose	listed above) who	0				
DAA												For	m 99((2014)

Pa	ırt V		nent of Reve		ns a response o	or note to any line	in this Part VIII		
					· ·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f		ues vents izations (contributions) is, gifts, grants, is not included above ins included in lines 1a-	1a	5,375	5,375			
	2a b	Total. Add line	ck Sales		Busn. Code	427,202			427,202
Program Service Revenue	c d e f	All other progra	am service rever	nue					
<u>~</u>	g				>	427,202			
	3	and other similar amounts) 4 Income from investment of tax-exempt bond proceeds				42	42		
	5	Royalties	(ı) Real	<u> </u>	(ii) Personal				
	6a b c d 7a b	6a Gross rents b Less rental exps c Rental inc or (loss) d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) sales of assets other than inventory			(ii) Other				
e	d	basis & sales exps Gain or (loss) Net gain or (los	ss) om fundraising ever	ats	. •				
Other Revenue		See Part IV, line Less direct ex	penses	a b				1	
	9a b	Gross income from See Part IV, line Less direct ex	penses	a					
	10a b	Gross sales of returns and alle Less cost of g Net income or	owances oods sold (loss) from sales	a	ory •				
	110	Mis	cellaneous Revenue		Busn Code				
	11a b c	All all a							
	d e 12	Total. Add line		q	>	432,619	42	0	427,202

Sec	tion 501(c)(3) and 501(c)(4) organizations must co			lete column (A)	
	Check if Schedule O contains a resp				
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	6 150	C 150		
2	and domestic governments See Part IV, line 21	6,150	6,150		
2	Grants and other assistance to domestic				
3	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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			·	: <u></u>
,	trustees, and key employees	ļ			
6	Compensation not included above, to disqualified				
Ŭ	persons (as defined under section 4958(f)(1)) and			:	
	persons described in section 4958(c)(3)(B)]			
7	Other salaries and wages				<u></u>
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)				
а					
b	Legal				
С	Accounting	1,097		1,097	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)				······································
	Advertising and promotion	600	600		
13	Office expenses	1,358	925	433	
14	Information technology				
15	Royalties				
16	Occupancy				
	Travel				
١٥	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,825	10,825		
23	Insurance	3,715	10/023	3,715	
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)				
а	Sale proceeds to particip	412,439	412,439		
b	Buyer recognition	3,553	3,553		
С	Luncheon	3,255	3,255		
d	Auctioneer, inspectors	2,090	2,090		
е	All other expenses	4,437	4,437		
25_	Total functional expenses. Add lines 1 through 24e	449,519	444,274	5,245	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				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 7,943 10,894 Cash-non-interest bearing 1 52,414 2 40,016 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 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 6 7 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 61,693 other basis Complete Part VI of Schedule D 10a 38,768 24,567 10b 10c 22,925 b Less accumulated depreciation 11 Investments—publicly traded securities 12 Investments—other securities See Part IV, line 11 12 13 Investments—program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 87,875 70,884 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 328 237 of Schedule D 25 328 237 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 87,547 70,647 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 70,647 70,884 87,547 Total net assets or fund balances 33 87,875 Total liabilities and net assets/fund balances 34

Form **990** (2014)

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3b

Form 990 (2014)

SCHEDULE A (Form 990 or 990-EZ) **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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Pima County Junior Livestock Sales

