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)

2018

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

OMB No 1545-0047

Dep	artment of mal Reveni	tha Treasury ue Service	► Go to www.irs.gov/Form990 for instructions and the latest	information.	1400	Inspection
Ā.	For the	2018 cale	ndar year, or tax year beginning Sep 1 , 2018, and endin	g Au	g 31	,20 19
В	Check if	applicable.	C Name of organization GILA COUNTY CATTLE GROWERS ASSOCIAT	rion	D Employer	Identification number
	Address		Doing business as		86-033	37012
	Name ch	•	Number and street (or P.O. box if mail is not delivered to street address) Room/su	ite	E Telephone	
	Initial reti	٠ ا	P.O. BOX 7		(928)	200-1155
	Final retur	m/terminated	City or town, state or province, country, and ZIP or foreign postal code			
	Amended		GLOBE, AZ 85502-0007		G Gross rec	eipts \$ 25,853.
	Applicati	on pending	F Name and address of principal officer:	H(a) Is this a gr	oup return for sul	bordinates? Yes No
	.,	, ,	MICHAEL HEMOVICH, P.O. BOX 466, YOUNG, AZ 8505			ncluded? Yes No
	Tax-exer	npt status:	☐ 501(c)(3) 🗵 501(c) (5) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527		o," attach a lı	st. (see instructions)
J	Website		ccqa.com 1	H(c) Group	exemption n	umber ▶
K	Form of c	organization	Corporation ☐ Trust ☐ Association ☐ Other ► / L Year of format	ti on 1934	M State of	f legal domicile. AZ
Р	art I	Summ	ary /			
	1	Briefly de	escribe the organization's mission or most significant activities: EDUC.	ATION OF	RANCHE	RS ·
9		RANGE	PRACTICES AND MONITORING TECHNIQUES			
ш						
Activities & Governance	2	Check th	is box $lacktriangle$ $lacktriangle$ if the organization discontinued its operations or disposed $lacktriangle$	of more than	25% of its	s net assets.
Ô	3	Number	of voting members of the governing body (Part VI, line 1a)		3	85
8	4	Number (of independent voting members of the governing body (Part VI, line 1b)		4	85
ţį	5	Total nur	mber of individuals employed in calendar year 2018 (Part V. line 2a) .		5	
ξį			mber of volunteers (estimate if necessary)		6	85
ĕ			related business revenue from Part VIII, polynoid Manager 10.		7a	0.
	b	Net unrel	lated business taxable income from Form 990-1, line 38		7b	0.
ē			tions and grants (Part VIII, line 1h)	Prior Ye		Current Year
			tions and grants (rait viii, into tri)		945.	7,390.
Revenue			service revenue (Part VIII, line 2g)			
ě			ent income (Part VIII, column (A), lines 3, 43 16 7 1 1		235.	428.
_			venue (Part VIII, column (A), lines 5, 8d, 8c, 9c, 10c, and 11e)	12	2,438.	11,389.
			enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18	,618.	19,207.
	1		nd similar amounts paid (Part IX, column (A), lines 1–3)			····
			paid to or for members (Part IX, column (A), line 4)			
es	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)			
Expenses	16a		onal fundraising fees (Part IX, column (A), line 11e)			
×	b		draising expenses (Part IX, column (D), line 25) ▶ 0.			
	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		,558.	17,807.
			penses. Add lines 13–17 (must equal Part IX, column (A), line 25)	18	,558.	17,807.
		Hevenue	less expenses. Subtract line 18 from line 12	Beginning of Cu	60.	1,400. End of Year
Net Assets or Fund Balances	20	Total ac-	<u> </u>			· · · · · · · · · · · · · · · · · · ·
SSS Bals	20		sets (Part X, line 16)		,226.	87,272.
ž Š	21 22		vilities (Part X, line 26)		,954.	1,627.
	art II		ture Block		, 212.	85,645.
			ry, I declare that I have examined this return, including accompanying schedules and state.	mente and to the	ne hest of my	knowledge and helief it is
			lete. Declaration of preparer (other than officer) is based on all information of which prepare			Kilowiedge alla bellet, it k
			hein a Chemmen			
Sig	an	Sign	ature of officer	Da	te	
_	ere		CHAEL HEMOVICH, PRESIDENT			
			e or print name and title			
_				ate	Objects To	PTIN
	aid	7.7.7.7		U /20/19	Check X	yed P02131176
	epare			T Euro		6-0644971
US	se Onl	у	address ► P.O. BOX 1691, GLOBE, AZ 85502-1691			8)425-011 <u>6</u>
Ma	v the IF		s this return with the preparer shown above? (see instructions)		1010 \ 32	※ Yes □ No

