COMMITTEE ON NATURAL RESOURCES

113th Congress Disclosure Form As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

Subcommittee on Public Lands and Environmental Regulation oversight hearing on "Threats, Intimidation and Bullying by Federal Land Managing Agencies, Part II."

Thursday, July 24, 2014

For Individuals:				
1. Name:				
2. Address:				
3. Email Address:				
4. Phone Number:				

For Witnesses Representing Organizations: 1. Name: Varela López, José J.				
2. Name of Organization(s) You are Representing at the New Mexico Cattle Growers' Association	Hearing:			
3. Business Address:				
4. Business Email Address:	[Information Privacy]	has	Redacted	for
5. Business Phone Number:	_			

For all Witnesses

Name/Organization: Jose J. Varela Lopez / New Mexico Cattle Growers' Association Title/Date of Hearing: Subcommittee on Public Lands and Environmental Regulation oversight hearing on "Threats, Intimidation and Bullying by Federal Land Managing Agencies, Part II."
July 24, 2014

- a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing. **No**
- b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing. President of New Mexico Cattle Growers' Association, Board member of Northern New Mexico Stockman's Association, member of NCBA and RCALF
- c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing. Rancher with BLM Allotment, Executive Director of New Mexico Forest Industry Association
- d. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior that you have received in the current year and previous four years, including the source and the amount of each grant or contract. **None**
- e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed. **None**
- f. A list of all federal lawsuits filed against you by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed. **None**
- g. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony. **None**

Witnesses Representing Organizations

Name/Organization: Jose J. Varela Lopez

Title/Date of Hearing: Subcommittee on Public Lands and Environmental Regulation oversight hearing on "Threats, Intimidation and Bullying by Federal Land Managing Agencies, Part II."
July 24, 2014

h. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying. **President, New Mexico Cattle Growers' Association**

- i. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s). **None**
- j. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s). **Please see attachment**
- k. A list of all federal lawsuits filed against the organization(s) you represent at the hearing by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed. **None**
- l. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)). **Please see attachment**

David A Rasmussen, PC 8708 Second Street NW Albuquerque, NM 87114

NM Cattle Growers Association PO Box 7517 Albuquerque, NM 87194-7517

8868 Form

(Rev. January 2014)

Department of the Treasury

Application for Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

OMB No. 1545-1709

nternal Revenue S			structions is at www.irs.gov	//torm8868.			<u>—</u>
	ng for an Automatic 3-Month Extension, cor						🕨 🛚
	ng for an Additional (Not Automatic) 3-Mont						
o not comple	ete Part II unless you have already been gran	ted an automa	tic 3-month extension on a pro	eviously filed Form 8	868.		
a corporation re 8868 to reques Return for Tran	ng (e-file). You can electronically file Form 886 equired to file Form 990-T), or an additional (not an extension of time to file any of the forms linusfers Associated With Certain Personal Benefitor more details on the electronic filing of this forms.	ot automatic) 3 sted in Part I o it Contracts, w	-month extension of time. You or Part II with the exception of hich must be sent to the IRS i	u can electronically fi Form 8870, Informa in paper format (see	le For tion	m	
	Automatic 3-Month Extension of 1						
	equired to file Form 990-T and requesting an a						
							▶ 📙
All other corpo	rations (including 1120-C filers), partnerships, l	REMICs, and t	rusts must use Form 7004 to	request an extension	n of tir	ne	
o file income t	ax returns.						
				r filer's identifying I	numb	er, see	instructions
Type or	Name of exempt organization or other filer, s	ee instructions	3.	Employer identification	ation r	number	(EIN) or
orint	New Mexico Cattle Growers As			85-00567	700	***	
ile by the	Number, street, and room or suite no. If a P.	O. box, see ins	tructions.	Social security nur	nber ((SSN)	
due date for	PO Box 7517						
iling your eturn. See	City, town or post office, state, and ZIP code	. For a foreign	address, see instructions.				
nstructions.	Albuquerque, NM 87194-7517						
Enter the Retu	rn code for the return that this application is for	r (file a separa	te application for each return)				0 1
Application	Application Return Application						Return
ls For		Code	Is For				Code
Form 990 or	Form 990-EZ	01	Form 990-T (corporation)				
Form 990-Bl		02	Form 1041-A				08
Form 4720 (individual)	03	Form 4720 (other than individual)				
Form 990-PI	E	04	Form 5227				10
Form 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069		,		11
Form 990-T	(trust other than above)	06	Form 8870	VERNING.			12
Telephone If the organ If this is for for the whole galist with the range of the whole of the wh	No. 505-247-0584 Shacey Sullivary No. 505-247-0584 Dization does not have an office or place of bus a Group Return, enter the organization's four organization, check this box Diames and EINs of all members the extension an automatic 3-month (6 months for a corporate of the example of th	F, iness in the Ur digit Group Ex If it is for part is for. ration required	emption Number (GEN) of the group, check this box to file Form 990-T) extension	. If this and at	tach	is.	▶□
▶ ⊠ •	organization's return for: calendar year 20 <u>13</u> or				20		
2 If the ta	lax year beginning x year entered in line 1 is for less than 12 mon nge in accounting period	ths, check reas	son: Initial return	Final return			
	pplication is for Forms 990-BL, 990-PF, 990-T,	4720, or 6069	, enter the tentative tax, less a	any			
	ndable credits. See instructions.				3a	\$	
b If this a	pplication is for Forms 990-PF, 990-T, 4720, or	6069, enter a	ny refundable credits and				
	ed tax payments made. Include any prior year				3b	\$	
	e due. Subtract line 3b from line 3a. Include yo			sing			
EFTPS	(Electronic Federal Tax Payment System). Se	e instructions.			3с	\$	
Caution. If yo	ou are going to make an electronic funds withdo	rawal (direct de	ebit) with this Form 8868, see	Form 8453-EO and	Form	8879-E	:O for
payment instr	uctions.						

990

Return of Organization Exempt From Income Tax

2013

Open to Public

OMB No. 1545-0047

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter Social Security numbers on this form as it may be made public.

