Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form990 for instructions and the latest information.

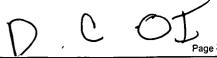
Open to Public

$\overline{\mathbf{A}}$	For the	2017 calendar year, or tax year beginning Sep 1 , 2017, a	and ending	Aug 31	, 20 18					
В	Check if	applicable C Name of organization GILA COUNTY CATTLE GROWERS AS	SOCIATI	ON D Emp	ployer identification number					
$\bar{\Box}$	Address				-0337012					
$\overline{\Box}$		Number and street (se B.O. have found to act delivered to cheet address)	Room/suite		phone number					
H		P.O. BOX 7 (928) 200-1155								
H		m/terminated City or town, state or province, country, and ZIP or foreign postal code	,							
H	Amende	CLODE AR OFFOR ONO?	G Gro	ss receipts \$ 23,591.						
H		ion pending F Name and address of principal officer			n for subordinates? Yes No					
	Applicati	WOODY CLINE, P.O. BOX 353, YOUNG, AZ 855	54.		nates included? Yes No					
_	Tau ava		_	4 ''	ich a list (see instructions)					
<u>'</u>	Website			H(c) Group exemp	stron number.					
K			ar of formation		state of legal domicile AZ					
_	art I	Summary	ur or rormanor	. 1551	Made of logal dofficies 112					
	1	Briefly describe the organization's mission or most significant activities:	EDIICA 1	TON OF DAN	CUEDS					
a	l '	•	EDUCA	ION OF KAN	CHERS					
Š		RANGE PRACTICES AND MONITORING TECHNIQUES								
Ë		Check this box ▶ ☐ if the organization discontinued its operations or di	coocod of	more than 25%	of its not assets					
Governance	2				3 98					
	3	, , , , , , , , , , , , , , , , , , , ,	 luna 1h\	-	98					
Ş	4	Number of independent voting members of the governing body (Part VI		· · · · · · · · · · · · · · · · · · ·	5					
ij	5	Total number of individuals employed in calendar year 2017 (Part V, line	: Za) .		6 98					
Activities &	6	Total number of volunteers (estimate if necessary)		-	- 					
⋖	7a	(-),			7a 0.					
_	<u>b</u>	Net unrelated business taxable income from Form 990-T, line 34		Prior Year	Current Year					
		Contributions and growth (Dort VIII line 1h)								
e	8	Contributions and grants (Part VIII, line 1h)	8,05	5,945.						
Revenue	9	Program service revenue (Part VIII, line 2g)		225						
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2. 235.						
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8 (20) (1) (1) (1)	15,07							
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column-(A), I	ne (2)	23,16						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5¦ · ⊢	75	0.					
	14	Benefits paid to or for members (Fart IX, Collary II (A), fine 4)	2 : ₁₀ :	·····						
es	15	Salaries, other compensation, employee benefits (Part X column-(A), lines	[™]							
Expenses	16a	Professional fundraising fees (Part IX, column (A) The Die N, UT.	J. Š. 🔚							
꼾	_b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	16,62	5. 18,558.					
ш	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)								
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25		17,37						
	19	Revenue less expenses. Subtract line 18 from line 12		5,79						
Net Assets or			Ве	ginning of Current Y						
Sset	20	Total assets (Part X, line 16)	· ·	87,75						
¥ E	21	Total liabilities (Part X, line 26)	· ·		0. 2,954.					
		Net assets or fund balances. Subtract line 21 from line 20	<u> </u>	87 , 75	1. 84,272.					
	art II	Signature Block								
Ur	nder pena	lities of perjury, I declare that I have examined this return, including accompanying schedule	s and stateme	ents, and to the best	t of my knowledge and belief, it is					
tru	le, correc	t, and complete Declaration of preparer (other than officer) is based on all information of whi	ch preparer n	as any knowledge						
				12.	· 3 - 18					
Si	-	Signature of officer		Date						
He	ere	WOODY CLINE, PRESIDENT								
_		Type or print name and title		1						
Pa	aid	Print/Type preparer's name Preparer's signature	Date	/ / _ Che	eck 🔀 if PTIN					
	epare	ALAN L. WEITZ, CPA Afan Z. Weit		/5//8 self	-employed P02131176					
	se Onl			Firm's EIN	▶ 86-0644971					
		Firm's address ▶ P.O. BOX 1691, GLOBE, AZ 85502-1691		Phone no.	(928) 425-0116					
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)			⊠ Yes 🗌 No					

