Form **990**

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.

2016

Department of the Treasury

Open to Public Inspection

A For the 2016 cale	ndar year, or tax year beginning Sep 1 , 2016, and ending	Aug 31	, 2017
B Check if applicable	C Name of organization GILA COUNTY CATTLE GROWERS ASSOCI		
Address change	Doing business as	86-03370	
Name change	Number and street (or P O box if mail is not delivered to street address) Room/su:		
Initial return		(928) 20	
Final return/terminate	P.O. BOX 7 City or town, state or province, country, and ZIP or foreign postal code	(320) 2	00-TT00
Amended return		0007	\$1,131,008.
—		(a) Is this a group return for subo	
Application pendir	,	(b) Are all subordinates included	
Tay ayamat status	WOODI CHINE I.O. BOX 333 TOONG 712 03334	If 'No,' attach a list (see instru	uctions)
Tax-exempt status J Website: ► a		Va). Coming amount to a simple .	
		1 9 3 4 M State of le	_
Form of organization Part I Summ		1934 M State of le	gal domicile AZ
PRANGE IN RANGE IN RA	RACTICES AND MONITORING TECHNIQUES ox F if the organization discontinued its operations or disposed of more that oting members of the governing body (Part VI, line 1a)	3 4 5 6 7a 7b Prior Year	Current Year
8 Contribution	s and grants (Part VIII, line 1h)	8,690.	8,05
우 Program se	vice revenue (Part VIII, line 2g)		
Ψ Ι	ncome (Part VIII, column (A), lines 3, 4, and 7d)	7.	4
11 Other rever	ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,959.	15,07
	re — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	27,656.	23,16
	similar amounts paid (Part IX, column (A), lines 1-3)	1,225.	75
	ner compensation, employee benefits (Partix Cotting) A times 5 10)		
15 Salaries, of			
<u> </u>	fundraising fees (Part IX, column (A), line 11e)		
b Total fundr	ising expenses (Part IX, column (D), line 25) 2 1 2017		
17 Other expe	ises (Part IX, column (A), lines 11a-11d, 11f-24e)	23,090.	16,62
18 Total exper	ses Add lines 13-17 (must equal Part X column (A), line 25)	24,315.	17,37
19 Revenue le	ss expenses Subtract line 18 from line 12	3,341.	5,79
	•	Beginning of Current Year	End of Year
0 6	(Part X, line 16)	77,480.	<u>8</u> 7 , 75
	es (Part X, line 26)	0.	
	or fund balances Subtract line 21 from line 20	77,480.	<u>87,75</u>
	ire Block	77,400.	<u> </u>
Inder penalties of perjury, I complete Declaration of pre	leclare that I have examined this return, including accompanying schedules and statements, and to the best arer (other than officer) is based on all information of which preparer has any knowledge	of my knowledge and belief, it is t	rue, correct, and
	ature of officer	Date	
Here	DDY CLINE WORLD UNION OF Print name and title	PRESIDENT 2-13	-17
Print/Typ	preparer's name Preparer's symature Date	/ Check X if	PTIN
Paid ALAN	1000 S. Wet. 12/5		431-94-1470
Preparer Firm's na			-01 21 1410
Use Only Firm's ac	_ 	Firm's EIN ► 86-	-0644971
	GLOBE	Phone no (928	
May the IPS discuss	his return with the preparer shown above? (see instructions)	7 Holle 110 (320	X Yes No
		.0101 11/16/16	Form 990 (201

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 11/16/16

0 C T G Page 3

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

Part IV Checklist of Required Schedules (continued)

1

	-		Yes	No
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	if 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	Х	
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		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J </i>	23		Х
24 8	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	; 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		 -
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
ł	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? If 'Yes,' complete Schedule L, Part I	25b		
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		Х
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		Х
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)	1,3		,
á	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
1	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
•	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29]	Χ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Χ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
1	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
BAA		Form	990 (2	016)