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

Inspection

	ai Reve					00 4114 110 111011 4011					, 20
	For th	e 201	3 calend	ar year, or tax year be		-	, 2013, and e	mumg			
В	Check if	applica	able:	C Name of organization Ne	w Mexico Cattle	e Growers Ass	oc				Employer identification no.
╛.	Address	change	е	Doing Business As				<u> </u>		 8	5-0056700
╛	Name cl	nange		Number and street (or P.O	box if mail is not delivered to	street address)		Room/st	uite	Telephone number	
	Initial re	turn		PO Box 7517	·					_ (505) 247-0584
	Termina	ted		City or town, state or provi	nce, country, and ZIP or foreig	gn postal code					491,259
	Amende	d return	n	Albuquerque,	NM 87194-7517					G	Gross receipts \$
	Applicat	ion pen	nding	F Name and address of p	rincipal officer: Shacey	. Sullivan		H/a)	la thia a ara	um ratura	ofor —
				Same as C abo	ove			H(a)	Is this a gro subordinate	sup returnes?	Yes X No
l	Tax-exe	mpt sta	tus:	501(c)(3) X 501(c) (5	5) 4 (insert no.)	4947(a)(1) or	527	Н(b)	Are all sub	ordinates	included? Yes No
	Website			GRICULTURE . ORG				H(c)	If "No," atta Group exer	ch a list. nption nu	(see instructions) imber
					Association Other		L Year of formation:	1964	M State	of legal d	Iomicile: NM
	rt I		ummar				<u> </u>				
No.	1			ibe the organization's m	ission or most significa	nt activities: To	promote and	prote	ct the	catt	:le industry in
-	•			co by providing							
Governance					a diffired voi	ce on issues	OI CCOMOMIC	ımpuı			
naı		Ca	rrre 1	ndustry.							
ver	,	Ch	aak thia h	ox larganiza	tion discontinued its an	erations or disposed	Lof more than 25%	of its net	assets		
g	2			oting members of the go						3	82
⋖ర	3									4	
Activities &	4			ndependent voting mem						5	82
Ξ	5			r of individuals employe							7
٩ct	6			r of volunteers (estimate						6	
	7:			ed business revenue fro						7a	81,755
	1) Net	t unrelate	d business taxable inco	me from Form 990-T, li	ne 34 • • • • • •				7b	0
								F	Prior Year		Current Year
Revenue	8			s and grants (Part VIII, I					169	,139	205,698
	9	Pro	gram sei	rvice revenue (Part VIII,	line 2g) · · · · ·				189	,760	193,441
Ver	10	Inv	estment i	income (Part VIII, colum	n (A), lines 3, 4, and 7d	d) • • • • • • • • • • • • • • • • • • •				651	888
Re	11	Oth	ner reven	ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10	c, and 11e)			71,829		91,232
	12	Tot	al revenu	e - add lines 8 through	11 (must equal Part VII	I, column (A), line 12	<u>2</u>)		431	,379	491,259
	13	Gra	ants and	similar amounts paid (P	art IX, column (A), lines	s 1-3) · · · · · ·					0
	14			d to or for members (Pa							0
	15			ner compensation, empl				151,1		,144	182,994
ses	16			I fundraising fees (Part I							0
ens				ising expenses (Part IX,		,	0				
Expenses	17			nses (Part IX, column (A		e)			269	,207	275,808
LL	18		-	ses. Add lines 13-17 (m						,351	458,802
	19		· · · · · · · · · · · · · · · · · · ·	ss expenses. Subtract I						,028	32,457
<u></u>		110	vende ic.	33 CAPCHISCS. CUBRICULT	and to noth time 12			Beginnin	ng of Curren		End of Year
ų,	Fund Balances 21	Tot	tal accete	(Part X, line 16)				Degillini		,765	533,683
7000	Ba			es (Part X, line 26)						,650	12,111
, tel	ը 21 22			or fund balances. Subtr	act line 21 from line 20					,115	521,572
	art II			re Block	act line 21 it offi line 20			<u> </u>	403	, + + -)	321,312
				clare that I have examined this	return including accompanyi	ng schedules and stateme	ents, and to the best of m	v knowledae	and belief.	it is	
true,	correct	and co	omplete. De	claration of preparer (other tha	n officer) is based on all infor	mation of which preparer h	nas any knowledge.	,			
		least'									
Sig	าก			cey Sullivan ure of officer						Date	
	_		ŭ							2010	
He	re	1		cey Sullivan, S	ecretary Treası	ırer					
			Туре о	r print name and title	$ M_{\sim}$	-A	I B-4			1 1	
_		F	Print/Type p	reparer's name	Preparer's signature	//.	Date		Check _] if P	TIN
Pa			David .	A Rasmussen		em	05-19-2014		self-employ	red	P00301171
	epar	L	Firm's name	David	A Rasmussen Po	2		Firm's	EIN		
Us	e Or	ıly 🖟	Firm's addre	955 8708	Second Street 1	NW		Phone	no.		
				Albuq	uerque NM 8711	4			5	05-8	78-0829
Ma	v the I	RS di	scuss this	s return with the prepare	er shown above? (see i	nstructions) · · ·					· · · 🛚 Yes 🗌 No

Part IV

Checklist of Required Schedules

85-0056700

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

Checklist of Required Schedules (continued) Part IV Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 government on Part IX, column (A), line 1? If "Yes," complete Scheudle I, Parts I and II 21 Χ Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States 22 22 Χ on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated Χ Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 24a \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b Χ 24a through 24d and complete Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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? 25b 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 so, complete Schedule L, Part II Χ Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Χ entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): 28a Χ A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Χ 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) Χ 28c was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 29 Χ Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Χ 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 31 Χ Parti...... Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 Χ complete Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Χ sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a Χ controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Χ 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 38

13) New Mexico Cattle Growers Assoc Statements Regarding Other IRS Filings and Tax Compliance

				П
	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			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Χ	
	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 7			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Χ	
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	X	
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	V 10-15-16-16	X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	100000000	. 1000000000000000000000000000000000000
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	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	7.		
	required to file Form 8282?	7c		9/44/9/44
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	ļ	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
g		7h		1
h o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
8	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8	Profession	3 342455
9	Sponsoring organizations maintaining donor advised funds.		10000000000000000000000000000000000000	
a	Did the organization make any taxable distributions under section 4966?	9a	140000000	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		-
0	Section 501(c)(7) organizations. Enter:	15.7		
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
I2a	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	1		
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	ļ	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