Page	2
· ugo	-

Part		Statement of Program Serv		III - D. A.III	□
				this Part III	. <u>N</u>
1		y describe the organization's m			
		CATION OF RANCHERS			
2				the year which were not listed on the	
_	prior	Form 990 or 990-EZ?		. ´	⊠ No
3	Did t		cting, or make significant change	s in how it conducts, any program	X No
	If "Ye	es," describe these changes on	Schedule O.		
4	expe	nses. Section 501(c)(3) and 50	i service accomplishments for each (c)(4) organizations are required to ny, for each program service report	n of its three largest program services, as measure report the amount of grants and allocations to ed.	ired by others,
4a	(Code	e:) (Expenses \$	including grants of \$) (Revenue \$)
	EDUC	ATION OF RANCHERS	·····		
	•••				•••••
				••••••	
4b	(Code	e.) (Expenses \$	including grants of \$) (Revenue \$)
			••••••		
			•••••		
4c	(Code	e) (Expenses \$	including grants of \$) (Revenue \$)
	•••				
		·····	······		
	<u> </u>		0-1-1-1-0)		
4d		r program services (Describe in			
			ng grants of \$) (Re	venue \$)	
4e	Lotal	program service expenses			

	000	(2017)
OHIL	330	(2017)



rart	Checklist of nequired Schedules	_	V	Ma
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	1	×	
3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I </i>	3		x_ 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? <i>If "Yes," complete Schedule C, Part II</i>	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	×	
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		×
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		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
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		×
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		×
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		×
	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	11b		×
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
	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	11d		×
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did 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.	11e		×
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 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 the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a b		14a		×
-	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		×
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		×
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		×
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		×
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	×	
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		×

Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
	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	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on]
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	İ		
	organization's current and former officers, directors, trustees, key employees, and highest compensated	}	}	<u> </u>
	employees? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		×
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u></u>	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c	<u> </u>	
	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		'	
	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		×
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		×
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		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		×
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		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
20	Part I	31	-	×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	00		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		×
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		×
	or IV, and Part V, line 1	34		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	SSa		^
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		J
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		×
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
01	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		~
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	31	-	X
	19? Note. All Form 990 filers are required to complete Schedule O.	38	×	
	And the second control of the second control	, JU	_ ^	

Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	<u> </u>		
	reportable gaming (gambling) winnings to prize winners?	1c	_ <u>×</u> _	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
_	Statements, filed for the calendar year ending with or within the year covered by this return 2a	- Ob		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
3a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		-^ -
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	0.5		
→a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		×
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).	L		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		×
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: Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
''a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	•		ļ
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	ļ		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	L		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
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	1		
C	Enter the amount of reserves on hand	-		<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		L

Part '	Qovernance, Management, and Disclosure For each "Yes" response to lines 2 the response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change.	rough 7b below,	and f	or a tructu	"No"
	Check if Schedule O contains a response or note to any line in this Part VI				
Section	on A. Governing Body and Management	<u> </u>	<u> </u>		
			-	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 98			
	If there are material differences in voting rights among members of the governing body, or				Ì
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O.			ŀ	- 1
b	Enter the number of voting members included in line 1a, above, who are independent .	1b 98			
2	Did any officer, director, trustee, or key employee have a family relationship or a business any other officer, director, trustee, or key employee?			 -	
•	any other officer, director, trustee, or key employee?	1	2_		<u>×</u>
3	supervision of officers, directors, or trustees, or key employees to a management company or other		3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 9		4		×
5	Did the organization become aware during the year of a significant diversion of the organization		5		×
6	Did the organization have members or stockholders?		6		×
7a	Did the organization have members, stockholders, or other persons who had the power to	elect or appoint		Ì	
	one or more members of the governing body?		7a		×
b	Are any governance decisions of the organization reserved to (or subject to approva	l by) members,			
	stockholders, or persons other than the governing body?		7b		<u></u>
8	Did the organization contemporaneously document the meetings held or written actions ur	dertaken during		Ī	
	the year by the following:				
а	The governing body?		8a	X	
Ър	Each committee with authority to act on behalf of the governing body?		8b	×	
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule C)	9		×
Section	on B. Policies (This Section B requests information about policies not required by the			ode.)	
00011	on Bit Globe (This coolien B requeste information about periods in the quite by the			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		×
b	If "Yes," did the organization have written policies and procedures governing the activities of				
	affiliates, and branches to ensure their operations are consistent with the organization's exem		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body befo		11a	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		40.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	o rice to conflicts?	12a 12b	×	
b			120	×	
С	Did the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this was done.	policy il res,	12c	×	
13	Did the organization have a written whistleblower policy?		13	×	
14			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				
а	The organization's CEO, Executive Director, or top management official		15a	×	
b	Other officers or key employees of the organization		15b	×	
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	dor orrence			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or sim with a taxable entity during the year?		16-		
	If "Yes," did the organization follow a written policy or procedure requiring the organization		16a		<u>×</u>
D	participation in joint venture arrangements under applicable federal tax law, and take steps				
	organization's exempt status with respect to such arrangements?		16b		
Secti	on C. Disclosure			1	
17	List the states with which a copy of this Form 990 is required to be filed A7.				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a	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 Sc		-		
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume	ents, conflict of inte	erest _l	policy	, and
00	financial statements available to the public during the tax year.	onlo booko and			
20	State the name, address, and telephone number of the person who possesses the organization ELAINE MCBRIDE, 982 S. JESSE HAYES ROAD, GLOBE, AZ 85501 (928)		Joras:	_	

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- 17	au	•	

Form 990 (2017)

Part VII	Compensation of Officers, Directo	rs, Trustees, Key Employees	, Highest Compensated Employees, and
	Independent Contractors		

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.