Form 990 (2016) GILA COUNTY CATTLE GROWERS ASSOCIATION 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			. П
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			ł
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
_	· · · · · · · · · · · · · · · · · · ·	Form 1096 Enter -0- if not applicable		
Ų		reported in Box 3 of Form 1096 Enter -0- if not applicable		
2 -		2.0		Y
				├ <u>^</u>
		30		-
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a	حصر	Х
				v
			_	
				<u> </u>
		- 5 C		<u> </u>
6 a	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?	6 a		Х
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7 c		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Χ
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 a		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
t	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter		į	
а	Gross income from members or shareholders			
t	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	T i	
t	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.			
	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			
t	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	20		7 2-9
c	Enter the amount of reserves on hand			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X
t	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		
2 A A	TEFADASE AMBCHS	Carre	000 /2	040

Form 990 (2016) GILA COUNTY CATTLE GROWERS ASSOCIATION 86-0337012 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 Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year. 92 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 92 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? . 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?............. Χ Did the organization become aware during the year of a significant diversion of the organization's assets? . . . 5 6 Did the organization have members or stockholders?............ 6 Χ 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Χ b Are any governance decisions of the organization reserved to (or subject to approval by) members, Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Χ a The governing body?............ 8 a Χ is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code Yes No 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b Χ 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . 11 a 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 Χ b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12c Χ 13 Χ Χ 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? Χ a The organization's CEO, Executive Director, or top management official 15a 15b Χ 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? 16 a X 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 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 > Arizona 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 Other (explain in Schedule O) Another's website X Upon request 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

ELAINE MCBRIDE

982 S. JESSE HAYES ROAD GLOBE

85501

(928) 961-4699

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

Χ

Χ

Χ

5.00

5.00

TEEA0107 11/16/16

VICE PRESIDENT

(5) JAMES B RASMUSSEN

_(4) FRANK DALMOLIN

SECRETARY

TREASURER

_(7)

(9)

(10)

(11)

(12)

(13)

(14)

BAA

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Form 990 (2016)

Page 8

Partivil Section A. Oπicers, Directors, Tru	istees, r	<u>\ey</u>	Em	pic	oye	es,	and	a Hignest Con	ipensated Emp	loyees (continued)
(A) Name and title	Average hours per	box	, unles	ss pe	ition more	than o is both or/trust	an lee)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	below dotted	or director	Institutional trustes	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)	line)		ä	_		ited	_			
1129	- -									_
(16)				_						
(17)										
(18)		1		_						
(19)										
(20)		ļ			_		-			
(21)					-					
(22)										
(23)					-	-	-			<u> </u>
(24)						-		<u> </u>		
(25)	 	-								
1 b Sub-total							>	0.	0.	0.
d Total (add lines 1b and 1c)							•	0.	0.	0.
2 Total number of individuals (including but not limited from the organization ▶ 0	d to those	liste	abo	ove)	wh	o rec	eive	d more than \$100,	000 of reportable co	mpensation
3 Did the organization list any former officer, director	, or trustee	e, ke	y em	píoy	yee,	or hi	ghe	st compensated en	nployee	Yes No
on line 1a? If 'Yes,' complete Schedule J for such in										. 3 X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater t such individual	:han \$150,	0007	<i>If "</i> Y	es,	cor	nplete	e So	chedule J for		. 4 X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' or the organization of the organiz	compensat complete S	ion fi Sched	rom a	any <i>J foi</i>	unre r suc	elated ch pe	d org	ganization or indivi	dual 	. 5 X
Section B. Independent Contractors 1 Complete this table for your five highest compensal	ted indepe	nder	it co	ntra	ctor	s that	rec	eived more than \$	100,000 of	
compensation from the organization. Report compe	ensation fo	r the	cale	enda	ır ye	ar en	ding	with or within the	organization's tax ye	
Name and business addre	ess ———							Description of	f services	(C) Compensation
		_	_				-			
			_							
2 Total number of independent contractors (including	but not lir	nıted	to th	nose	e list	ed at	OOVE	e) who received mo	ore than	
\$100,000 of compensation from the organization		TEEA	0108	11/1	16/16					Form 990 (2016)