Form **990** (2018)

Part			Doet III
1 .	Briefly describe the organization's mission		Part III
1	_		
	EDUCATION OF RANCHERS		
2	Did the organization undertake any signi		
2	prior Form 990 or 990-EZ?		· · · · · · · · · · · · · · · · · · ·
3	If "Yes," describe these new services on Did the organization cease conducting services?	g, or make significant changes in	how it conducts, any program
	If "Yes," describe these changes on Sch	edule O.	
4		4) organizations are required to repo	ts three largest program services, as measured by ort the amount of grants and allocations to others,
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
415			
4b) (Revenue \$)
		•••••	
	(0-1		V/D
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe in Sch (Expenses \$ including gl		e.\$\
4e	Total program service expenses ►	iants of ϕ) (nevenue	σ φ ,

On GILD

Form 99)O (2018)	0	المسكر	age :
Part	V Checklist of Required Schedules			
			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_1_	×	
٠ 2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		×
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		×
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	×	
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, 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		×
b	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		×
С	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		×
d	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		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	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	11f		×
12a	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		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u></u>
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		×
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		×
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
ь 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		•

domestic government on Part IX, column (A), line 1? Ite Weso'r some plete Schedule I, Parts I and II

Part I	V Checklist of Required Schedules (continued)			
			Yes	No
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 organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		×
	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		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		
	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	·	×
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		×
•	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, 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	32		×
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		×
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		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
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		×
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		×
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	×	
Part				_
	Check if Schedule O contains a response or note to any line in this Part V	• •	Yes	No No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0		162	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	{		
G	Did the organization comply with backup withholding rules for reportable payments to vendors and	Í		
•	reportable gaming (gambling) winnings to prize winners?	1c	×	

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
b	If "Yes," enter the name of the foreign country: ▶			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	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	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
L	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Oa		×
b	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	05		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	and services provided to the payor?	7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	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? .	7 f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		ļ
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.	<u> </u>		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	-	ļ
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b		
10	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	1		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
_	against amounts due or received from them.)			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
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			
C	Enter the amount of reserves on hand	44-		-
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		-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		
	excess parachute payment(s) during the year?	13	ļ	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.	- -		_

Part		▼			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change.			tructi	
Casti	Check if Schedule O contains a response or note to any line in this Part VI		• •	• •	×
<u>Secu</u>	on A. Governing Body and Management		— т	Voc	No
10	Enter the number of voting members of the governing body at the end of the tax year	1a 85		Yes	No
ıa	If there are material differences in voting rights among members of the governing body, or	1 a 03	1	}	1
	if the governing body delegated broad authority to an executive committee or similar				ŀ
	committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent .	1b 85	ł	l	
2	Did any officer, director, trustee, or key employee have a family relationship or a business		i		
	any other officer, director, trustee, or key employee?	-	2		
3	Did the organization delegate control over management duties customarily performed by or				
	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	90 was filed?	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 one or more members of the governing body?		7a		×
b	Are any governance decisions of the organization reserved to (or subject to approva				
-	stockholders, or persons other than the governing body?	• • • • • • • • • • • • • • • • • • • •	7b]	×
8	Did the organization contemporaneously document the meetings held or written actions un	dertaken during			
	the year by the following:				
а	The governing body?		8a	_×	
ь	Each committee with authority to act on behalf of the governing body?		8b	_ <u>×</u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be experient and received of the experience and addresses in School to Company and addresses in Company and				.,
Sacti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule Con B. Policies (This Section B requests information about policies not required by the		9	200	<u>×</u>
Secu	on b. Policies (This Section & requests information about policies not required by the	e memai neven		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 o	f such chapters.			
-	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 bef		11a	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	_×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	e rise to conflicts?	12b	_x	
С	Did the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this was done	-	12c	×	
13	Did the organization have a written whistleblower policy?		13	_×	
14	Did the organization have a written document retention and destruction policy?		14	×	
15	Did the process for determining compensation of the following persons include a review a 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	×	
	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 sim	lar arrangement			
	with a taxable entity during the year?	-	16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization			- (
	participation in joint venture arrangements under applicable federal tax law, and take steps		45:		
C4	organization's exempt status with respect to such arrangements?		16b		
	on C. Disclosure				
17		-\ 000d 000 T			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable (3)s only) available for public inspection. Indicate how you made these available. Check all the Own website Another's website Upon request Other (explain in Sc	at apply. hedule O)	•		
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume financial statements available to the public during the tax year.			•	, 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)		ords	•	