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

				((>)					
(A) Name and Title	(B) Average			eck		than c		(D) Reportable	(E) Reportable	(F) Estimated
Name and Title	hours per					ıs both or/trust		compensation	compensation from	amount of
	week (list any hours for related organizations below dotted line)	-cormer -lighest c -lighest c -inphoyee -inpho		Former Highest compensated employee Key employee		from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations		
(1) WOODY CLINE	5.00									
PRESIDENT	1			×				0.	0.	0.
(2) BILL CONWAY PAST PRESIDENT	5.00			×				0.	0.	0.
(3) MICHAEL HEMOVICH VICE PRESIDENT	5.00			×				0.	0.	0.
(4) FRANK DALMOLIN SECRETARY	5.00			×				0.	0.	0.
(5) JAMES B RASMUSSEN TREASURER	5.00			×				0.	0.	0.
(6)										
(7)						-	_			
(8)										-
(9)										
(10)		_					-			
(11)										
(12)										
(13)							_			
(14)										

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees			lighe	st C	ompensated E	mployees (co	ontinued)							
	(A) Name and title	(B) Average box, unless person is be officer and a director/tru			(do not check more than or box, unless person is both a officer and a director/truste		Position (do not check more that box, unless person is bo officer and a director/tru			(B) Average hours per officer and a director/tru			(B) Position (do not check more than one box, unless person is both an officer and a director/trustee) (D) Reportable compensation			1	(E) Reportable compensation fi	
	,	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	s compensation							
(15)																		
(16)																		
(17)																		
(18)																		
(19)																		
(20)																		
(21)																		
(22)																		
(23)											•							
(24)																		
(25)																		
1b c	Sub-total	VII, Sectio						> > >	0.		0. 0.							
d 2	Total (add lines 1b and 1c) Total number of individuals (including bureportable compensation from the organ	t not limited						e) w										
3	Did the organization list any former of employee on line 1a? If "Yes," complete																	
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$1	150,	000	? /	f "Ye	s, "	complete Sch									
5	Did any person listed on line 1a receive of for services rendered to the organization																	
Section	on B. Independent Contractors				_													
1	Complete this table for your five highest compensation from the organization. Repyear.								year ending wit		ne organization's tax							
	(A) Name and business add	Iress							(B) Description of s	services	(C) Compensation							
							_	-			· · · · · · · · · · · · · · · · · · ·							
2	Total number of independent contractor received more than \$100,000 of compens							o th	nose listed ab	ove) who								

Part	VIII	Statement of Revenue		1 1 11 11 11	D - 4 \ //!!!		V
	 ,	Check if Schedule O contains a	response or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Grants	1a b c	Membership dues	1a 5,925.				
ns, Gifts, imilar A	d e	Related organizations Government grants (contributions)	1d 1e				
Contributions, Gifts, Grants and Other Similar Amounts	f g	All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1	1f 20.				
	h	Total. Add lines 1a–1f		5,945.			
Program Service Revenue	2a b c d e f	All other program service revenue					
<u></u>	g 3	Total. Add lines 2a-2f					
	4	and other similar amounts) Income from investment of tax-exem	▶ pt bond proceeds ▶	235.	0.	0.	235.
	5 6a	Royalties	(ii) Personal				
	b c	Less. rental expenses Rental income or (loss)					
	d 7a	Net rental income or (loss) Gross amount from sales of assets other than inventory				·	
	b	Less: cost or other basis and sales expenses . Gain or (loss)		:			
	d	Net gain or (loss)	•				
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18					
ŧ	b	Less: direct expenses					
		Net income or (loss) from fundrais Gross income from gaming activitie See Part IV, line 19	es.	12,438.		0.	12,438.
		Less: direct expenses					
		Net income or (loss) from gaming Gross sales of inventory, le returns and allowances	ss				
	b c	Less: cost of goods sold Net income or (loss) from sales of					
		Miscellaneous Revenue	Business Code				
	11a b c	All other revenue					
	d e	Total. Add lines 11a-11d					
	12	Total revenue. See instructions.		18,618.	0.	0.	12,673.