		Check if Schedule O contains a response or note to any line	e in this Part VIII	, . <u></u> .	. <u>.</u>	
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts a	1 a	Federated campaigns 1a		ľ		
ia i	b	Membership dues 1 b 7,270.				
ا تح ت	С	Fundraising events 1c	•	Í		
ifts ar A	d	Related organizations 1 d				
". E	е	Government grants (contributions) 1 e		[
हुं क्र		All other contributions of the country and		j		
声	T	All other contributions, gifts, grants, and similar amounts not included above . 1f 785.				
멸히		Noncash contributions included in lines 1a-1f \$		į		
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f	8,055.	į		
		Business Code				
Program Service Revenue	2 a					
Æ	b					
es	c					
ervi	ď					
n S	_	: 				
)rar	f	All other program service revenue				
ĕ		Total. Add lines 2a-2f				
						
	3	Investment income (including dividends, interest and other similar amounts)	42.	0.	0.	42.
	4	Income from investment of tax-exempt bond proceeds		<u>-</u>	<u></u>	
	5	Royalties				
		(i) Real (ii) Personal				
	6 a	Gross rents				
	b	Less rental expenses				
		Rental income or (loss)				
		Net rental income or (loss)				
		Gross amount from sales of (i) Securities (ii) Other				
	ı a	assets other than inventory				
	b	Less cost or other basis and sales expenses				
		Gain or (loss)				
		I Net gain or (loss)				
₹	8 a	Gross income from fundraising events (not including: \$1,122,911.	ļ			
Jen 1		of contributions reported on line 1c)				
æ		See Part IV, line 18	Ì			
e.	ŀ	D Less direct expenses \dots b $\frac{1}{1,107,840}$.				
Other Revenue		Net income or (loss) from fundraising events	15,071.		0.	15,071.
J		Gross income from gaming activities				13,071.
		See Part IV, line 19 a D Less direct expenses b	ļ			
		Net income or (loss) from gaming activities				J
		and allowances				
		Less cost of goods sold b				
		Net income or (loss) from sales of inventory		<u></u>		
	4-	Miscellaneous Revenue Business Code				
	11 a	` 				
	t	?				
	٩					
		All other revenue				
		Total. Add lines 11a-11d				
	12	Total revenue. See instructions	23,168.	0.1	0.	15,113.

	Statement of Functional Expens		<u> </u>		
Seci	tion 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a res	npiete all columns All of	ner organizations must on this Part IX	complete column (A)	
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	750.	750.		
2	Grants and other assistance to domestic 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 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 10	Other employee benefits				
-	Fees for services (non-employees)				
11	Management				
	o Legal	1 010	1 010		
	caccounting	1,010.	1,010.	2 000	
	Lobbying	3,900.		3,900.	- · · · · · · · · · · · · · · · · · · ·
	Professional fundraising services See Part IV, line 17				
	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	, , , , , , , , , , , , , , , , , , ,				
13	Office expenses	4,517.	4,106.	411.	
14	Information technology				<u> </u>
15	Royalties				
16	Occupancy		11 <u>6.</u>		
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,775.	1,775.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	0.			
23 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)				
ā	CONTRIBUTIONS	200.	200.		
	AWARDS	750.	750.		
	EDUCATION EXPENSES	3,402.	3,402.		
	INSURANCE	955.		955.	
	All other expenses			· · · · · · · · · · · · · · · · · · ·	
25	Total functional expenses Add lines 1 through 24e.	17,375.	12,109.	5,266.	<u> </u>
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 In following SOP 98-2 (ASC 958-720)				

63,172.

Form 990 (2016) GILA COUNTY CATTLE GROWERS ASSOCIATION 86-0337012 Part X Balance Sheet (A) Beginning of year End of year 59,829. 2 Savings and temporary cash investments 3 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 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 8 Prepaid expenses and deferred charges . . 9 10a Land, buildings, and equipment cost or other basis

- 1		Complete Part VI of Schedule D			
	b	Less accumulated depreciation	17 , 651.	10 c	24,579.
	11	Investments — publicly traded securities	_	11	
	12	Investments – other securities See Part IV, line 11		12	
١	13	Investments – program-related See Part IV, line 11		13	
ļ	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	77,480.	16	87 , 751.
	17	Accounts payable and accrued expenses	<u>0.</u>	17	0.
	18	Grants payable		18	
Ì	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
2	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons			
9		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 of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
		Organizations that follow SEAS 117 (ASC 958) check here > and complete			

BAA

or Fund Balances

27

28

29

31

33

34

lines 27 through 29, and lines 33 and 34.

and complete lines 30 through 34.