85-0056700

	tVI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "I	10"		
N. S.	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in the Part VI			. 🛛
Sec	tion A. Governing Body and Management			
000	tion 7. Coverning Body and Management	Т	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 82			
ıa	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent			
b	Enter the maniber of voting members included in the factor, who are marketing	1203(120)		BERREAL
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2	Χ	
_	any other officer, director, trustee, or key employee?	-	21	
3	Did the organization delegate control over management duties customarily performed by or under the direct	9		v
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	3.7	X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_		
	one or more members of the governing body?	7a	<u>X</u>	-
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	<u>X</u>	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			·
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Χ	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Χ	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NM			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
. •	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization:			
	Shacey Sullivan (505)247-0584, PO Box 7517, Albuquerque, NM 87194-7517			
	FORMON'S DELITION (000/21/ 0001/ 10 101/ 101/ 101/ 101/ 101			

Par	10	7

Form 990 (2013	New Mexico Cattle Growers Assoc	85-0056700	Page 1
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest	Compensated Employe	es, and
	Independent Contractors		
	Chack if Schedule O contains a response or note to any line in this Part VII		П

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)	(B)	(C)				(D)	(E)	(F)		
Name and Title	Average hours per week (list any hours for related	(do no box, ui officer	t chec	perso	re tha	ooth an		Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		and related organizations
(1) Shacey Sullivan Secretary Treasurer	3.00_	Х		Χ				c	0	0
(2) See attached listing Various	1.00	Х						C	0	0
<u>(3)</u>										
<u>(4)</u>										
<u>(5)</u>										
<u>(6)</u>										
<u>(7)</u>										
(8)										
<u>(9)</u>										
(10)										
<u>(11)</u>										
(12)										
(13)										
(14)										

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Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
	(A) Name and title	(B) Average hours per				tion ore th	an one both an		(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
		week (list any hours for related organizations below dotted line)	Individual trustee	r and				Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
<u>(15)</u>											
<u>(16)</u>											
(17)											
<u>(18)</u>											
<u>(19)</u>		-									
<u>(20)</u>											
(21)											
(22)											
(23)											
(24)											
(25)_											
1b c d	Sub-total	on A .						>		0	0
2	Total number of individuals (including but not limited							nore			0
***	reportable compensation from the organization									0	Yes No
3	Did the organization list any former officer, director employee on line 1a? If "Yes," complete Schedule J								pensated		3 X
4	For any individual listed on line 1a, is the sum of reporganization and related organizations greater than	oortable com \$150,000? If	pensat "Yes,'	ion a ' con	nplet	e S	chedul	e J t	for such		4 X
5	individual Did any person listed on line 1a receive or accrue of services rendered to the organization? If "Yes,"	ompensation	from	any ı	unre	late	d orgai		tion or individual		5 X
Secti	on B. Independent Contractors	complete Sci	ledule	J 101	Suc	in be	213011				<u> </u>
1											
	(A) Name and business address								Description of	1	(C) Compensation
	reallie and publicess address								Description		
2	Total number of independent contractors (including received more than \$100,000 of compensation from			nose	liste	d at	oove) v	vho			

85-0056700

Form 990 (2013)

New Mexico Cattle Growers Assoc

Part VIII

Statement of Revenue

		if Schedule O contains a respons			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a Federate	ed campaigns	1a					
3ra 10u	b Members	shi p dues	1b	205,338				
Contributions, Gifts, Grants and Other Similar Amounts	c Fundrais	sing events	1c					
캶	d Related	organizations	1d					
<u>ي</u> .ق	e Governn	e Government grants (contributions) · · 1e						
i S	f All other	contributions, gifts, grants,						
the t	and simi	lar amounts not included above	1f	360				
ĘĢ	g Noncash	n contributions included in lines 1a	a-1f: \$					
<u> </u>	h Total. A	Add lines 1a-1f · · · · · · · · ·			205,698			
ø.				Business Code				
Program Service Revenue	2a Conven	tion and Meetings		900099	146,861	146,861		
Reve	b Legal	and Environmental		900099	32,468	32,468		
ice	c Feeder	Program		900099	4,220	4,220		
Ser.	d Allied	Industries		900099	375	375		
E S	e Theft	Reward Program	900099	693	693			
ōgo	f All other p	program service revenue · · · ·		900099	8,824	8,824		
ä	g Total. Ad	dd lines 2a-2f			193,441			
	and other 4 Income fr	nt income (including dividends, in r similar amounts) rom investment of tax-exempt bor	 nd proce	eeds · · ·	888	888		
	5 Royalties							
		(i) Re	al	(ii) Personal				
	6a Gross rer	nts · · · · · · ·		9,477				
		tal expenses · · · ·						
	c Rental in	come or (loss) · · ·		9,477				
	d Net renta	Il income or (loss)			9,477	9,477		
		nount from sales of (i) Secur	ities	(ii) Other				
	1	st or other basis s expenses • • • •						
	c Gain or (loss)						
	d Net gain	or (loss)						
nue	8a Gross inc	come from fundraising						
	events (r	not including \$						
Other Reve	of contrib	outions reported on line 1c).						
Je.	See Part	IV, line 18 • • • • • • • • •	а					
₹	b Less: dire	ect expenses	· · b					
	c Net incor	me or (loss) from fundraising ever	nts .					
	9a Gross in	come from gaming activities.						
	See Part	IV, line 19	a					
	b Less: dir	ect expenses	b					
	c Net incor	me or (loss) from gaming activitie	s · ·					
	10a Gross sa	ales of inventory, less		•				
		and allowances	а					
	b Less: co	st of goods sold	b					
	1	me or (loss) from sales of invento						
		Miscellaneous Revenue		Business Code				
	11a Insura	ance Managemnt Fee		561000	47,541		47,541	
	b Advert			541800	25,329		25,329	
	c Others			900099	8,885		8,885	
		revenue · · · · · · · · · · · ·			1			
	1	Add lines 11a-11d · · · · · ·			81,755			
		venue. See instructions · · ·		_	491,259	203,806	81,755	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response or note to any	line in this Part IX			
Do no	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21 .				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) · · · · · ·				
7	Other salaries and wages	142,577			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions) · ·				
9	Other employee benefits	26,103			
10	Payroll taxes	14,314			
11	Fees for services (non-employees):				
а	Management				
þ	Legal · · · · · · · · · · · · · · · · · · ·	17,932			
C	Accounting	4,147			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 •				
f	Investment management fees		-		
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.) · ·				
12	Advertising and promotion	10,481			
13	Office expenses	14,922			
14	Information technology				
15	Royalties				
16	Occupancy · · · · · · · · · · · · · · · · · · ·				
17	Travel	23,486			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	91,566			
20	Interest · · · · · · · · · · · · · · · · · · ·	3_			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,723			
23	Insurance	1,557			
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	Feeder Committee Contr	2,000			
b	Legislative and Marketing	11,409			
С	Postage	7,126			
d	Real Estate Taxes	5,684			
е	All other expenses	81,772			
25	Total functional expenses. Add lines 1 through 24e .	458,802	0	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 1 66,352 1 Cash - non-interest-bearing 21,061 Savings and temporary cash investments 2 2 412,710 411,838 3 3 4 4 28,539 21,731 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 7 Notes and loans receivable, net Assets 8 R Inventories for sale or use 5,362 9 9 Prepaid expenses and deferred charges 1,429 1,429 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 210,417 10c 183,446 30,026 26,971 11 11 Investments - other securities. See Part IV, line 11 12 12 13 13 Investments - program-related. See Part IV, line 11 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 493,765 16 533,683 Accounts payable and accrued expenses 17 17 4,650 12,111 18 18 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 26 Total liabilities. Add lines 17 through 25 4,650 12,111 Organizations that follow SFAS 117 (ASC 958), check here 💹 🗓 and Net Assets of Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 489,115 27 521,572 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 33 33 489,115 521,572 34 Total liabilities and net assets/fund balances 493,765 533,683