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must com-

	Check if Schedule O contains a respons	se or note to any lin	e in this Part IX .		
	ot include amounts reported on lines 6b, 7b, o, 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				
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 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees).	`			
a	Management				
b	Legal	2,510.	2,510.	0.	0.
C	Accounting	4,700.	0.	4,700.	0.
ď	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees				
12	Advertising and promotion				
13	Office expenses	4,602.	4,602.	0.	0.
14	Information technology	,			
15	Royalties				
16	Occupancy	131.	131.	0.	0.
17	Travel [
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	949.	949.	0.	0.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	0.			
23	Insurance				
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	CONTRIBUTIONS	0.	0.	0.	0.
b	MANDOC	1,223.	1,223.	0.	0.
c	EDUCATION EXPENSES	3,463.	3,463.	0.	0.
ď	INSURANCE	980.	0.	980.	0.
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	18,558.	12,878.	5,680.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X . . . (B) Beginning of year End of year 61,855. 63,172. 1 2 2 3 3 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Assets 7 7 8 8 9 Prepaid expenses and deferred charges . . 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 24,579. 10c 25,371. b 11 Investments—publicly traded securities 11 12 12 Investments—other securities, See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 . . . 13 14 14 15 15 Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) 87,751. 16 87,226. 16 17 0. 2,954. 17 Accounts payable and accrued expenses 18 18 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties . . . 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 2,954. Total liabilities. Add lines 17 through 25 0. Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🕱 and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 31 84,272. 87,751. 32 32 Retained earnings, endowment, accumulated income, or other funds. 87,751. 33 84,272. 33

87,751.

34

Total liabilities and net assets/fund balances

r
ı

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	Part	XI Reconciliation of Net Assets					
Total expenses (must equal Part IX, column (A), line 25)		Check if Schedule O contains a response or note to any line in this Part XI			. <u>.</u>	<u></u>	
Revenue less expenses. Subtract line 2 from line 1	1	Total revenue (must equal Part VIII, column (A), line 12)	1			18 <u>,6</u>	18.
A Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	2	Total expenses (must equal Part IX, column (A), line 25)				18,5	<u>58.</u>
Net unrealized gains (losses) on investments 5 6 6 7 7 7 7 7 7 7 7	3						60.
Bonated services and use of facilities	4				_ {	37 , 7	<u>51.</u>
7 Investment expenses	5	Net unrealized gains (losses) on investments	5_				
8 Prior period adjustments	6	Donated services and use of facilities			_		
9 Other changes in net assets or fund balances (explain in Schedule O)	7	Investment expenses	7				
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	8						
Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Statements	9	Other changes in net assets or fund balances (explain in Schedule O)	9				
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
Check if Schedule O contains a response or note to any line in this Part XII			10			87 , 8	11.
Accounting method used to prepare the Form 990: Accounting the faccountant? Accounting the proper or checked "Other," explain in Schedule O. Accounting the faccountant? Accounting the proper or checked "Other," explain in Schedule O. Accounting the faccountant? Accounting the proper or checked "Other," explain in Schedule O. Accounting the faccountant? Accounting the fac	Part	• •					_
1 Accounting method used to prepare the Form 990:		Check if Schedule O contains a response or note to any line in this Part XII					
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?				_		Yes	No
Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?	1	Accounting method used to prepare the Form 990: Cash Accrual Other MODIFIED					
Were the organization's financial statements compiled or reviewed by an independent accountant?			plain	ın			
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?				<u> </u> _			
reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?	2a				2a		X
 Separate basis		· ·	piled	or			
b Were the organization's financial statements audited by an independent accountant?		•					
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		_ ·		L			
separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	b				2b		×
□ 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 the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			ea on	a			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in							
of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				F			
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for confidence of the fragment statements and collection of an independent confidence of the fragment statements and collection of an independent confidence of the fragment statements and collection of an independent confidence of the fragment statements and collection of an independent confidence of the fragment of th	versig	nt	_		
Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					2C		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			kpiain	ın			
	_		fouth	<u> </u>			
the Single Augit Act and Olvid Circular A-133?	За		ionin				
					Ja		
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b	b				2h		
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b Form 990 (201)		required addit or addits, explain why in schedule of and describe any steps taken to undergo such a	iuuits.			. 000	/2047

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

20 **1 7**

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► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

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)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B.
- · Section 527 organizations. Complete Part I-A only.

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 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

• Se	ction 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
Name c	of organization			Employer ider	ntification number
GILA	COUNTY CATTLE GR			86-03370	
Part		e organization is exempt und			
1	Provide a description of definition of "political car	f the organization's direct and in npaign activities")	direct political ca	mpaign activities in Part	IV. (see instructions fo
2		y expenditures (see instructions) .			
_3		cal campaign activities (see instruc			
Part		e organization is exempt und			
1	Enter the amount of any	excise tax incurred by the organiza	ation under section	n 4955 ▶ 🥞	
2	Enter the amount of any	excise tax incurred by organization	n managers under	section 4955 ▶ \$,
3	-	ed a section 4955 tax, did it file For			
4a					L Yes L No
	If "Yes," describe in Part	iv. e organization is exempt und	ou postion EO4/s	a) avant costion FO1	(a)(3)
Part					(0)(0).
1	Enter the amount direct	ly expended by the filing organiz	ation for section	527 exempt function	
^		filing organization's funds contrib			
2		vities			
3	Total exempt function e	expenditures. Add lines 1 and 2	. Enter here and	on Form 1120-POL,	
4	Did the filing organization	n file Form 1120-POL for this year	?		Yes 🛄 No
5	organization made paymenthe amount of political co	ses and employer identification nui ents. For each organization listed, ontributions received that were pro I fund or a political action committe	enter the amount mptly and directly	paid from the filing organic delivered to a separate p	ization's funds. Also ente political organization, sucl
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Page	2
rayo	•