Unrestricted net assets.........

Retained earnings, endowment, accumulated income, or other funds.

Organizations that do not follow SFAS 117 (ASC 958), check here ► X

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

87,751 Form 990 (2016)

87,751

87,751

27

28

29

30

31

32

33

34

77,480

77,480

77,480

Form 990 (2016) GILA COUNTY CATTLE GROWERS ASSOCIATION	86-0337	/012	Page	1
Part XI Reconciliation of Net Assets				_
Check if Schedule O contains a response or note to any line in this Part XI	<i></i>	<u></u>	<u>.</u>	
1 Total revenue (must equal Part VIII, column (A), line 12)	1		23,168	} .
2 Total expenses (must equal Part IX, column (A), line 25)	2		17,375	_
3 Revenue less expenses Subtract line 2 from line 1	3		5,793	٦.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		77,480) ,
5 Net unrealized gains (losses) on investments	5			
6 Donated services and use of facilities				_
7 Investment expenses				
8 Prior period adjustments	<u> </u>			_
9 Other changes in net assets or fund balances (explain in Schedule O)	9			
Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		83 , 273	١.
Part XIII Financial Statements and Reporting		L - <u>.</u> -	<u> </u>	·
Check if Schedule O contains a response or note to any line in this Part XII			ſ	v
Officer in deficience of contains a response of flote to any line in this tare of the contains a response of flote to any line in this tare of the contains a response of flote to any line in this tare of the contains a response of flote to any line in this tare of the contains a response of flote to any line in this tare of the contains a response of flote to any line in this tare of the contains a response of flote to any line in this tare of the contains a response of flote to any line in this tare of the contains a response of flote to any line in this tare of the contains a response of the contains a res			Yes N	
1 Accounting method used to prepare the Form 990 Cash Accrual X Other MODIFI	ED CASH			1 4 4 6
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			71.	
2 a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	<u>.</u>
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviews separate basis, consolidated basis, or both	ed on a			
Separate basis Consolidated basis Both consolidated and separate basis		1		_
b Were the organization's financial statements audited by an independent accountant?		2 b	X	,
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate	ate	W		ě
basis, consolidated basis, or both				
Separate basis Consolidated basis Both consolidated and separate basis				
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of review, or compilation of its financial statements and selection of an independent accountant?	he audit,	2c		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	Single	За	×	ζ
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the req	uired audit			
or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b		
BAA		Form	990 (2016	6

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Schedule C (Form 990 or 990-EZ) 2016

non to Bubli

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

If the organization answered 'Yes,' on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

Section 527 organizations Complete Part I-A only

Open to Public Inspection

 Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ. Part V. line 35c (Proxy Tax) (see separate instructions), then Section 501(c)(4), (5), or (6) organizations Complete Part III Name of organization Employer identification number 86-0337012 GILA COUNTY CATTLE GROWERS ASSOCIATION Patrice Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of 'political campaign activities') Political campaign activity expenditures (see instructions). Volunteer hours for political campaign activities (see instructions)........... Ranges Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 $\,\cdot\,$. \$ If the organization incurred a section 4955 tax, did it file Form 4720 for this year?... Νo Νo b If 'Yes,' describe in Part IV Complete if the organization is exempt under section 501(c) , except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, Did the filing organization file Form 1120-POL for this year? No Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-(c) EIN (a) Name (b) Address (d) Amount paid from filing organization's funds If none, enter-0-(1) (2) (3) (4) (5) (6)