EEA Form **990** (2013)

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

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

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

Schedule O.

the Single Audit Act and OMB Circular A-133?

2c

3a

3b

Χ

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

2013

New Mexico Cattle	e Growers Assoc 85-0056700	
Organization type (check	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	∑ 501(c)(5) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Check if your organization	n is covered by the General Rule or a Special Rule .	
Note. Only a section 501(instructions.	(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See	
General Rule		
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or ny one contributor. Complete Parts I and II.	
Special Rules		
under sections 50	1(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations 09(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1.	
during the year, to	1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, urposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.	
during the year, o not total to more year for an exclus	1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did than \$1,000. If this box is checked, enter here the total contributions that were received during the isively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule ganization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or year	
	n that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its	

Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
New Mexico Cattle Growers Assoc

Employer identification number 85-0056700

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_2	Various Dues PO Box 7517 Albuquerque, NM 87194-7517	\$205,338	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Information about Schedule C (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

See separate instructions.

If the organization answered "Yes," to 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." to 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," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then Section 501(c)(4), (5), or (6) organizations: Complete Part III. Employer identification number Name of organization 85-0056700 New Mexico Cattle Growers Assoc Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 Enter the amount of any excise tax incurred by organization managers under section 4955 2 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Nο 3 No 4a If "Yes," describe in Part IV. b Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function Enter the amount of the filing organization's funds contributed to other organizations for section Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (d) Amount paid from (a) Name (b) Address (c) EIN (e) Amount of political filing organization's contributions received and promptly and directly funds. If none, enter -0-. delivered to a separate political organization. If none, enter -0-. (1) (2) (3) (4) (5)

(6)

	dule C (Form 990 or 990-EZ) 2013 New Mexico C	attle Growers	Assoc	(a)(2) and filed	85-00567	700 Page 2
Pa	art II-A Complete if the organization	on is exempt un	der section 501	(c)(3) and filed	Form 2/09 (elec	tion under
	section 501(h)).			CCV / I		
4	Check if the filing organization belongs to				nber's	
_	name, address, EIN, expenses, a					
3	Check if the filing organization checked b					41 \ 4 FET! ()
		bying Expenditures			(a) Filing organization's totals	(b) Affiliated group totals
	(The term "expenditures" i				organization's totals	group totals
1a	, , , , , , , , , , , , , , , , , , , ,	· -				· · · · · · · · · · · · · · · · · · ·
b	rotal roodyg experience to mindower a region	• •	• •			
C						
d	other example purpose experience					
e	rotal official party of the control					
f	Lobbying nomanable amount when the amount	from the following tab	ole in both			
	columns.					
	If the amount on line 1e, column (a) or (b) is:		nontaxable amount	is:		
	Not over \$500,000		ount on line 1e.			
	Over \$500,000 but not over \$1,000,000		15% of the excess ov			
	Over \$1,000,000 but not over \$1,500,000		10% of the excess ov			
	Over \$1,500,000 but not over \$17,000,000		5% of the excess over	er \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		<u> </u>		
g	•					
h	3					
i	,	. •	• • • • • • • • • •			······································
j	If there is an amount other than zero on either lir					
	reporting section 4911 tax for this year?					∐ Yes ∐ No
	(Some organizations that	made a section 50	eriod Under Section 1(h) election do not ions for lines 2a thro	have to complete a	II of the five	
	Lobb	ying Expenditures	During 4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a	Lobbying nontaxable amount					
Ł	Lobbying ceiling amount (150% of line 2a, column (e))					
c	Total lobbying expenditures					
C	d Grassroots nontaxable amount					
€	Grassroots ceiling amount (150% of line 2d, column (e))					

f Grassroots lobbying expenditures

New Mexico Cattle Growers Assoc 85-0056700 Page 3 Schedule C (Form 990 or 990-EZ) 2013 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 Part II-B (election under section 501(h)). (a) (b) For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed Yes No Amount description of the lobbying activity. 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: Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? b c Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? g Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? h i i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? 2a If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). No Yes Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a 2b b 2c C Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Supplemental Information Part IV Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

OMB No. 1545-0047

nen to Public

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name	of the organization	Employer identification number
Nev	w Mexico Cattle Growers Assoc	85-0056700
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Acco	unts.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	
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	
	conferring impermissible private benefit?	
Pa	rt II Conservation Easements	
1	Complete if the organization answered "Yes" to Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	ally important land area
	Protection of natural habitat Preservation of a certified	historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	. 2a
b	Total acreage restricted by conservation easements	. 2b
С	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
	historic structure listed in the National Register	. 2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organic	
	tax year	, and the second
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the	he year
		•
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	ear
	\$ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)	(B)
	(i) and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements th	at describes the
	organization's accounting for conservation easements.	
Pa	ort III Organizations Maintaining Collections of Art, Historical Treasures, or C	ther Similar Assets.
<u></u>	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in the	furtherance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these ite	ems.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and	balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in	furtherance of
	public service, provide the following amounts relating to these items:	
	(i) Revenues included in Form 990, Part VIII, line 1	· · · · · · · • \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gair	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	D	· · · · · ·
b		