							-
Par	t II-A	Complete if the organization section 501(h)).	n is exempt	under section 5	01(c)(3) and file	d Form 5768 (ele	ction under
A (Check ►	if the filing organization befor address, EIN, expenses, and	-	• , ,		liated group member	er's name,
В	Check ▶	☐ if the filing organization chec	ked box A and	"limited control" pi	rovisions apply.		
	<u>. </u>	Limits on Lobi)	(a) Filing organization's totals	(b) Affiliated group totals
16	Total le	obbying expenditures to influence					
_		obbying expenditures to influence					
		obbying expenditures (add lines 1	-	• .	- -		
		exempt purpose expenditures .	-				
		xempt purpose expenditures (ad					
1		ing nontaxable amount. Enter					
	If the ar	nount on line 1e, column (a) or (b) is	: The lobbying	g nontaxable amoun	t is:		
	Not ove	r \$500,000	20% of the a	mount on line 1e.			
	Over \$5	00,000 but not over \$1,000,000	\$100,000 plu	s 15% of the excess	over \$500,000.		
	Over \$1	,000,000 but not over \$1,500,000	\$175,000 plu	s 10% of the excess	over \$1,000,000.		٠, ،
	Over \$1	,500,000 but not over \$17,000,000	\$225,000 plu	is 5% of the excess o	ver \$1,500,000.		•
	Over \$1	7,000,000	\$1,000,000.				
<u> </u>	Grassr	oots nontaxable amount (enter 2	5% of line 1f)				
ŀ	n Subtra	ct line 1g from line 1a. If zero or l	ess, enter -0-				
i		ct line 1f from line 1c. If zero or le					
j		e is an amount other than zero ng section 4911 tax for this year		1h or line 1, did			Yes No
	(Som	e organizations that made a se See the	ction 501(h) e separate ins	tructions for lines	e to complete all 2a through 2f.)	of the five column	is below.
		Lobbying	Expenditure	s During 4-Year A	veraging Period		
	Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
28	L obbyi	ing nontaxable amount					
ı		ng ceiling amount of line 2a, column (e))					
(Total lo	obbying expenditures					
•	d Grassr	oots nontaxable amount					
_		oots ceiling amount of line 2d, column (e))					
1	Grassr	oots lobbying expenditures					
B	ΔΔ			REV 10/16/18 PRO	.	Schedule C (Form	990 or 990-EZ) 2017

Part	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	5768		
For a	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(;	a)		(b)	
	iption of the lobbying activity.	Yes	No	A	mount	t .
1	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:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
9	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					
2a	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 .					
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 501(c) 501(c)(6).)(5), (or se	ction	ľ	ı
				_	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	×	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		×
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				<u> </u>	×
	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes."	R (b)	Part	ill-A,	line	3, is
1	Dues, assessments and similar amounts from members	٠.	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
a	Current year	•	2a			
b	Carryover from last year	•	2b	······	_	
C	Total	•	2c			
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 excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb	ying				
_	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)	•	5	<u> </u>		
2 (see	Supplemental Information the the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groinstructions); and Part II-B, line 1. Also, complete this part for any additional information. T: DUES					
	······································					
				••••		

REV 10/16/18 PRO

Schedule C (Form 990 or 990-EZ) 2017 Part IV Supplemental Information (continued)							
Part IV	Supplemental Information (continued)						
	•						
	*						
		•					
•							
		ì					

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 20**17**

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Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization GILA COUNTY CATTLE GROWERS ASSOCIATION 86-0337012 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X