Employer identification number 86-0543984

Рa	πι	Reas	on for Public Charity	Status (All organizations	must co	mpiete	this part.) See instruction	.S			
he o	rgar	ization is not	a private foundation because	it is (For lines 1 through 11, che	eck only or	ne box)					
1		A church, cor	nvention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(A)(i).				
2		A school des	cribed in section 170(b)(1)(A	(ii). (Attach Schedule E.)							
3		A hospital or	a cooperative hospital service	e organization described in secti	ion 170(b)(1)(A)(iii)	ı <u>.</u>				
4		A medical res	search organization operated	in conjunction with a hospital de				ital's name,			
5	city, and state 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)										
6				vernmental unit described in sec							
7		-		ubstantial part of its support from	a govern	mental un	it or from the general public				
			section 170(b)(1)(A)(vi). (Co								
8				'0(b)(1)(A)(vi). (Complete Part II							
9	X			more than 33 1/3% of its support							
				ot functions—subject to certain e							
		support from	gross investment income and	d unrelated business taxable inco	ome (less	section 51	11 tax) from businesses				
	_	-	=	, 1975 See section 509(a)(2). (
10				clusively to test for public safety							
11				clusively for the benefit of, to pe							
				ns described in section 509(a)(neck			
				ribes the type of supporting organ							
а				d, supervised, or controlled by its							
		the supported	dorganization(s) the power to	regularly appoint or elect a major	ority of the	directors	or trustees of the supporting				
		-	You must complete Part IV								
b				sed or controlled in connection w							
		control or ma	nagement of the supporting o	rganization vested in the same p	persons th	at control	or manage the supported				
		•	s) You must complete Part								
С				rting organization operated in co							
				ons) You must complete Part							
d				upporting organization operated							
				nization generally must satisfy a			ment and an attentiveness				
				complete Part IV, Sections A a							
е		Check this bo	x if the organization received	a written determination from the	IRS that	it is a Type	e I, Type II, Type III				
		•	• • • • • • • • • • • • • • • • • • • •	tionally integrated supporting org	ganızatıon						
-			of supported organizations								
<u>g</u>	Pro	vide the follow	ring information about the sup	ported organization(s).			-	 			
(1)		of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	1 ' '	organization or governing	(v) Amount of monetary support (see	(vi) Amount of other support (see			
	org	anızatıon		above or IRC section	1	ment?	instructions)	instructions)			
				(see instructions))		1					
					Yes	No					
A)						:					
3)											
					1						
C)											
D)		-									
Ξ)											
					-	-					
otal											

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.)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014		(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 each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4.							
	tion B. Total Support		<u></u>		,			
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014		(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, 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 VI)							
1	Total support. Add lines 7 through 10					l		
2	Gross receipts from related activities, etc. (s	see instructions)				<u> </u>	12	
13	First five years. If the Form 990 is for the o	organization's first,	second, third, fourt	h, or fifth tax year a	as a section 501(c)	(3)		
	organization, check this box and stop here							
Sec	tion C. Computation of Public Su	pport Percent	age					
4	Public support percentage for 2014 (line 6,	column (f) divided l	by line 11, column	(f))		<u> </u>	14	<u>%_</u>
5	Public support percentage from 2013 Scheo					-	15	<u>%</u>
6a	33 1/3% support test—2014. If the organize	ation did not check	k the box on line 13	s, and line 14 is 33	1/3% or more, che	ck this		. —
	box and stop here. The organization qualifi	es as a publicly su	pported organization	n				▶ [_]
b	33 1/3% support test—2013. If the organize				ıs 33 1/3% or more			
	check this box and stop here. The organiza	ition qualifies as a	publicly supported	organization				▶ 📙
7a		-						
	10% or more, and if the organization meets							
	Part VI how the organization meets the "fact	ts-and-circumstand	es" test. The organ	nization qualifies as	s a publicly support	ed		. —
	organization							▶ [
b	10%-facts-and-circumstances test—201	•				ine		
	15 is 10% or more, and if the organization n							
	Explain in Part VI how the organization mee	ts the "facts-and-c	rcumstances" test	The organization of	qualifies as a public	cly		. \Box
	supported organization							▶ [_
18	Private foundation. If the organization did instructions	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see			▶ □

Page 3

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.)