Par								ets (con	tinue	<u>ea)</u>
3	Using the organization's acquisition, accession, and of	ther records, che	eck any of t	he following	g that are a	significa	nt use of its			
	collection items (check all that apply):									
а	Public exhibition	d Loan	or exchan	ge program	ns					
b	Scholarly research	e 🗌 Othe	r							
С	Preservation for future generations									
4	Provide a description of the organization's collections	and explain how	they furthe	r the orgar	nization's exe	empt pur	pose in Part			
	XIII.									
5	During the year, did the organization solicit or receive	donations of art,	, historical t	reasures, c	or other simil	lar				
	assets to be sold to raise funds rather than to be main	itained as part o	f the organi	zation's co	llection?			. Ye	s [No
Par	t IV Escrow and Custodial Arrangem	ents.								
	Complete if the organization answe 990, Part X, line 21.	ered "Yes" to	Form 99	0, Part I'	V, line 9, d	or repo	rted an amoun	on For	m	
1a	Is the organization an agent, trustee, custodian or oth	er intermediary f	for contribu	tions or oth	er assets no	ot				
	included on Form 990, Part X?							. \[\text{Ye}	es [] No
b	If "Yes," explain the arrangement in Part XIII and com	plete the followir	ng table:							
							Amo	unt		
С	Beginning balance									
d	Additions during the year					· 1d				
е	Distributions during the year					· 1e				
f	Ending balance									
2a	Did the organization include an amount on Form 990,								_	_ No
b	If "Yes," explain the arrangement in Part XIII. Check h	ere if the explan	ation has b	een provid	ed in Part XI	<u> </u>			<u> </u>	
Pai	t V Endowment Funds.									
	Complete if the organization answer	ered "Yes" to	Form 99	0, Part I	<u>V, line 10</u>			T		
	(a) Current year	(b) Prio	r year	(c) Two years	back	(d) Three years back	(e) Four	years b	ack
1a	Beginning of year balance									
b	Contributions · · · · · · · · · · · · · · ·									
С	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses						<u></u>			
g	End of year balance							1		
2	Provide the estimated percentage of the current year	end balance (lir	ne 1g, colur	nn (a)) held	d as:					
а	Board designated or quasi-endowment	%								
b	Permanent endowment %									
С	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c should equal	100%.								
3a	Are there endowment funds not in the possession of	the organization	that are he	eld and adm	ninistered for	r the		ı		
	organization by:								Yes	No
	(i) unrelated organizations			<i></i> .				3a(i)	ļ	
	(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations listed a	s required on So	chedule R?					3b	L	
4	Describe in Part XIII the intended uses of the organiz		ent funds.							
Pa	rt VI Land, Buildings, and Equipment	.*								
	Complete if the organization answ	ered "Yes" to	Form 9	90, Part	IV, line 11	a. See	Form 990, Par	t X, line	<u>: 10.</u>	
	Description of property	(a) Cost or oth	er basis	(b) Cost or	other basis	(c)	Accumulated	(d) Boo	k value	
		(investm	ent)	(0	ther)	d	epreciation			
1a	Land	•			4,303				4,3	303
b	Buildings	•		1	19,466		102,052		17,4	114
С	Leasehold improvements									
d	Equipment	•								
е	OtherSTMD1E .				86,648		81,394		5,2	254
Tota	il. Add lines 1a through 1e. (Column (d) must equal Fo	orm 990, Part X,	column (B), line 10(c)).) • •				26,9	971

		1. 0	85-005	6700 Page
Part VII	Investments - Other Securities	le Growers Assoc	85-003	8700 Tage
l ait vii	Complete if the organization answere	d "Yes" to Form 990, F	Part IV, line 11b. See Form 990,	Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation	
	(including name of security)	(b) Book Value	Cost or end-of-year market	
(1) Financial o	lerivatives			
	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answere	d "Yes" to Form 990, F	Part IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (t	o) must equal Form 990, Part X, col. (B) line 13.)		14,400	
Part IX	Other Assets.			
	Complete if the organization answere	ed "Yes" to Form 990, I	Part IV, line 11d. See Form 990,	Part X, line 15.
	(a) E	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 15.	.)		
Part X	Other Liabilities.			000 5 11
	Complete if the organization answere line 25.	ed "Yes" to Form 990,	Part IV, line 11e or 11f. See Fori	m 990, Part X,
1.	(a) Description of liability	(b) Book value		
	l income taxes			
(2)				

(3) (4) **(**5) (6) (7) (8) (9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
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:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
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.)		
С	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Pai	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	oer Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
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:		
а	Donated services and use of facilities	_	
b	Prior year adjustments	4 1	
С	Other losses · · · · · · · · · · · · · · · · · ·	-	
d	Other (Describe in Part XIII.)	4 _ 1	
е	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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	-	
b	Other (Describe in Part XIII.)	4	
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) **T XIII Supplemental Information**	5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, lines 1b and 2	5	
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5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, lines 1b and 2	5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, lines 1b and 2	5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, lines 1b and 2	5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, lines 1b and 2	5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, lines 1b and 2	5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, lines 1b and 2	5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, lines 1b and 2	5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, lines 1b and 2	5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, lines 1b and 2	5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) TT XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, lines 1b and	5	
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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.