Part VII Compensation of Officers, Directors, 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 employees."
- 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 needs	or any relate	d orga	aniz			ompe	nsa	ited any curren	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MICHAEL HEMOVIC PRESIDENT	5.00			×				0.	0.	0.
(2) WOODY CLINE PAST PRESIDENT	5.00			×	,			0.	0.	0.
(3) FRANK DALMOLIN VICE PRESIDENT	5.00			×				0.	0.	0.
(4) JAMES B RASMUSSEN SECRETARY	5.00			×				0.	0.	0.
(5) PETER ODDONETTO TREASURER	5.00			×				0.	0.	0.
(6)					i i					
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

.. ...

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	ees		<u>1d F</u> 2)	lighe	st C	ompensated E	mployees (continu	red)	
	(A) Name and title	(B) Average hours per week (list any	box, u office	ınles	Pos eck s pe d a d	ntion more rson rect	e than o	an tee)	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other	
		hours for related organizations below dotted (ine)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio	ons	compensa from the organizate and relate organizate	ed
(15)											7		
(16)													
(17)													
(18)													
(19)													
(20)											\exists		
(21)								-					
(22)								_					
(23)													
(24)									-				
(25)							<u> </u>						
1b c d	Sub-total	VII, Sectio					•	> > >	0.		0.		0.
2	Total number of individuals (including but reportable compensation from the organic						above	e) w		ore than \$1		of	
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc								est compe		Ye 3	s No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater the	an \$1	50,	000	? /	f "Ye	s, "	complete Sch				×
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or inc		5	×
Section	n B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Repyear.												tax
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compensation	l
								<u> </u>					
						_							
2	Total number of independent contractor							th	ose listed abo	ove) who			

Part VIII Statement of Revenue

		Check if Schedule O co	ontains a res	sponse or note to	any line in this	Part VIII		🗵
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
इ इ	1a	Federated campaigns .	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
اع ب	C	Fundraising events		 				
₹ <u>₹</u>	ď	Related organizations .	<u> </u>			ì		
2, ig		Government grants (contrib						
Sir	e f	All other contributions, gifts,	· · · · · · · · · · · · · · · · · · ·	 				
	'	and similar amounts not include		100.				•
문항	_			100.	1			
들	9	Noncash contributions included i			7 200			
	<u>h</u>	Total. Add lines 1a-1f.	· · · ·		7,390.			
Program Service Revenue	_			Business Code				
eve	2a	•						
e B	b							
ള	C						·	
Sel	d							
ᇣ	е	***************************************					_	
og	f	All other program service						
مة	g_	Total. Add lines 2a-2f .						
- 1	3	Investment income (inc						
		and other similar amoun	its)	•	428.	0.	0.	428.
	4	Income from investment of	f tax-exempt b	ond proceeds ►				
	5	Royalties		•				
			(i) Reat	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
}	С	Rental income or (loss)						
	d	Net rental income or (los	ss)	. <u></u> . >				
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
	ь	assets other than inventory Less: cost or other basis						
		and sales expenses .						;
	C	Gain or (loss)		J				
	d	Net gain or (loss)		· · · · •				
nue	8a	Gross income from fund	Iraising					
Other Reven		events (not including \$						
8		of contributions reported						
ē		See Part IV, line 18		18,035.				
8		Less: direct expenses .		6,646.				
		Net income or (loss) from			11,389.		0.	11,389.
	9a	Gross income from gami						
		See Part IV, line 19		a				
		Less: direct expenses .		o				
- 1		Net income or (loss) from						
	10a	Gross sales of invereturns and allowances						•
	b	Less: cost of goods sold	-	3				
		Net income or (loss) from						
ľ		Miscellaneous Reve		Business Code				
Ì	11a							
	b							
	C							
	d	All other revenue						
	e	Total. Add lines 11a-11		>				
1	12	Total revenue See insti			19 207	0		11 817

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respons			· · · · · · ·	
Do no 8b, 9b	t include amounts reported on lines 6b, 7b, , 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): Management				
a b	Legal	510.	510.		
о С	Accounting	4,200.	0.	4,200.	0.
d	Lobbying	1,200.		1,200.	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	81.	81.	0.	0.
13	Office expenses	5,064.	5,064.	0.	0.
14	Information technology				
15	Royalties				
16	Occupancy	653.	653.	0.	0.
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	1,256.			
20	Interest	775.	775.		
21 22	Payments to affiliates	773.	1/3.		
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.)				
_		300.		300.	
a b	CONTRIBUTIONS AWARDS	1,060.	1,060.	300.	
C	EDUCATION EXPENSES	2,723.	2,723.		
d	TNICIDANCE	980.	0.	980.	0.
e	All other expenses	205.	205.	0.	0.
25	Total functional expenses. Add lines 1 through 24e	17,807.	11,071.	5,480.	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)				

87,272.