<u> </u>	Alan A Dublic Command	quality arrast to		, c.c., p.oc		·/	
	tion A. Public Support	1 () 2040	T (1) 0044	1 () 0040	(4) 0042	(-) 2014	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					5,375	5,375
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					42	42
3	Gross receipts from activities that are not an unrelated trade or business under section 513					427,202	427,202
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						
6	Total. Add lines 1 through 5					432,619	432,619
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)		-				432,619
	tion B. Total Support	_					
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6					432,619	432,619
0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b				-		
1	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
2	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						.
3	Total support. (Add lines 9, 10c, 11, and 12)					432,619	432,619
4	First five years. If the Form 990 is for the organization, check this box and stop here	•	second, third, fourt	h, or fifth tax year a	s a section 501(c)		▶ □
Sec	tion C. Computation of Public Su		age				
5	Public support percentage for 2014 (line 8,	· · · · · · · · · · · · · · · · · · ·		(f))		15	100.00%
6	Public support percentage from 2013 Sche			() ,		16	%
	tion D. Computation of Investme						
7	Investment income percentage for 2014 (liii			column (f))		17	%
8	Investment income percentage from 2013					18	%
9a	33 1/3% support tests—2014. If the organ			14, and line 15 is m	ore than 33 1/3%,	and line	
	17 is not more than 33 1/3%, check this bo						► X
b	33 1/3% support tests—2013. If the organ						. —
	line 18 is not more than 33 1/3%, check this						▶
0	Private foundation. If the organization did	not check a box or	line 14, 19a, or 19	b, check this box a	nd see instructions		<u> </u>

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete	Part V.)		
<u>Sect</u>	ion A. All Supporting Organizations			_
1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(III) the authority under the organization's organizing document authorizing such action, and (IV) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent		-	
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described		- 1	
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			
	organizations)? If "Yes," answer (b) below.	10a		
h	Did the organization have any excess business holdings in the tay year? (Use Schedule C. Form 4720, to		}	

determine whether the organization had excess business holdings)

	ule A (Fòrm 990 or 990-EZ) 2014 Pima County Junior Livestock Sales 86-054398	4		Page 5
Par	rt IV Supporting Organizations (continued)			
		-	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ion B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
N = -41	supervised, or controlled the supporting organization	2		
Secti	ion C. Type II Supporting Organizations		.,	
		\vdash	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sacti	the supported organization(s) ion D. All Type III Supporting Organizations			
JCC1	on B. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	F 1		
•	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1 1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)	۲.		
	Ashertes Test American (a) and (b) helen	Г	Yes	No.
	Activities Test. Answer (a) and (b) below.		162	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	i I		
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			······································
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

4 Enter greater of line 2 or line 3

5 Income tax imposed in prior year

emergency temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

•			
Schedule A (Form 990 or 990-EZ) 2014 Pima County Junior Liv			3984 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporti			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trus			
other Type III non-functionally integrated supporting organizations must complete Section A - Adjusted Net Income	Sections A through	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year).			
Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7	<u>,</u>	
8 Minimum Asset Amount (add line 7 to line 6)	8		ļ
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		

4

5

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Schedule A (Form 990 or 990-EZ) 2014

Schedi Par	ule A (Fòrm 990 or 990-EZ) 2014 Pima County Junio:			3984 Page 7
	ion D - Distributions	upporting organizat	iono (oominiaoa)	Current Year
1	Amounts paid to supported organizations to accomplish exempt purpose			
2	Amounts paid to perform activity that directly furthers exempt purposes of			
_	organizations, in excess of income from activity	эт зарропса		
3	Administrative expenses paid to accomplish exempt purposes of suppor	ted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			-
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization	on is responsive		
Ü	(provide details in Part VI) See instructions	on is responsive		
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
10	Line o amount divided by Line 9 amount	(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014			
а				
b				
С			.,	
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section			
	D, line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h			
-	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2015. Add lines 3j			
-	and 4c			
8	Breakdown of line 7			
a				
b				
	Excess from 2013			

Schedule A (Form 990 or 990-EZ) 2014

e Excess from 2014

Schedule A (Fòrm 990 or 990-EZ) 2014 Pima County Junior Livestock Sales 86-0543984

Part VI Supplemental Information. 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 D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