2013

Employer identification number

2013

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

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

Open to Public Inspection

New Mexico Cattle Growers Assoc 85-0056700
01. Officer, directors, etc. family relationship (Part VI, line 2)
AN EMPLOYEE HAS DIRECT FAMILY MEMBERS ON THE BOARFD OF DIRECTORS
02. Members or stockholder classes and rights (Part VI, line 6)
THE ORGANIZATION IS A MEMBER BASED ORGANIZATION
03. Member election for additional members (Part VI, line 7a)
BOARD OF DIRECTORS ARE VOTED IN BY THE MEMBERSHIP ON AN ANNUAL BASIS
04. Governing body decisions (Part VI, line 7b)
MAJOR ISSUES ARE VOTED UPON AT THE REGULAR MEETING OF THE BOARD OF DIRECTORS
05. Form 990 governing body review (Part VI, line 11)
A COPY OF THE 990 AND 990T ARE REVIEWED BY THE BOARD AT THE FIRST AVAILABLE MEETING AFTER
THE PREPARATION OF THE 990 AND 990T
06. Conflict of interest policy compliance (Part VI, line 12c)
THE ORGANIZATION ANNUALLY REVIEWS THE CONFLICT OF INTEREST POLICIES WITH THE BOARD
07. CEO, executive director, top management comp (Part VI, line 15a)
SALARY INFORMATION IS REVIEWED BY THE BOARD ON AN ANNUAL BASIS FROM INFROMATION DERIVED
FROM WITHIN THE INDUSTRY
08. Other officer or key employee compensation (Part VI, line 15b
SALARY INFORMATION IS REVIEWED BY THE BOARD ON AN ANNUAL BASIS FROM INFORMATION DERIVED

lame of the organization	Employer identification number
ew Mexico Cattle Growers Assoc	85-0056700
ROM WITHIN THE INDUSTRY	
WITHIN ITELL TOOLING	
9. Governing documents, etc, available to p	oublic (Part VI, line 19)
OVERNING DOCUMENTS ARE AVAILABLE UPON A QUALIFIED REQUES	T
O. List of other expenses (Part IX, line 24	(e)
EE ATTACHED LISTING	

Page 2

Schedule O (Form 990 or 990-EZ) (2013)

Federal Supporting Statements	2013 PG01
Name(s) as shown on return	FEIN
New Mexico Cattle Growers Assoc	85 -0 056700

990-T, Part II, Line 28 Other Deductions

Statement #9

Description		Amount
Meetings and Membership		\$15 , 637
Office		\$4,828
Equipment Rental		\$812
Entertainment		\$1,597
Insurance		\$4,566
Contributions		\$1 , 975
Advertising		\$5,241
Professional fees		\$3,312
Dues and Subscriptions		\$260
Telephone and Utilities		\$1,366
Travel and Automotive		\$3,694
Outside Services		<u>\$1,253</u>
	Total	<u>\$44,541</u>

FOR YOUR RECORDS ONLY

PG01

Form 990, Schedule D, Part VI, Line 1e Statement #Dle Investments - Other

Description of Investment	Cost/basis (Investment)	Cost/basis (Other)	Depr	Book <u>Value</u>
FURNITURE & EQUIPMENT	0	86,648	81,394	5,254
Total	0	86,648	81,394	5,254

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

OTHER EXPENSES PART IX LINE 24E

Description	A	mount	
Auto Expense		\$	1,143
Awards NM State Fair			5,549
Contract Labor			8,254
Contributions			11,164
Dues and Subscriptions			1,734
Equiupment Rental			5,412
Meetngs			6,432
Meals and Entertainment			10,647
Membership			6,247
Miscellaneous			393
Outside Services			103
Repairs and Maintenance			3,209
Gross Receipts Tax			2,073
Telephone			4,061
Utilities			5,046
Wool Growers			712
Printing			8,556
NMCGA Appeal			1,037
	Total:	\$	81,772

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

2013

Attachment Department of the Treasury Sequence No. 179 Attach to your tax return. See separate instructions. Internal Revenue Service Business or activity to which this form relates Identifying number Name(s) shown on return FORM 990 - 1 85-0056700 New Mexico Cattle Growers Assoc Election To Expense Certain Property Under Section 179 Part I Note: If you have any listed property, complete Part V before you complete Part I. 1 Total cost of section 179 property placed in service (see instructions) 2 2 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions) Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 6 (b) Cost (business use only) (a) Description of property Listed property. Enter the amount from line 29 8 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562 10 11 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 13 13 Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 15 Property subject to section 168(f)(1) election 74 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Do not include listed property.) (See instructions.) 3,649 MACRS deductions for assets placed in service in tax years beginning before 2013 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction (a) Classification of property period service only-see instructions) 19a 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25 yrs. 25-year property MM S/L 27.5 yrs. Residential rental 27.5 yrs. MM S/L property MM S/L 39 yrs. Nonresidential real MM Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System S/L 20 a Class life b 12-year 12 yrs. MM S/L 40 yrs. 40-year Summary (See instructions.) 21 Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 22 3,723 here and on the appropriate lines of your return. Partnerships and S corporations - see instructions For assets shown above and placed in service during the current year, enter the

2013 PAGE 1	- 1		AMT	Current	899	1 1 1 4	305						
		Social security number/EIN	Bonus	depreciation									
***************************************		Social se	Prior	expense					_				
			Accumulated	Depreciation	77,741	100 010	1.565	2,087	•				
			Current	depr.	2,256	,	27.4						
Depreciation Detail Listing				Rate	12.49		10 94	33.333					
	ds only			Method	200 DB HY		מא מת סמכ	SI TO OO					
on De	r record			Life	L (0 6		າ ຕ					
preciation	For your records only		Depreciation	Basis	82,703	0 0	119,466 30	2,087					
De							Section	179					
			Business	percentage			100.00	100.00					
							Salvage		4,303				
								Cost	82,703	4,303	119,466	2,087	
	·		ers Assoc	Date	20100701	19740201	19740201	20100502					
* Item was disposed of during current year.		Name(s) as shown on return	New Mexico Cattle Growers Assoc	Description	TURE & FIXTURES			OFFICE EQUIPMENT 2 SOFTWARE 2					
		Name(s,	Ne	No.				4. r.					