Form **990** (2018)

34

Р	art X	Balance Sheet				·· · · · · · · · · · · · · · · · · ·		
		Check if Schedule O contains a response of	r note to	any line in this	s Part	х		
	.					(A) Beginning of year		(B) End of year
•	1	Cash—non-interest-bearing				61,855.	1	61,901.
	2	Savings and temporary cash investments					2	
	3	Pledges and grants receivable, net			<u></u>		3	
	4	Accounts receivable, net					4	
	5	Loans and other receivables from current and					1 1	
40		trustees, key employees, and highest concerns and complete Part II of Schedule L					5	
	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), ar sponsoning organizations of section 501(c)(9) volur organizations (see instructions). Complete Part II of Sche	ınd	······································	6			
Assets	7	Notes and loans receivable, net			<u> </u>		7	
As	8	Inventories for sale or use					8	
	9	Prepaid expenses and deferred charges					9	
	10a	Land, buildings, and equipment: cost or	1 1					
		other basis. Complete Part VI of Schedule D	10a	25,37	1.			
	b	Less: accumulated depreciation	10b		0.	25,371.	10c	25 , 371.
	11						11	
	12	Investments—other securities. See Part IV, line	L		12			
	13	Investments—program-related. See Part IV, line			<u> </u>		13	<u></u>
	14	Intangible assets			<u> </u>		14	
	15	Other assets. See Part IV, line 11			-	07 226	15	07 070
	16	Total assets. Add lines 1 through 15 (must equi				87,226. 2,954.	16	87,272. 1,627.
	17 18	Accounts payable and accrued expenses Grants payable			_ <u> </u>	2,954.	17	1,027.
	19	Deferred revenue					19	···—— <u>-</u>
	20	Tax-exempt bond liabilities			20			
	21	Escrow or custodial account liability. Complete			<u> </u>		21	
S	22	Loans and other payables to current and for			rs, 🗀			
Liabilities		trustees, key employees, highest comper						
abi		disqualified persons. Complete Part II of Schedu	ule L .				22	
	23	Secured mortgages and notes payable to unrela	ated third	parties			23	
	24	Unsecured notes and loans payable to unrelated	d third pa	rties			24	
	25	Other liabilities (including federal income tax,						
		parties, and other liabilities not included on lines	s 17–24).	Complete Part	t X			
		of Schedule D			-	2.054	25	1 607
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958		horo b	and	2,954.	26	1,627.
es	l	complete lines 27 through 29, and lines 33 an		nere a	anu		1 1	
Š	27	Unrestricted net assets			-		27	
<u>a</u>	28	Temporarily restricted net assets				<u></u>	28	· · · · · · · · · · · · · · · · · · ·
8	29	Permanently restricted net assets			 		29	
5		Organizations that do not follow SFAS 117 (ASC 9			and		171	_
or F	1	complete lines 30 through 34.		_				
ts (30	Capital stock or trust principal, or current funds			29 T		30	
SSe	31	Paid-in or capital surplus, or land, building, or ed	quipment	fund	89 [31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, or	other funds .	34	84,272.	32	85,645.
Š	33	Total net assets or fund balances			1/2	84,272.	33	85,645.

Total liabilities and net assets/fund balances

Par	Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>		. <u> </u>		
1 `	Total revenue (must equal Part VIII, column (A), line 12)	1		19,2	207.		
2	Total expenses (must equal Part IX, column (A), line 25)	2		17,8	307.		
. 3	Revenue less expenses. Subtract line 2 from line 1	3_		1,4	100.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		84,2	272.		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		_				
_	33, column (B))	10		85,6	572.		
Part	XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII		· · ·	<u> </u>	<u> </u>		
,				Yes	No		
1	Accounting method used to prepare the Form 990: Cash Accrual Other MODIFIED C		_				
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olain i	in				
	Schedule O.						
2a	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 comp	iled o	or				
	reviewed on a separate basis, consolidated basis, or both:		ŀ				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		ļ				
b	Were the organization's financial statements audited by an independent accountant?	-		<u> </u>	×		
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on	a				
	separate basis, consolidated basis, or both:						
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		<u> </u>				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov						
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant	20	<u> </u>	ļ		
	If the organization changed either its oversight process or selection process during the tax year, exp	olain i	in				
	Schedule O.		<u></u>				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set to]		
	the Single Audit Act and OMB Circular A-133?			↓	×		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under						
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	idits.	3b		<u>L.</u>		
			-	س مور	10040		