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

	•			
P	ima County Junior Livestock Sales		86-0	543984
P	Organizations Maintaining Donor Advised Fur Complete if the organization answered "Yes" to F		counts	5.
		(a) Donor advised funds		b) Funds and other accounts
1	Total number at end of year			<u> </u>
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that ti	he assets held in donor advised		
Ĭ	funds are the organization's property, subject to the organization's exclus			☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors in w			
Ŭ	only for charitable purposes and not for the benefit of the donor or donor			
	conferring impermissible private benefit?	advisor, or for any other purpose		Yes No
P:	art II Conservation Easements.			
• •	Complete if the organization answered "Yes" to F	orm 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (check al	ll that apply)		
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically importa	ant land	area
	Protection of natural habitat	Preservation of a certified historic st	ructure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conserva	ation contribution in the form of a conservatio	n	
	easement on the last day of the tax year			Held at the End of the Tax Year
а	Total number of conservation easements		2a_	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic structure include	led in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	i, and not on a		
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, extin	guished, or terminated by the organization de	uring the	
	tax year >		_	
4	Number of states where property subject to conservation easement is loc	eated >		
5	Does the organization have a written policy regarding the periodic monitor			
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	g conservation easements during the year		
	>	3 ,		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing cor	nservation easements during the year		
	▶ \$			
8	Does each conservation easement reported on line 2(d) above satisfy the	requirements of section 170(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?	, , , , , , , ,		Yes No
9	In Part XIII, describe how the organization reports conservation easemen	ts in its revenue and expense statement, and	j	
	balance sheet, and include, if applicable, the text of the footnote to the org	•		
	organization's accounting for conservation easements			
Pa	rt III Organizations Maintaining Collections of Art, I	Historical Treasures, or Other Sin	nilar A	ssets.
	Complete if the organization answered "Yes" to Fo	orm 990, Part IV, line 8		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not	to report in its revenue statement and baland	e sheet	
	works of art, historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance	e of	
	public service, provide, in Part XIII, the text of the footnote to its financial s	statements that describes these items		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to re-	eport in its revenue statement and balance sh	neet	
	works of art, historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance	e of	
	public service, provide the following amounts relating to these items			
	(i) Revenues included in Form 990, Part VIII, line 1		>	\$
	(ii) Assets included in Form 990, Part X		•	\$
2	If the organization received or held works of art, historical treasures, or other	her sımılar assets for financıal gaın, provide t	he	
	following amounts required to be reported under SFAS 116 (ASC 958) rel			
а	Revenue included in Form 990, Part VIII, line 1		>	\$
b	Assets included in Form 990, Part X			\$

61,693

Schedule D (Form 990) 2014

22,925

38,768

b Buildings

d Equipment

e Other

c Leasehold improvements

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

Schedule D (Fi	<u> </u>	rima	Country	TT ACS COCY	Dates	00	~UJ4.
Darf V/II	Invoctments	Otho	r Securities				

Part VII	Investments—Other Securities. Complete if the organization answered "Yes"	to Form 990 Part IV line	11b See Form 990 Part X line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation
	(including name of security)		Cost or end-of-year market value
(1) Financial	derivatives		
(2) Closely-he	eld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	n (b) must equal Form 990, Part X, col (B) line 12) ▶		
Part VIII	Investments—Program Related.		
	Complete if the organization answered "Yes" t	o Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
(1)			
(2)			<u></u>
(3)	<u> </u>		
(4)			
(5)			<u></u>
(6)			
(7)	<u> </u>		
(8)			
(9)			
	n (b) must equal Form 990, Part X, col (B) line 13) ▶		
Part IX	Other Assets.		
	Complete if the organization answered "Yes" t	o Form 990, Part IV, line	
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Tatal (2)			
Part X	n (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities.		
rait X		- Farm COO Bort IV line 1	14a ar 14f Can Farm 000 Dart V
	Complete if the organization answered "Yes" to	o Form 990, Part IV, line	ine or hit. See Form 990, Part X,
	line 25	458-1	
1	(a) Description of liability	(b) Book value	
	ncome taxes	227	
	Liabilities	237	
(3)		- 	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	40	007	
otai. (Column	(b) must equal Form 990. Part X, col. (B) line 25.)	237	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