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Part II-A Complete if the section 501(h)		is exempt under sec	tion 501(c)(3) and	filed Form 5/68 (el	ection under
A Check ► ☐ if the filing o	organization belong	s to an affiliated group (and	list in Part IV each affilia	ated group member's nan	ne,
	-	hare of excess lobbying exp			
B Check ► if the filing of	organization checke	d box A and 'limited control	provisions apply		
	Limits on Lobbyin	ng Expenditures ns amounts paid or incurre	ed.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures	to influence public	opinion (grass roots lobbying	ng)		
b Total lobbying expenditures		-	.	-	
c Total lobbying expenditures	_		}		
d Other exempt purpose expe	enditures				
e Total exempt purpose expe	nditures (add lines	1c and 1d)			
f Lobbying nontaxable amour both columns					
If the amount on line 1e, column	n (a) or (b) is	The lobbying nontaxable a	amount is		
Not over \$500,000		20% of the amount on line 1e			
Over \$500,000 but not over \$1,00	0,000	\$100,000 plus 15% of the excess	over \$500,000		
Over \$1,000,000 but not over \$1,5	500,000	\$175,000 plus 10% of the excess	over \$1,000,000	Ì	
Over \$1,500,000 but not over \$17,	,000,000	\$225,000 plus 5% of the excess o	ver \$1,500,000		
Over \$17,000,000		\$1,000,000			
g Grassroots nontaxable amo	ount (enter 25% of l	ine 1f)			
h Subtract line 1g from line 1a	a If zero or less, en	nter -0			
i Subtract line 1f from line 1c	If zero or less, ent	ter -0	[
j If there is an amount other t section 4911 tax for this yea	than zero on either	line 1h or line 1i, did the org	ganızatıon file Form 4720	reporting	· · Yes No
(Some o	organizations that	-Year Averaging Period Un made a section 501(h) ele ow. See the separate instr	ection do not have to c		
	Lobby	ring Expenditures During	4-Year Averaging Perio	od	
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e)) · · · ·					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
					

Page 3

86-0337012

Part II-B	Complete if	the ord	anizatio	n is exe	mpt unde	rsection	501(c)(3)	and has	NOT filed	d Form 570	68
	(election un						(- /(- /	,			•

	(8	1)		(b)	
For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	Yes	No	Am	ount	
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
j Total Add lines 1c through 1i					
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If 'Yes,' enter the amount of any tax incurred under section 4912					
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912	[!	Γ			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), section 50	(c)(5)	, or	-		
section 501(c)(6).				T	
4 M				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?				1	X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?					X
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior					X
Part III-B Complete if the organization is exempt under section 501(c)(4), section 50′ (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.'	Part	, or se II-A, I	ection 5 ine 3, is		
1 Dues, assessments and similar amounts from members		1		7,2	70.
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a Current year		2 a		7,2	70.
b Carryover from last year		2 b			
c Total		2 c		7,2	70.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4			
5 Taxable amount of lobbying and political expenditures (see instructions)		5		7,2	70.
Part IV Supplemental Information					<u> </u>

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

Other

DUES

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service Name of the organization

m990. Open to Public Inspection
Employer identification number

	GILA COUNTY CATTLE GROWERS ASSOCIATION		86-0337012
Par	Organizations Maintaining Donor Advised Funds or Other	Similar Fun	
	Complete if the organization answered 'Yes' on Form 990, Par	t IV, line 6	
	(a) Donor advised fund	ls	(b) Funds and other accounts
1	Total number at end of year		
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 the assets are the organization's property, subject to the organization's exclusive legal control?	held in donor ad	Ivised funds
6	Did the organization inform all grantees, donors, and donor advisors in writing that of for charitable purposes and not for the benefit of the donor or donor advisor, or for a impermissible private benefit?	grant funds can	be used only se conferring
Par	Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Par	t IV. line 7	
1	Purpose(s) of conservation easements held by the organization (check all that apply		····
•			a historically important land area
			a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contr last day of the tax year	ibution in the foi	rm of a conservation easement on the
	•		Held at the End of the Tax Year
ŧ	Total number of conservation easements	. .	. 2a
Ł	Total acreage restricted by conservation easements		. 2b
	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 c	on a historic	
	structure listed in the National Register		
3	Number of conservation easements modified, transferred, released, extinguished, of tax year ►	or terminated by	the organization during the
4	Number of states where property subject to conservation easement is located ▶		_
5	Does the organization have a written policy regarding the periodic monitoring, insperand enforcement of the conservation easements it holds?	<i></i>	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations,	and enforcing co	onservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and e	enforcing consei	rvation easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirem and section $170(h)(4)(B)(ii)^2$	ents of section	170(h)(4)(B)(ı) · · · · · · · · · Yes No
9	In Part XIII, describe how the organization reports conservation easements in its reinclude, if applicable, the text of the footnote to the organization's financial stateme conservation easements	venue and expe nts that describe	ense statement, and balance sheet, and es the organization's accounting for
Par	Organizations Maintaining Collections of Art, Historical Tr Complete if the organization answered 'Yes' on Form 990, Par	easures, or t IV, line 8	Other Similar Assets.
1 8	a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report i art, historical treasures, or other similar assets held for public exhibition, education, in Part XIII, the text of the footnote to its financial statements that describes these if	or research in f	atement and balance sheet works of urtherance of public service, provide,
1	o If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its historical treasures, or other similar assets held for public exhibition, education, or refollowing amounts relating to these items	revenue statem esearch in furth	nent and balance sheet works of art, erance of public service, provide the
	(i) Revenue included on 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 similar amounts required to be reported under SFAS 116 (ASC 958) relating to these items	r assets for finar s	ncial gain, provide the following
á	Revenue included on Form 990, Part VIII, line 1		> \$
ı	Assets included in Form 990, Part X		> \$