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

► 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	ection 501(c)(4), (5), or (6) orga	nizations: Complete Part III.			
Name (of organization			Employer ider	ntification number
GILA	COUNTY CATTLE GRO			86-03370	
Part	I-A Complete if the	organization is exempt unde	er section 501(c) or is a section 527 (organization.
1		the organization's direct and inc			
2		y expenditures (see instructions) .		▶ \$	· •
3		cal campaign activities (see instruc			
Part		e organization is exempt unde			
1	Enter the amount of any	excise tax incurred by the organiza	tion under section	1 4955 ▶ \$	
2	Enter the amount of any	excise tax incurred by organization	managers under	section 4955 ▶ \$	3
3	If the organization incurre	ed a section 4955 tax, did it file For	m 4720 for this ye	ear?	Yes No
4a	Was a correction made?				Yes No
ь	If "Yes," describe in Part				
Part	I-C Complete if the	e organization is exempt unde	er section 501(c	c), except section 501	(c)(3).
1	Enter the amount directl	y expended by the filing organiz	ation for section		
				▶ \$	
2	527 exempt function activ	filing organization's funds contributies		anizations for section ▶ \$	
3		expenditures. Add lines 1 and 2.			
4	Did the filing organization	file Form 1120-POL for this year?	?		Yes No
5	organization made payme the amount of political co	ses and employer identification nur ents. For each organization listed, on ontributions received that were pro- fund or a political action committe	enter the amount property	paid from the filing organi delivered to a separato p	ization's funds. Also enter political organization, such
	(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)					

Pa	rt II-A	Complete if the organization section 501(h)).	n is exempt	under section 50	01(c)(3) and filed	d Form 5768 (ele	ction under	
A	Check ►	address, EIN, expenses, and share of excess lobbying expenditures).						
В	Check ▶	if the filing organization checl	ovisions apply.					
	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)					(a) Filing organization's totals	(b) Affiliated group totals	
1.	a Total lo	obbying expenditures to influence	public opinion	(grass roots lobby	ing)			
1	b Total lo	obbying expenditures to influence	a legislative be	ody (direct lobbying	g)			
	c Total lo	bbying expenditures (add lines 1	a and 1b) .					
	d Other 6	exempt purpose expenditures .						
	e Total e	xempt purpose expenditures (add	d lines 1c and 1	ld)				
•	f Lobbyi columr	ng nontaxable amount. Enter	the amount f	rom the following	table in both			
	If the ar	nount on line 1e, column (a) or (b) is	: The lobbying	nontaxable amoun	t is:	-		
	Not ove	r \$500,000	20% of the ar	nount on line 1e.				
	Over \$5	00,000 but not over \$1,000,000	\$100,000 plus	s 15% of the excess	over \$500,000.			
	Over \$1	,000,000 but not over \$1,500,000		s 10% of the excess				
		,500,000 but not over \$17,000,000	\$225,000 plus	s 5% of the excess of	ver \$1,500,000.	ĺ		
		7,000,000	\$1,000,000.					
	_	oots nontaxable amount (enter 25	•					
		ct line 1g from line 1a. If zero or le	-			<u> </u>		
		ct line 1f from line 1c. If zero or le				L		
		e is an amount other than zero ng section 4911 tax for this year?	_	1h or line 1i, did	-		Yes No	
	4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)							
		Lobbying	Expenditures	During 4-Year A	veraging Period	,		
	Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total	
2	a Lobbyi	ng nontaxable amount						
		ng ceiling amount of line 2a, column (e))						
	c Total lo	obbying expenditures						
	d Grassr	oots nontaxable amount						
		oots ceiling amount of line 2d, column (e))	_ =					
		oots lobbying expenditures		}	1	J J		