5

Schedule D (Form 990) 2014 Pima County Junior Livestock Sales

86-0543984

Page 5

Supplemental Information (continued)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 2014

Open to Public Inspection

Name of the organization

Pima County Junior Livestock Sales

86-0543984

Employer Identification number

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

Depreciation and Amortization

(Including Information on Listed Property)

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

(99)

► Attach to your tax return.
► Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

179

Name	(s) shown on return	County Junio	or Livesto	ock (Sales			ifying num	³⁹⁸⁴
	·-···	country builte	OT BIVES CC	CK.	Jares_		1 00	034	J 9 0 4
	ess or activity to which this form relates ndirect Depreciat	·i on							
**********	art I Election To Expe		orty Under Se	otion	170		<u>-</u>		
Г	•	•	•			amplata De	v=4 1		
1	Note: If you have		y, complete Far	t v be	iore you c	omplete Pa	111.	1	500,000
2	Maximum amount (see instruction Total cost of section 179 property	•	instructions)					2	300,000
3	Threshold cost of section 179 property	•	•	etruction	ne)			3	2,000,000
4	Reduction in limitation Subtract li	• •	•	Suucuoi	13)			4	2,000,000
5	Dollar limitation for tax year Subtract I			ried filing	senarately se	e instructions		5	
6		ion of property	1000, Chief & William		st (business use		(c) Elected cos		
		· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	- "			
7	Listed property Enter the amount	from line 29				7			
8	Total elected cost of section 179		ın column (c), lines	6 and 7	7		•	8	
9	Tentative deduction Enter the sn		· //					9	
10	Carryover of disallowed deduction		013 Form 4562					10	
11	Business income limitation Enter	•		than zer	o) or line 5 (s	see instruction	ıs)	11	
12	Section 179 expense deduction A		,				•	12	
13	Carryover of disallowed deduction	n to 2015 Add lines 9 a	ind 10, less line 12		>	13			
Note	: Do not use Part II or Part III belov								
Pa	irt li Special Deprecia	tion Allowance a	nd Other Depr	eciati	on (Do no	t include li	sted prope	erty.) (S	See instructions.)
14	Special depreciation allowance fo	r qualified property (oth	ner than listed prope	erty) pla	ced in servic	е			
	during the tax year (see instructio	ns)						14	3,264
15	Property subject to section 168(f)	(1) election						15	
16	Other depreciation (including ACF	RS)						16	7,176
_Pa	art III MACRS Deprecia	ition (Do not inclu	de listed prope	rty) (S	See instruc	ctions)			
			Secti	on A					
17	MACRS deductions for assets pla	iced in service in tax ye	ars beginning befor	re 2014			_	17	0
18	If you are electing to group any assets place	d in service during the tax year	into one or more general	asset acc	ounts, check her	e	•	<u> </u>	
	Section B-	-Assets Placed in Se	rvice During 2014	Tax Ye	ar Using the	e General De	preciation S	System	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depred (business/investmen only–see instruction	nt use	(d) Recovery period	(e) Conventio	n (f) Met	hod	(g) Depreciation deduction
19a	3-year property								
b	5-year property			365	5.0	HY	20	ODB	72
c	7-year property	_		572		HY		ODB	81
<u>d</u>	10-year property	_	2	,323	10.0	HY	20	ODB	232
е	15-year property	_							
f_	_20-year property	_							
g	25-year property				25 yrs		S/	L	
h	Residential rental				27 5 yrs	MM	S/	L	
	property				27 5 yrs_	MM	S/	L .	
i	Nonresidential real				39 yrs	MM	S/	L	
	property				l	MM	S/I		
		Assets Placed in Serv	ice During 2014 T	ax Year	Using the A	Alternative D	epreciation	System	<u> </u>
	Class life	_					S/		
	12-year		•		12 yrs		S/		
	40-year	1			40 yrs	MM	S/	<u>L </u>	
	rt IV Summary (See ins		-			-		1 . 1	
21	Listed property Enter amount from							21	
22	Total. Add amounts from line 12, here and on the appropriate lines							22	10,825
23	For assets shown above and place							<u>,</u>	
	nortion of the basis attributable to		, ,			23			