Part III Organizations Maintai	ning Collectio	ns of Art, Histo	ricai i reasures, or	Other Similar Ass	ets (conti	<u>nuea)</u>			
 Using the organization's acquisition items (check all that apply) 	, accession, and o	ther records, check a	any of the following that	are a significant use of it	s collection				
a Public exhibition		d Loan o	r exchange programs						
b Scholarly research		e Other							
c Preservation for future generations									
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII									
5 During the year, did the organization to be sold to raise funds rather than Part iv Escrow and Custodial	to be maintained	as part of the organi	zation's collection?		Yes	No			
line 9, or reported an ar	nount on Form	990, Part X, line	21	vered res on rolli.					
1 a Is the organization an agent, trusted on Form 990, Part X?					Yes	No			
b If 'Yes,' explain the arrangement in	Part XIII and comp	plete the following tal	ole						
Amount									
c Beginning balance									
d Additions during the year									
e Distributions during the year									
f Ending balance									
2 a Did the organization include an ame						No			
b If 'Yes,' explain the arrangement in	Part XIII Check h	ere if the explanation	has been provided on F	art XIII					
Barty Francisco C	amplete if the c	reeni-ation and	vored 'Vee' on Fern	000 Dort IV line 1					
Part V Endowment Funds. C									
4 a Regioning of year helenge	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four yo	ears back			
1 a Beginning of year balance b Contributions									
c Net investment earnings, gains, and losses									
d Grants or scholarships									
e Other expenditures for facilities and programs									
f Administrative expenses									
g End of year balance					<u> </u>				
2 Provide the estimated percentage	of the current year	end balance (line 1g	, column (a)) held as						
a Board designated or quasi-endown	nent ►								
b Permanent endowment ►									
c Temporarily restricted endowment	•	 8							
The percentages on lines 2a, 2b, a	nd 2c should equa	I 100%							
3 a Are there endowment funds not in	the possession of	the organization that	are held and administer	ed for the	[Va	- T N-			
organization by					Yes	s No			
(i) unrelated organizations (ii) related organizations					3a(i)				
b If 'Yes' on line 3a(ii), are the related					3a(ii)				
4 Describe in Part XIII the intended u					, 1 30 1				
		ation's endowment in	Jilus						
Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a See Form 990, Part X, line 10									
Description of property	(a) (Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	value			
1 a Land									
b Buildings		17,651.			1	7,651.			
c Leasehold improvements									
d Equipment		6,928.		I		6,928.			
e Other									
Total. Add lines 1a through 1e (Column	(d) must equal Fo	rm 990, Part X, colui	nn (B), line 10c)			4,579.			
BAA				Sched	ule D (Form	990) 2016			