	(election under section 501(h)).	(a)		(b)	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed ription of the lobbying activity.	Yes	No	А	mount	
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)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?	ļ				
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?		ļ			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	<u> </u>				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	}				
į	Other activities?	-	-	<u> </u>		
j 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	i				
ď	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))(5),	or se	ction		
	501(c)(6).					
					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				l	×
rait	III-B 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)	Par	t III-A,	line	3, is
1	Dues, assessments and similar amounts from members	•	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).	s of				
а	Current year		2a	ļ		
b	Carryover from last year		2b	ļ		
С	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		İ			
	and political expenditure next year?		4	•		
5	Taxable amount of lobbying and political expenditures (see instructions)		5			-
	t IV Supplemental Information			<u> </u>		
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro	up lis	t); Pa	rt II-A,	ines 1	and
2 (see	e instructions); and Part II-B, line 1. Also, complete this part for any additional information.					
Othe						
	er: DUES					
	er: DUES					
	er: DUES					
	er: DUES					
	er: DUES					
	er: DUES					
	er: DUES					
	er: DUES					
	er: DUES					
	er: DUES					

Scriedule C (Foil	111 930 01 930-E2) 2010	raye
Part IV	Supplemental Information (continued)	,
	<u>-</u>	
-	·	
		

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

reasury

➤ Attach to Form 990.

Invice

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

Name of the organization Employer identification number 86-0337012 GILA COUNTY CATTLE GROWERS ASSOCIATION Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990. Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . 3 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 6 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 Conservation Easements. Part II 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 2 easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements . 2a 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 7/25/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax vear ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and 9 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

Part	III Organizations Maintaining							
3 .	Using the organization's acquisition, a collection items (check all that apply):	ccession, and oth	ner reco	rds, chec	k any of the	follow	ring that are a	significant use of its
а	☐ Public exhibition		d	Loan	or exchange	progr	ams	
. b	☐ Scholarly research		e	Other	•			
С	☐ Preservation for future generations							
4	Provide a description of the organizati XIII.	on's collections a	nd expla	ain how t	hey further th	ne org	anization's exe	mpt purpose in Part
5	During the year, did the organization s	solicit or receive of	donation	s of art,	historical tre	asures	s, or other simil	ar
	assets to be sold to raise funds rather							
Part	IV Escrow and Custodial Arra	ngements.	····					-
	Complete if the organization 990, Part X, line 21.						·	
1a	Is the organization an agent, trustee, included on Form 990, Part X?							
b	If "Yes," explain the arrangement in Pa	rt XIII and comple	te the fo	llowing ta	able:		1	····
						<u> </u>	- F	Amount
C	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amoun							
b	If "Yes," explain the arrangement in Pa	rt XIII. Check here	if the e	xplanatio	n has been p	rovide	d on Part XIII .	<u> </u>
Par	t V Endowment Funds.							
	Complete if the organization							
		(a) Current year	(b) Pri	or year	(c) Two years	back	(d) Three years bac	k (e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	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 the	ne current year en	d balanc	e (line 1g	, column (a))	held a	as:	
а	Board designated or quasi-endowmen			, -				
b	Permanent endowment ▶	%	· -					
С	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and 2	c should equal 10	00%.					
За	Are there endowment funds not in the			zation tha	at are held a	nd adı	ministered for the	he
	organization by:	•	_					Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" on line 3a(ii), are the related or							3b
4	Describe in Part XIII the intended uses							
Part								
	Complete if the organization		on For	m 990, F	Part IV, line	11a. S	See Form 990	, Part X, line 10.
	Description of property	(a) Cost or oth		T	or other basis		Accumulated	(d) Book value
		(investme			ther)		preciation	•••
1a	Land							
b	Buildings							
C	Leasehold improvements			1	-			
ď	Equipment			†	25,371.		0.	25,371.
e	Other	1		<u> </u>			<u>-</u> -	23,3,11
	Add lines 1a through 1e (Column (d) m	ust equal Form 90	00 Part	Y column	(R) line 100	· 1		25.371.