PCJLS984 Pima County Junior Livestock Sales 86-0543984 Federal Asset Report

01/12/2015 9:36 AM Page 1

FYE: 12/31/2014

Form 990, Page 1

<u>Asset</u>	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
20	r GDS Property: Scales Printer	4/14/14 4/22/14	327 405 732	X X =	163 202 365	5 HY 200DB 5 HY 200DB	0 0	196 243 439
7-yea 21	r GDS Property: Pens, cages	3/17/14 =	1,145 1,145	X	572 572	7 HY 200DB	0 0	654 654
10-ye: 19	ar GDS Property: Signage	1/20/14 -	4,647 4,647	X _	2,323 2,323	10 HY 200DB	0	2,556 2,556
Other 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Livestock pens Livestock pens Pulley system for signs Recognition wall Equipment Hog Panels Picture wall/frames Picture wall/frames Picture wall/frames Two scales Beef scale Fence panels Computer Printer Fence panels Scale - beef Scale - lamb Total Other Depreciation	2/26/96 3/26/96 4/14/96 3/31/97 3/31/97 3/30/98 3/31/98 6/15/98 7/03/98 3/20/99 3/25/01 3/04/01 5/08/02 6/30/02 3/21/10 4/05/11 3/31/13 12/27/13	3,058 209 182 370 5,623 425 755 680 584 5,348 4,287 2,729 2,131 473 8,000 8,000 2,915 9,400 55,169	- -	209 182 370 5,623 425 755 680 584 5,348 4,287 2,729 2,131 473 8,000 8,000 2,915	20 MO150DB 20 MO150DB 20 MO150DB 20 MO150DB 20 MO150DB 20 MO150DB 20 MO150DB 20 MO150DB 10 MO200DB 10 MO200DB 5 MO200DB 5 MO200DB 10 MO200DB 10 MO200DB 10 MO200DB 10 MO200DB 10 MO200DB 10 MO200DB 10 MO200DB 10 MO200DB 10 MO200DB	2,217 151 132 260 3,940 287 511 460 395 4,734 3,795 2,410 1,997 446 3,648 2,560 0 0 27,943	388 26 22 34 518 32 57 50 42 614 492 319 134 27 870 1,088 583 1,880 7,176
	Grand Totals Less: Dispositions and Transfe Less: Start-up/Org Expense Net Grand Totals	rs =	61,693 0 0 61,693	- -	58,429 0 0 58,429		27,943 0 0 27,943	10,825 0 0 10,825

PCJLS984 Pima County Junior Livestock Sales 86-0543984 **Federal Statements** 1/12/2015 9:36 AM Page 1 FYE: 12/31/2014 **Taxable Interest on Investments** Description Exclusion Postal Acquired after US Unrelated Business Code Code Code 6/30/75 Obs (\$ or %) Amount Taxable Interest 42 42 Total

1/12/2015 9:36 AM Page 2	•	Fund Raising	٠.	0	
	(0)	Management & General	٠	\(\)	
ements	Form 990, Part IX, Line 24e - All Other Expenses	Program Service	\$ 1,785 1,547	\$ 4427	
Federal Statements	90, Part IX, Line 24e	Total Expenses	\$ 1,785 1,547 663	\$ 442	
unior Livestock Sales	Form 9				
PCJLS984 Pima County Junior Livestock Sales 86-0543984 FYE: 12/31/2014		Description		Postage and snipping Total	

86-0543984 FYE: 12/31/2014	Federal Statements	1/12/2015 9:36 AM Page 3
	Schedule A, Part III, Line 1(e)	
	Description	Amount
Other contributions Total		\$ 5,375 \$ 5,375
	Schedule A, Part III, Line 2(e)	
	Description	Amount
Taxable Interest Total		\$ 42
	Schedule A, Part III, Line 3(e)	
	Description	Amount
Livestock Sales Total		\$ 427,202 \$ 427,202