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2016

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization				-		Employer identific	ation number		
GILA COUNTY CATTLE GROWER	S ASSOCIA	TION				86-033701	2		
Part I Fundraising Activities. Comp	lete if the organ iired to complet	ization ans e this part	wered Ye	s' on Form 990, Part IV,	line 17				
1 Indicate whether the organization ra	sed funds throu	igh any of	the followir	ng activities. Check all th	at apply				
a Mail solicitations			е	Solicitation of non-g	governme	nt grants			
b Internet and email solicitations			f	Solicitation of gover	rnment gr	ants			
c Phone solicitations			g	Special fundraising	events				
d In-person solicitations									
2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No									
b If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization									
(i) Name and address of individual or entity (fundraiser)	(ii) Activity		undraiser dy or control ibutions?	(iv) Gross receipts from activity	(or re fundra	ount paid to etained by) iser listed in olumn (i)	(vi) Amount paid to (or retained by) organization		
		Yes	No			_			
1									
2									
3									
4					_				
5									
6									
7									
8									
9									
10									
	<u>.</u>	·							
List all states in which the organization licensing	on is registered	or license	d to solicit	contributions or has bee	n notified	it is exempt fro	m registration		

Par	dule	Fundraising Events. Complete if the	ne organization ans	18, or reported		
		more than \$15,000 of fundraising ev List events with gross receipts great	rent contributions ai ter than \$5.000	s 1 and 6b		
R	•	List events with gross rescipte groat	(a) Event #1 CATTER SALE (event type)	(b) Event #2	(c) Other events NONE (total number)	(d) Total events (add column (a) through column (c))
ポピンピス フル	1	Gross receipts	1,110,334.			1,110,334.
Ĕ	2	Less Contributions				
	3	Gross income (line 1 minus line 2)	1,110,334.			1,110,334.
	4	Cash prizes				
Ь	5	Noncash prizes				
DIRECT	6	Rent/facility costs				
	7	Food and beverages				
EXPERSES	8	Entertainment				
		Other direct expenses	1 100 540			1 100 540
SE	9	Other direct expenses	1,102,548.		l	1,102,548.
S E S	10	Direct expense summary Add lines 4 through	gh 9 ın column (d)			1,102,548.
	10 11	Direct expense summary Add lines 4 through Net income summary Subtract line 10 from Gaming. Complete if the organization	gh 9 in column (d) line 3, column (d)	<u>.</u> . <u>.</u>	<u></u> <u>.</u> •	1,102,548. 7,786.
Pari	10 11	Direct expense summary Add lines 4 through Net income summary Subtract line 10 from	gh 9 in column (d) line 3, column (d)	<u>.</u> . <u>.</u>	<u></u> <u>.</u> •	1,102,548. 7,786.
	10 11	Direct expense summary Add lines 4 through Net income summary Subtract line 10 from Gaming. Complete if the organization	gh 9 in column (d) line 3, column (d) on answered 'Yes' (on Form 990, Part IV (b) Pull tabs/instant bingo/progressive	V, line 19, or reporte	1,102,548. 7,786. ed more than (d) Total gaming (add column (a)
Par REVENUE	10 11 £ III	Direct expense summary Add lines 4 through Net income summary Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	gh 9 in column (d) line 3, column (d) on answered 'Yes' (on Form 990, Part IV (b) Pull tabs/instant bingo/progressive	V, line 19, or reporte	1,102,548. 7,786. ed more than (d) Total gaming (add column (a)
Par	10 11 £ III	Direct expense summary Add lines 4 through Net income summary Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue	gh 9 in column (d) line 3, column (d) on answered 'Yes' (on Form 990, Part IV (b) Pull tabs/instant bingo/progressive	V, line 19, or reporte	1,102,548. 7,786. ed more than (d) Total gaming (add column (a)
Par REVENUE	10 11 £ III	Direct expense summary Add lines 4 through Net income summary Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue	gh 9 in column (d) line 3, column (d) on answered 'Yes' (on Form 990, Part IV (b) Pull tabs/instant bingo/progressive	V, line 19, or reporte	1,102,548. 7,786. ed more than (d) Total gaming (add column (a)
Par	10 11 11 11 2 3	Direct expense summary Add lines 4 through Net income summary Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue	gh 9 in column (d) line 3, column (d)	(b) Pull tabs/instant bingo/progressive bingo	/, line 19, or reporte	1,102,548. 7,786. ed more than (d) Total gaming (add column (a)
Par	10 11 t III 1 2 3	Direct expense summary Add lines 4 through Net income summary Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue	gh 9 in column (d) line 3, column (d) on answered 'Yes' (on Form 990, Part IV (b) Pull tabs/instant bingo/progressive	V, line 19, or reporte	1,102,548. 7,786. ed more than (d) Total gaming (add column (a)
Par	10 11 t IIII 1 2 3 4 5	Direct expense summary Add lines 4 through Net income summary Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue	gh 9 in column (d)	(b) Pull tabs/instant bingo/progressive bingo	/, line 19, or reporte (c) Other gaming	1,102,548. 7,786. ed more than (d) Total gaming (add column (a)