Part VII	Investments—Other Securities. Complete if the organization answer	red "Ves" on Forr	n 990 Part IV line	11h See Form	990 Part X line 12
•	(a) Description of security or category	ed Tes Official	(b) Book value	(c) Meth	od of valuation:
	(including name of security)			Cost or end-	of-year market value
(1) Financial					
	neld equity interests				
(3) Other					
(A) (B)				·	
(C)					
(D)					
(E)					
(F)					· · · · · · · · · · · · · · · · · · ·
(G)					
(H)					
	b) must equal Form 990, Part X, col. (B) line 12.) ▶				
Part VIII	Investments—Program Related.				
	Complete if the organization answer	red "Yes" on Forr			
	(a) Description of investment		(b) Book value		nod of valuation: of-year market value
(1)					
(2)					
(3)					
(4)					
(5) (6)					
(7)					
(8)		•			
(9)					
	b) must equal Form 990, Part X, col. (B) line 13.) ▶				
Part IX	Other Assets.				
	Complete if the organization answer		n 990, Part IV, line	11d. See Form	
	(a) De	escription			(b) Book value
(1)					
(3)					
(4)			· · · .		
(5)					
(6)					
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part X, col. (B) line 15.)	· · · · · ·	<u></u> ▶	
Part X	Other Liabilities.		000 Dart IV line	. 11 116	Form 000 Port V
	Complete if the organization answer line 25.	rea "Yes" on For	n 990, Part IV, line	i i ie or i ii. See	Form 990, Part X,
1.	(a) Description of liability	(b) Book value	T T		
(1) Federal in		(b) Dook value			
(2)					
(3)					
(4)					
(5)					
(6)					
(6) (7) (8)					
(8)					
(9)					
	(b) must equal Form 990, Part X, col. (B) line 25)		1 4 - 4 - 4 - · · · · · · · · · · · · · ·	- 4 1 1 1 1	-A- MA 4 ()
2. Liability fo	r uncertain tax positions. In Part XIII, provide	tne text of the footho	ite to the organization	s rinancial stateme	nts that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part			r Return.
	Complete if the organization answered "Yes" on Form 990,		
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	
. а	Net unrealized gains (losses) on investments	2a	_
b	Donated services and use of facilities	2b	_
С	Recoveries of prior year grants	2c	_
d	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.)	4b	
	Add lines 4a and 4b		
5 Date:			
Part	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990,		er neturn.
	Total expenses and losses per audited financial statements		
1 2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		1
	Donated services and use of facilities	2a	
a	Prior year adjustments	2b	
b	Other losses	2c 2c	
c d	Other (Describe in Part XIII.)	 	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i i i	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
ь	Other (Describe in Part XIII.)		-
c	Add lines 4a and 4b	<u></u>	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin		
Part	XIII Supplemental Information.		· · · · · · · · · · · · · · · · · · ·
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional	information.

Schedule D (For	m 990) 2018		Page \$
Part XIII	Supplemental Information	(continued)	
		······································	
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047

Name o	of the organization					Employer Identific	cation number
	A COUNTY CATTLE GROWERS					86-0337012	
Par	Fundraising Activities. Form 990-EZ filers are r				vered "Yes" on F	Form 990, Part IV,	line 17.
1	Indicate whether the organization	on raised funds	through any	of the follo	owing activities. C	heck all that apply.	
а	☐ Mail solicitations		e [ion of non-govern		
b	Internet and email solicitatio	ns	f [ion of government		
C	Phone solicitations		g [☐ Special ·	fundraising events	3	
d	In-person solicitations						
2a	Did the organization have a writ						
	or key employees listed in Form	•	•			_	
b	If "Yes," list the 10 highest paid			draisers) pi	ursuant to agroom	ionto undor which th	e fundraiser is to be
	compensated at least \$5,000 by	tne organizatio	on.				
			T		Г	(v) Amount paid to	Υ
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody (ndraiser have or control of butions?	(iv) Gross receipts from activity	(or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1				ŀ			
2							
3	, <u>, , , , , , , , , , , , , , , , , , </u>		<u> </u>				
4							
5							<u> </u>
				-			
6							
7							
8							
9							
10			1			.	
		<u> </u>	J.—				
Total 3	List all states in which the orga	nization is regis	tored or lie	conced to s	colicit contribution	s or has been notifi	ed it is exempt from
3	registration or licensing.	inization is regis	stered or its	ensed to s	onch contribution	s of has been nothing	ed it is exempt from
							