Land Amount

New Mexico Cattle Growers' Association Officers 2013 - 2014

(January 2014)

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(coding denotes number of term and expiration date, ex: 1:2013 is first term, expires in 2013)

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Joe Bill Nunn (1:2016)

John Richardson (1:2016)

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(2:2015)

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PO Box 112 Stanley, NM 87056 (505) 321-8808 (HM) (505) 883-0926 (HM) (505) 252-0228 (Cell) bspin123@aol.com (2:2015)

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<u>stonelandandcattle@gmail.com</u> (2:2015)

Gary Stone (1:2016)

Felicia Thal (1:2016)

Jim Thorpe (Carol) HCR 67, Box 14 Newkirk, NM 88431 (Guadalupe) (575) 868-4686 (HM) (575) 487-7307 (Cell) jimthorpe53@gmail.com (1:2014)

Bernarr Treat (Dyanna) 5679 W. Pine Lodge Rd Roswell, NM 88201 (Chaves) (575) 626-5355 (Cell) btreat@armstrongenergycorp .com (2:2013) Gene Whetten (Ginger) HC 64 Box 30 Magdalena, NM 87825 (Catron) (575) 772-5512 (HM) (575) 740-2287 (Cell) gwhetten@yahoo.com (2:2014)

Randy White

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Pat Woods (Eva) 4000 CRM Broadview, NM 88112 (Curry) (575) 357-8594 (HM) (575) 760-8594 (Cell) woodspat@aol.com (2:2013)

NMCGA

Past Presidents

(January 2014)

Rex Wilson (Carol)

Past President

SR 1-53

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aogden@windstream.net

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Allied Industries Committee,

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New Mexico CowBelles

Maddalynn Lee

NMCGA Insurance Administrator

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990-T	Exempt Organiza (and pro		OMB No. 1545-0687 2013						
	For calendar year 2013 or other tax year I	peginning		, 2013, a	nd ending	, 20	.]		
	Information about Form 990-T and	***************************************	ilable at	 www.irs.g	ov/form990t.		-	Onen to P	ublic Inspection for
Department of the Treasury Internal Revenue Service	Do not enter SSN numbers on this f)1(c)(3).	\$ 1930.		Organizations Only
Check box if	Name of organization (Che	eck box if name change	ed and se	e instructio	ns.)		1 .	-	ntification number
B Exempt under section	New Mexico Catt	le Growers i	Assoc				(Em	ployees' tr	ust, see instructions.)
X 501(C) (5)	Number, street, and room or suite						85-	00567	00
408(e) 220(e)	or PO Box 7517								iness activity codes
408A 530(a)	City or town, state or province, co	ountry, and ZIP or forei	gn postal	code] (see	instructio	ns)
529(a)	Albuquerque, NM						5241	14	
C Book value of all assets	F Group exemption number (Se		_						
at end of year 533 , 683	G Check organization type	X 501(c)	corpora	ation	501(c) trus	st 4	01(a) tr	ust	Other trust
	ization's primary unrelated business	activity.	· · · · · · · · · · · · · · · · · · ·		***				
	, was the corporation a subsidiary in		or a pa	rent-sub	sidiary contro	olled group?			Yes X No
	ame and identifying number of the pa				,			,	
J The books are in ca					Telephone	number	(505	1247-	0584
	ed Trade or Business Incor	ne		(A)	Income	(B) Exp		1	(C) Net
1a Gross receipts o									
b Less returns and		c Balance	1c		81,755				
	Id (Schedule A, line 7) · · · · ·] • • • • • •	2		01,700				
•	· ·		3		81,755				81,755
•	ncome (attach Form 8949 and Sche		4a		01,733				<u> </u>
	Form 4797, Part II, line 17) (attach Fo		4b						
-	uction for trusts · · · · · · · · · · · · · · · · · ·		4c						
	partnerships and S corporations (attach		5						
	hedule C)		6				000000000000000000000000000000000000000		
	·		7						
_			8						
	yalties, and rents from controlled organizations		9						
	a section 501(c)(7), (9), or (17) organization (S		10						1197
	t activity income (Schedule I) · · ·		11						
•	ne (Schedule J)		12						
•	ee instructions; attach schedule.)		13						01 755
13 Total. Combine	lines 3 through 12 · · · · · · · · · ions Not Taken Elsewhere	(See instructi		vr limits	81,755	leduction	s) (F	vcent 1	81,755 for contribution
Part II Deduct	ons must be directly connect	od with the un	velate	n mme	ness incor	ne 1	J.) (L.)	ACCPL I	or continuation
			liciale	u busi	11033 111001	110.)		14	
14 Compensation of	f officers, directors, and trustees (Sc ges · · · · · · · · · · · · · · · · · · ·	nedule K) · ·					· · -	15	
15 Salaries and wa	ges · · · · · · · · · · · · · · · · · · ·							16	30,822
16 Repairs and ma	ntenance						· ·	17	565
17 Bad debts • •	schedule)						· · -	18	
18 Interest (attach	schedule) · · · · · · · · · · · · · · · · · · ·						· · -	19	
								20	2,926
	butions (See instructions for limitatio						1.5	20	
	tach Form 4562)						559	22b	
22 Less depreciation	on claimed on Schedule A and elsewh	nere on return		• • •	22a			23	559
23 Depletion • •									
24 Contributions to	deferred compensation plans .						•••	24	
25 Employee bene	ît programs						• •	25	
26 Excess exempt	expenses (Schedule I)							26	
	nip costs (Schedule J) · · · · · ·							27	
	s (attach schedule)							28	44,541
	ns. Add lines 14 through 28 · · ·							29	79,413
	ess taxable income before net opera							30	2,342
	ss deduction (limited to the amount o							31	2,342
	ess taxable income before specific d							32	
	on (Generally \$1,000, but see line 33						• •	33	1,000
	ness taxable income. Subtract line								
enter the smalle	or of zero or line 32							34	

Form **990-**T (2013)