9 Enter the state(s) in which the organization conducts gaming activities	
a Is the organization licensed to conduct gaming activities in each of these states? Yes b If 'No,' explain	No
10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes b if 'Yes,' explain	No

Sche	edule G (Form 990 or 990-EZ) 2016 GILA COUNTY CATTLE GROWERS ASSOCIATION	86-0337012	Page 3
	Does the organization conduct gaming activities with nonmembers?		No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed administer charitable gaming?	ed to	No
13	. Indicate the percentage of gaming activity conducted in	1 1	
	a The organization's facility	13a	ક
	o An outside facility		_ કુ
	Enter the name and address of the person who prepares the organization's gaming/special events books and re		
	Name	-	
	Address •		- -
15 a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	∏No
	o If 'Yes,' enter the amount of gaming revenue received by the organization		
	of gaming revenue retained by the third party		
c	If 'Yes,' enter name and address of the third party		
	Name •		_ _
	Address		 .
16	Gaming manager information		
	Name •		_ _
	Gaming manager compensation ► \$		
	Description of services provided		-
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain	the	
•	state gaming license?	Yes	No
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spe	int in the	_
	organization's own exempt activities during the tax year 🕒 💲		
Peu	Supplemental Information. Provide the explanations required by Part I, line 2b, co and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any	umns (iii) and (v),	
	information. See instructions	adullional	
	mornation. God moradiscino		

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No 1545-0047

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	Complete It the organization answered "Yes" on Form 990. Part IV. Illie 21 of 22.	
	► Attach to Form 990.	(Jeen)
Department of the Treasury Internal Revenue Service	▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	(SU)
Name of the organization	Employ	Employer identification num
GILA COUNTY CA		86-0337012
Partill General In	Partin General Information on Grants and Assistance	
1 Does the organiza the selection criter	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grants or assistance, and the selection criteria used to award the grants or assistance? $\cdot \cdot \cdot$	X
2 Describe in Part IV	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States]
Partill Grants an	Parill Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on	ed 'Yes' on
Form 990,	Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed.	

(a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Tonto Natural_Resources_C P_O_Box_3073 PAYSON AZ 85547	73-1725633	501 (C) 5	5,001.				MONITORING
(3)							
(4)							
(<u>5)</u>							
<u>(6)</u>							
(7)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	and government organs listed in the	=	sted in the line 1 table				

Schedule I (Form 990) (2016)

TEEA3901 11/03/16

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

Page-2

Schedule I (Form 990) (2016) GILA COUNTY CATTLE GROWERS ASSOCIATION

[Parili] Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed

	(f) Description of noncash assistance								rmation.
									ther additional info
	(e) Method of valuation (book, FMV, appraisal, other)								ımı (b), and any o
	(d) Amount of noncash assistance				:				line 2, Part III, colu
	(c) Amount of cash grant								required in Part I,
מב וא וופבחבת	(b) Number of recipients								ide the information
call be duplicated it additional space is freeded	(a) Type of grant or assistance								Part II, supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
		-	2	ო	4	တ	9	7	Per

BAA

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

86-0337012

Ρt	: VI,	Line	11b	MEETING OF OFFICE	ERS AND	BOARD OF	DIRECTORS
P1	: VI,	Line	12c	MEETING OF OFFICE	ERS		
Ρt	VI,	Line	15a	BOARD OF DIRECTOR	₹S		
Ρt	XII	, Line	e 1	BOARD OF DIRECTOR	RS		
Ρt	: VI,	Line	15b	BOARD OF DIRECTOR	RS		