Page	2
ı ayç	_

Part		Collections of A	Art, Hist	orical 1	reasures, o	r Oth	er Similar Ass	ets (continued)
3	Using the organization's acquisition, collection items (check all that apply):		ner recor	ds, chec	k any of the f	ollowi	ing that are a sig	inificant use of its
а	☐ Public exhibition				or exchange			
b	☐ Scholarly research		e [Othe	r <u></u>			
C	☐ Preservation for future generations							
4	Provide a description of the organization of t	tion's collections a	ind expla	in how t	hey further the	e orga	ınızation's exemp	ot purpose in Part
5	During the year, did the organization							
	assets to be sold to raise funds rather		ined as p	art of the	e organization	's coll	ection?	☐ Yes ☐ No
Part								_
	Complete if the organization	answered "Yes"	on For	m 990, F	Part IV, line 9	, or r	eported an amo	ount on Form
	990, Part X, line 21.	 						
1a	Is the organization an agent, trustee							
_	included on Form 990, Part X?							☐ Yes ☐ No
b	If "Yes," explain the arrangement in P	art XIII and comple	te the to	llowing ta	able:		Δm	ount
						4-		iount
C	Beginning balance					1c		
d	Additions during the year					1d		
e	Distributions during the year					1e		
1	Ending balance					1f	account hability?	□ Voc □ No
2a	If "Yes," explain the arrangement in P							
Pari		art Am. Offeck fiere	5 II (IIC C)	planatio	irrias been pro	JVIGC	JOHN ART AIR :	· · · · · ·
ı Gı	Complete if the organization	answered "Yes"	on For	n 990. F	Part IV. line 1	0.		
	Complete it the organization	(a) Current year	(b) Pric		(c) Two years b		(d) Three years back	(e) Four years back
1a	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				-		-	
2	Provide the estimated percentage of t	the current year en	d balanc	e (line 1g	, column (a)) h	eld a	s:	
а	Board designated or quasi-endowment	nt ▶	%					
b	Permanent endowment ▶	%						
С	Temporarily restricted endowment ▶							
	The percentages on lines 2a, 2b, and							
3a	Are there endowment funds not in the	e possession of the	e organiz	zation the	at are held an	d adn	ninistered for the	
	organization by:							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" on line 3a(ii), are the related o							3b
4	Describe in Part XIII the intended uses		n's endo	wment to	unas.			
Part			, Faw	000 1	Doubli / line 1	1. 0	` Farm 000 [Part V lina 10
	Complete if the organization				or other basis		ccumulated	(d) Book value
	Description of property	(a) Cost or oth			other)		preciation	(d) Book value
1a	Land	 		<u> </u>				
b	Buildings							
~	Leasehold improvements				-		-	
d	Equipment				25,371.		0.	25,371.
e	Other							
	Add lines 1a through 1e. (Column (d) r	nust equal Form 99	90. Part >	C. columi	n (B), line 10c)	•	25,371.

Part VII	Investments — Other Securities. Complete if the organization answe	rad "Vas" on For	m 000 Part IV lin	a 11h Saa Form	QQA Part Y line 12
•	(a) Description of security or category (including name of security)	red Tes OITFOI	(b) Book value	(c) Meth	nod of valuation of-year market value
(1) Financial	derivatives				
(2) Closely-h	neld equity interests				
(3) Other					<u> </u>
(A)					
(B)					
(C)					<u> </u>
(D)					<u> </u>
(E)			 , ,		
(F)					
(G)					
(H)					
	b) must equal Form 990, Part X, col (B) line 12.)			l	
Part VIII	Investments—Program Related.	and "Voo" on For	000 Bort IV In	a 11a Saa Earm	000 Part V line 13
	Complete if the organization answer	red tes on For			hod of valuation
	(a) Description of investment		(b) Book value		of-year market value
(1)					
(2)				_	
(3)		<u> </u>			
(4)	<u> </u>	<u>. </u>	_		
(5)	· · · · · · · · · · · · · · · · · · ·				
(6)					
(7)			· <u></u>		
(8)					
Total (Column)	b) must equal Form 990, Part X, col. (B) line 13)				
Part IX	Other Assets.				
T GITTIN	Complete if the organization answer	red "Yes" on For	m 990. Part IV. lin	e 11d. See Form	990, Part X, line 15.
		escription	<u> </u>		(b) Book value
(1)					
(2)		_			
(3)					
(4)					
(5)		<u></u>	-·	- <u></u>	
(6)					
(7)					
_(8)					
(9)	45 200 5 17	(0) ((5)			
	mn (b) must equal Form 990, Part X, col.	(B) line 15)	· · · · · ·	· · · •	
Part X	Other Liabilities.	arad "Vaa" on Eas	m 000 Port IV lin	0 110 or 11f So	Form 000 Part V
	Complete if the organization answer	erea tes on For	mi 990, Part IV, iin	e i le or i ii. Set	FOITH 990, Part A,
1.	line 25. (a) Description of liability	(b) Book value			
(1) Federal ır		(b) Book value			
(2)	icome taxes				
(3)					
(4)		_ 	''''		
(5)		·			
(6)					
(7)					
(8)		<u></u>			
(9)					
	b) must equal Form 990, Part X, col (B) line 25.)				
	r uncertain tax positions. In Part XIII, provide	the text of the footn	ote to the organization	n's financial stateme	ents that reports the
organization'	s liability for uncertain tax positions under FI	N 48 (ASC 740). Che	eck here if the text of t	he footnote has bee	n provided in Part XIII

_			
P	ลก	e	4

Part			Return.
	Complete if the organization answered "Yes" on Form 990, I		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1	
a	Net unrealized gains (losses) on investments	2a	_
b	Donated services and use of facilities	2b	-
C	Recoveries of prior year grants	2c	_
ď	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-(:
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5 Detrum
Part			er neturn.
	Complete if the organization answered "Yes" on Form 990, F		T 4 T
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا مم ا	
	Donated services and use of facilities	2a	-
b	Prior year adjustments	2b	-{
C	Other losses		-{
d	Other (Describe in Part XIII.)		2e
е 3	Add lines 2a through 2d		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		3
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part		
	•		
			