Schedule G (Form 990 or 990-EZ) 2018

BAA

			(a) Event #1	(b) Event #2	(c) Other events EVENT 1	(d) Total events (add col. (a) through col. (c))
اه			(event type)	(event type)	(total number)	
evenue	1	Gross receipts			18,035.	18,035.
١	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)			18,035.	18,035.
,	4	Cash prizes				
	5	Noncash prizes				
Jirect Expenses	6	Rent/facility costs				
EX	7	Food and beverages				
Ulrect	8	Entertainment				
	9	Other direct expenses .			6,646.	6,646.
	10	Direct expense summary. Ad				6,646.
	11	Net income summary. Subtra	ict line 10 from line 3	o, column (a)		11,389.
Pa	11 rt III		e organization ans	wered "Yes" on Form 9	990, Part IV, line 19, c	
		Gaming. Complete if the \$15,000 on Form 990-EZ	e organization ans	(b) Pull tabs/instant bingo/progressive bingo	990, Part IV, line 19, o	
	rt III	Gaming. Complete if the \$15,000 on Form 990-E2	e organization ans Z, line 6a.	wered "Yes" on Form 9	990, Part IV, line 19, c	or reported more than
		Gaming. Complete if the	e organization ans Z, line 6a.	wered "Yes" on Form 9	990, Part IV, line 19, c	or reported more than
Hevenue	rt III	Gaming. Complete if the \$15,000 on Form 990-E2	e organization ans Z, line 6a.	wered "Yes" on Form 9	990, Part IV, line 19, c	or reported more than
Hevenue	rt III	Gaming. Complete if the \$15,000 on Form 990-E2	e organization ans Z, line 6a.	wered "Yes" on Form 9	990, Part IV, line 19, c	or reported more than
Hevenue	1 2	Gaming. Complete if the \$15,000 on Form 990-E2 Gross revenue	e organization ans Z, line 6a.	wered "Yes" on Form 9	990, Part IV, line 19, c	or reported more than
Hevenue	1 2	Gaming. Complete if the \$15,000 on Form 990-EZ Gross revenue Cash prizes Noncash prizes	e organization ans Z, line 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	or reported more than
Hevenue	1 2 3 4	Gaming. Complete if the \$15,000 on Form 990-EZ Gross revenue Cash prizes Noncash prizes Rent/facility costs	e organization ans Z, line 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	or reported more than
Hevenue	1 2 3 4 5	Gaming. Complete if the \$15,000 on Form 990-EZ Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses .	e organization ans Z, line 6a. (a) Bingo Yes No	(b) Pull tabs/instant bingo/progressive bingo	990, Part IV, line 19, o	or reported more than
Revenue	1 2 3 4 5	Gaming. Complete if the \$15,000 on Form 990-EZ Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses .	e organization ans Z, line 6a. (a) Bingo Yes No d lines 2 through 5 in	(b) Pull tabs/instant bingo/progressive bingo Wered "Yes" on Form 9 (b) Pull tabs/instant bingo/progressive bingo No	990, Part IV, line 19, o	or reported more than
O irect Expenses Revenue	1 2 3 4 5 6 7 8 Er a Is	Gaming. Complete if the \$15,000 on Form 990-EZ Gross revenue	Yes No d lines 2 through 5 in Subtract line 7 from ganization conducts and uct gaming activities.	(b) Pull tabs/instant bingo/progressive bingo Yes% No column (d)	990, Part IV, line 19, c	(d) Total gaming (add col (a) through col (c))

REV 10/17/18 PRO

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

Schedu	le G (Form 990 or 990-EZ) 2018		Page 3
11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		□ No
13	Indicate the percentage of gaming activity conducted in:		
· a	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	1	
	Name ▶		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		□ No
	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$		
С	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:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		□ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations o spent in the organization's own exempt activities during the tax year ▶ \$	r	
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.	(iii) and (onal infor	v); and mation.
			·

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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

OMB No 1545-0047

Employer identification number

% □ × Yes 86-0337012 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? General Information on Grants and Assistance GILA COUNTY CATTLE GROWERS ASSOCIATION Parti

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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. Part II

4 (a) Name and address of prognitation	A ECIPICITY GIAL		(d) Amount of cash	(a) Amount of non-	(4) Amount of cash 1st Amount of non. ((f) Method of valuation (n) Description	(a) Description of	(h) Purpose of orant
or government		(if applicable)	grant	cash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance
(1) Tonto Matural Resources Conservation Dist P O Box 3073 PAYSON AZ 85547	73-1725633	501 (C) 5	5,001.				MONITORING
		1					
(6)							
(4)							
(5)							
(9)							
ω	;						
(8)							
(6)							
(10)							
(11)							
(12)							
 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 	1501(c)(3) and goviganizations listed	rernment organiza	tions listed in the li	ne 1 table			
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruction	s for Form 990.			li		Schedule I (Form 990) (2018)

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

REV 11/06/18 PRO

Part III	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.	mestic Individua space is needed	ils. Complete if the	organization answ	ered "Yes" on Form 990,	Part IV, line 22.	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance	
-							
8							
က							
4							
က							
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 re	equired in Part I, lin	e 2; Part III, columr	ı (b); and any other addıt	onal information.	
	-						
		1					
: : : : : : : : : :							
	`						
							-
BAA	•	REV 11/06/18 PRO	RO			Schedule I (Form 990) (2018)	

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

Employer identification number

Open to Public Inspection

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	86-0337012
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	
Pt IX, Line 24e:	
Description: REFUNDS	
Total: \$205	
Program services: \$205	
Management and general: \$0	
Fundraising: \$0	
<u> </u>	
	·
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	·····
	·