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		m 990) 2017		Page \$
Part X		Supplemental Information (cont	tinued)	
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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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest instructions. Name of the organization **Employer identification number**

GIL	A COUNTY CATTLE GROWERS					86-0337012	
Par	Fundraising Activities. Form 990-EZ filers are					Form 990, Part IV,	line 17.
1	Indicate whether the organization					heck all that apply.	
а	☐ Mail solicitations		e [_ ☐ Solicitat	ion of non-govern	ment grants	
b	☐ Internet and email solicitation	ons	f [☐ Solicitat	ion of governmen	t grants	
C	☐ Phone solicitations		g [Special	fundraising events	3	
d	☐ In-person solicitations		•	,	J		
2a	Did the organization have a wri	tten or oral agre	ement with	any individ	dual (including offi	cers, directors, trust	ees.
	or key employees listed in Form						
b	If "Yes," list the 10 highest paid compensated at least \$5,000 by	d individuals or	entities (fun			-	
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody	ndraiser have or control of butions?	(Iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2	•						
3	·						
4							
5							
6		-					
7							
8							
9			-				
10	-tm						
Total 3	List all states in which the organistration or licensing.		stered or lic	>	colicit contribution	s or has been notifi	ed it is exempt from
						,	

-							
	_						
							_

	•	gross receipts greater tha	n \$5.000.			
	\Box	g.occ.rocopto grouter	(a) Event #1	(b) Event #2	(c) Other events	(d) Tatal aveata
			CATTER SALE		NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
e	1					
Revenue	1	Gross receipts				
ě	-	G. 555 . 555. p. 5				······································
ш.	2	Less: Contributions				
	3	Gross income (line 1 minus				
]	line 2)				
_	├ ─					
	4	Cash prizes				
	•	Cash phizes				
	5	Noncash prizes				
	•	Noncasii piizes				
es	6	Boot/facility costs				
Š	"	Rent/facility costs				
ğ	,	Food and haveness				•
Direct Expenses	7	Food and beverages				
ည		Financia				
₫	8	Entertainment				
	9	Other direct expenses .				
	10	Direct expense summary. Ad	d lines 4 through 9 in c	olumn (d)		
	11	Net income summary. Subtra	ict line 10 from line 3, c	olumn (a)	· · · · · · · · · · · · · · · · · · ·	
Pa	rt III			red "Yes" on Form 98	30, Part IV, line 19, or	reported more
		than \$15,000 on Form 99	BU-EZ, line ba.		<u> </u>	
a)						
ž			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
/eun			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Pevenu	_		(a) Bingo		(c) Other gaming	
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming	
			(a) Bingo		(c) Other gaming	
	1 2	Gross revenue	(a) Bingo		(c) Other gaming	
			(a) Bingo		(c) Other gaming	
			(a) Bingo		(c) Other gaming	
Expenses	2	Cash prizes	(a) Bingo		(c) Other gaming	
Expenses	2	Cash prizes	(a) Bingo		(c) Other gaming	
	2	Cash prizes	(a) Bingo		(c) Other gaming	
Expenses	2	Cash prizes	(a) Bingo		(c) Other gaming	
Expenses	2 3 4	Cash prizes	(a) Bingo	bingo/progressive bingo	(c) Other gaming	
Expenses	2 3 4	Cash prizes		bingo/progressive bingo		
Expenses	2 3 4 5	Cash prizes	☐ Yes%	bingo/progressive bingo	□ Yes%	
Expenses	2 3 4 5	Cash prizes	☐ Yes%	bingo/progressive bingo	□ Yes%	
Expenses	2 3 4 5	Cash prizes	☐ Yes%	bingo/progressive bingo	□ Yes%	
Expenses	2 3 4 5	Cash prizes	☐ Yes% ☐ No d lines 2 through 5 in c	bingo/progressive bingo Yes% No olumn (d)	☐ Yes% ☐ No	
Expenses	2 3 4 5 6 7	Cash prizes	☐ Yes% ☐ No d lines 2 through 5 in c	bingo/progressive bingo Yes% No olumn (d)	☐ Yes% ☐ No	
Expenses	2 3 4 5 6 7 8	Cash prizes	☐ Yes% ☐ No d lines 2 through 5 in c	bingo/progressive bingo Yes % No olumn (d)	☐ Yes% ☐ No	col. (a) through col. (c))
6 Direct Expenses	2 3 4 5 6 7 8	Cash prizes	☐ Yes% ☐ No d lines 2 through 5 in c y. Subtract line 7 from li	bingo/progressive bingo Yes % No olumn (d)	☐ Yes% ☐ No	col. (a) through col. (c))
Oirect Expenses	2 3 4 5 6 7 8	Cash prizes	Yes % No d lines 2 through 5 in c Subtract line 7 from lines	bingo/progressive bingo Yes % No olumn (d)	☐ Yes% ☐ No	col. (a) through col. (c))
Oirect Expenses	2 3 4 5 6 7 8	Cash prizes	Yes % No d lines 2 through 5 in c Subtract line 7 from lines	bingo/progressive bingo Yes % No olumn (d)	☐ Yes% ☐ No	col. (a) through col. (c))
Oirect Expenses	2 3 4 5 6 7 8	Cash prizes	Yes % No d lines 2 through 5 in c Subtract line 7 from li	bingo/progressive bingo Yes % No olumn (d)	☐ Yes% ☐ No	col. (a) through col. (c))
6 Direct Expenses	2 3 4 5 6 7 8 8 8 b lf	Cash prizes	☐ Yes% ☐ No d lines 2 through 5 in c y. Subtract line 7 from line ganization conducts gas anduct gaming activities	bingo/progressive bingo Yes % No olumn (d)	☐ Yes% ☐ No	col. (a) through col. (c))
Olirect Expenses	2 3 4 5 6 7 8 a ls	Cash prizes	Yes % No d lines 2 through 5 in c Subtract line 7 from liganization conducts gainduct gaming activities aming licenses revoked	Ves % No olumn (d)	Yes % No	col. (a) through col. (c))
Olirect Expenses	2 3 4 5 6 7 8 a ls	Cash prizes	Yes % No d lines 2 through 5 in c Subtract line 7 from liganization conducts gainduct gaming activities aming licenses revoked	Ves % No olumn (d)	☐ Yes% ☐ No	col. (a) through col. (c))
Olirect Expenses	2 3 4 5 6 7 8 a ls	Cash prizes	Yes % No d lines 2 through 5 in c Subtract line 7 from liganization conducts gainduct gaming activities aming licenses revoked	Ves % No olumn (d)	Yes % No	col. (a) through col. (c))

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

Schedu	ule G (Form 990 or 990-EZ) 2017
11 12	Does the organization conduct gaming activities with nonmembers?
13 a	Indicate the percentage of gaming activity conducted in: The organization's facility
b 14	An outside facility
	Name ► .
	Address ►
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b c	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$ 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 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
	······································

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No 1545-0047

► Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990.

GILA COUNTY CATTLE GROWERS ASSOCIATION

Employer identification number 86-0337012

General Information on Grants and Assistance
Grants
on
 ormation
Inf
seneral
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% □ X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

	anizations and Domestic Governments. Complete if the organization answered "Yes" on Form d more than \$5,000. Part II can be duplicated if additional space is needed.	(g) Description of (h) Purpose of grant noncash assistance or assistance	MONITORING											
States.	ents. Complete if uplicated if addition	(e) Amount of non-cash assistance (book, FMV, appraisal, other)												
ruds in the United	nestic Governm . Part II can be d													
tne use or grant ru	ations and Don ore than \$5,000.	(d) Amount of cash grant	5,001.			,			1					
res tor monitoring	mestic Organize that received m	(c) IRC section (if applicable)	501 (C) 5											
ization s procedu	ssistance to Do for any recipient	(b) EIN	73-1725633											
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answers 1990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	1 (a) Name and address of organization or government	(1) Tonto Natural Resources Conservation Dist P O Box 3073 PAYSON AZ 85547	(2)	(8)	(4)	(5)	(9)	(7)	(8)	(6)	(10)	(11)	(12)

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

Enter total number of other organizations listed in the line 1 table

8

REV 10/16/18 PRO

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Schedule I (Form 990) (2017)

Schedule I (F	Schedule I (Form 990) (2017) Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	mestic Individu	als. Complete if the	organization answ	ered "Yes" on Form 990,	Part IV, line 22.
	Part III can be duplicated if additional space is needed.	space is needed	d.	A Amount of	Jood) materiles to bodtoM (A)	(A) Decoration of noncest acceptance
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(a) Amount of noncash assistance	(e) Internod of valuation (book, FMV, appraisal, other)	(I) Description of noncash assistance
-	i				,	
2			,			
က				•		
4				•		
5						
9						
7	•					
Part IV	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	the information	required in Part I, lir	ne 2; Part III, columi	(b); and any other addit	onal information.
			•			
		1 1 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	, , , , , , , , , , , , , , , , , , ,			
			ł			
BAA		REV 10/16/18 PRO	РВО	·		Schedule I (Form 990) (2017)

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

GILA COUNTY CATTLE GROWERS ASSOCIATION	86-03370	012
Pt VI, Line 11b: MEETING OF OFFICERS AND BOARD OF DIRECTORS		
Pt VI, Line 12c: MEETING OF OFFICERS		
Pt VI, Line 15a: BOARD OF DIRECTORS		
Pt XII, Line 1: BOARD OF DIRECTORS		
Pt VI, Line 15b: BOARD OF DIRECTORS		
Pt III, Line 4d:		
Description: EDUCATIONAL EXPENSES		
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		_ <u></u> :
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