85-0056700

Par		ax Computation					T	\$45000E48550		
35	-	tions Taxable as Corporation				rolled group				
		(sections 1561 and 1563) chec		See instruc						
а	Enter you	r share of the \$50,000, \$25,000	, and \$			n that order):				
	(1) \$	(2) _			(3) \$					
b		anization's share of: (1) Additior								
	(2) Addition	onal 3% tax (not more than \$10	(000,0			. \$				
С		ix off the difficult of the o						35c		
36	Trusts Ta	axable at Trust Rates. See ins								
	the amou	nt on line 34 from: Tax ra	le sche	dule or Schedule	D (Form 104	1)	· · · 🕨	36		
37	Proxy tax	1, 000					· · · 🕨	37		
38				<i></i>				38		
39		d lines 37 and 38 to line 35c or	36, whi	chever applies				39		
Par	t IV 📗 T	ax and Payments								
40a	Foreign ta	ax credit (corporations attach Fo	orm 111	8; trusts attach Form 1	l116) · ·	40a				
b	Other cre	dits (see instructions)				40b				
С	General b	ousiness credit. Attach Form 38	00 (see	instructions) · ·		40c				
d	Credit for	prior year minimum tax (attach	Form 8	801 or 8827) · · ·		40d				
е	Total cre	dits. Add lines 40a through 40a	٠.					40e		
41	Subtract I	line 40e from line 39 · · · · ·						41		
42	Other taxes.	Check if from: Form 4255	П	orm 8611 Form 86	97 Form	8866 Other (attach :	schedule)	42		
43	Total tax	. Add lines 41 and 42						43		
44 a	Payments	s: A 2012 overpayment credited	to 201	3		44a	1,029			
b	2013 esti	mated tax payments				44b				
С						44c				
d	•	organizations: Tax paid or withhe	eld at so	ource (see instructions)	44d				
е		vithholding (see instructions)				44e				
f		small employer health insuran				44f				
g		edits and payments:		2439						
3	Form	· · · ·	Othe		Total	44g				
45		yments. Add lines 44a through	 44g ⋅					45	1,0	29
46		d tax penalty (see instructions).						46		
47		If line 45 is less than the total of						47		
48		ment. If line 45 is larger than th						48	1,0	29
49		amount of line 48 you want: Ci				1,029 Refun	ded	49		
Pai	rt V S	tatements Regarding (Certai	n Activities and	Other Info	rmation (see ins	tructions	,)		
1		ime during the 2013 calenda							Yes	No
		authority over a financial acc								
		ne organization may have to								
		Accounts. If YES, enter the na								
2		ne tax year, did the organization				ntor of, or transferor to	, a foreign	trust?		
	-	ee instructions for other forms t								
3	Enter the	e amount of tax-exempt interest	receive	ed or accrued during th	e tax year	\$				
Sch	edule A	A - Cost of Goods Sold.	Ente	r method of inven	tory valuati	on				
1		y at beginning of year	1			at end of year		6		
2		es	2		7 Cost of	goods sold. Subtract				
3	Cost of la	abor	3		line 6 fro	m line 5. Enter here a	nd			
4a		al section 263A costs			in Part I,	line 2		7		
	(attach s	chedule)	4a		8 Do the ru	ules of section 263A (v	with respec	t to	Yes	No
b	Other co	sts (attach schedule) · · · ·	4b		property	produced or acquired	for resale)	apply		
5		dd lines 1 through 4b	5		to the or	ganization?				
	Under	penalties of perjury, I declare that I have	examine	this return, including accom	panying schedules	and statements, and to the	best of my kn	owledge	and belief, it is true,	
Sig	n correct	, and complete. Declaration of preparer	other tha	n taxpayer) is based on all in	formation of which	preparer nas any knowledg	e.	Г		
Her	1 97				Secr	etary Treasure	er	with th	ne IRS discuss this retu ne preparer shown belo	ow
	B	ature of officer	~~~~	Date	Title			(see in	nstructions)? X Yes	No
	1	Print/Type preparer's name		Preparer's signature		Date	Check] if	PTIN	
Pai	d j	David A Rasmussen				05-19-2014	self-employe	ed	P00301171	
Pre	parer	Firm's name David A	Rasmı	ıssen PC			Firm's EIN	85-	-0407093	
Use	Only	Firm's address 8708 Sec					Phone no.			
	-	Albumier					1	505	5-878-0829	

EEA

85-0056700

Schedule C - Rent Incom (see instructions)	e (From Rea	ıı Propert	y and	Persor	nai Propert	y Le	ase	ea with Real P	rop	erty)
Description of property										
1)										
2)										
3)				····						
4)										
	2. Rent recei	ved or accrued	<u> </u>							
(a) From personal property (if the pe for personal property is more than more than 50%)	rcentage of rent n 10% but not	percentage	of rent f	or persona	I property (if the Il property exceen In profit or income		3((a) Deductions directly in columns 2(a) and		nected with the income (attach schedule)
1)										
(2)										
3)										
4)								***************************************		
Fotal .		Total					(b)) Total deductions	i.	
c) Total income. Add totals of co	olumns 2(a) and	2(b). Enter						iter here and on pa		
nere and on page 1, Part I, line 6,	column (A) .						Pa	art I, line 6, column	(B)	-
Schedule E - Unrelated [Debt-Finance	ed Income	e (see	instruc	tions)					
1. Description of det	bt-financed propert	у		locable to	come from or debt-financed perty		traig	eductions directly condebt-finance tht line depreciation tach schedule)		
(1)										
(2)		······································								
3)										
4)										
4. Amount of average	5. Average a	djusted basis								AU
acquisition debt on or	of or all	ocable to		6. Co				income reportable nn 2 X column 6)		 Allocable deductions lumn 6 x total of columns
allocable to debt-financed property (attach schedule)	debt-financ (attach s	ed property schedule)		4 divided by column 5		(1	(SOMMINE X SOMMINES)		``	3(a) and 3(b))
(1)					%					
(2)					%					
(3)					%					
(4)					%					
Totals								re and on page 1, ne 7, column (A).		er here and on page 1, rt I, line 7, column (B).
Total dividends-received deduc	ctions included i	n column 8							<u> </u>	
Schedule F - Interest, Ar	nnuities, Ro	yalties, ar	nd Rei	nts Fro	m Controll	led O	rga	anizations (see	e ins	structions)
		Exer	npt Con	trolled Or	ganizations					
Name of controlled organization	2. Emplo identification	number 3. Ne		ed income structions)	4. Total of sp		i	5. Part of column 4 the included in the control rganization's gross inc	lling	Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organizat	ions									
7. Taxable Income	8. Net unr	elated income e instructions)			otal of specified syments made		in	e. Part of column 9 that cluded in the controlli ganization's gross inco	ng	11. Deductions directl connected with income column 10
(1)										
(2)										
(3)										
(4)										
<u> </u>							Er	Add columns 5 and 10 nter here and on page Part I, line 8, column (1,	Add columns 6 and 11 Enter here and on page Part I, line 8, column (I
Totals						· >				
FFA										Form 990-T (201

New Mexico Cattle Growers Assoc

Schedule G - Investment Inco	me of a Section 50)1(c)(7	'), (9), or (17) Organizatio	on (see instruction	ns)	<u> </u>	otal deductions	
1. Description of income	2. Amount of incor	ne	direct	Deductions ly connected ch statement)	4. Set-asides (attach schedul		and set-asides (col. 3 plus col. 4)		
(1)									
(2)									
(3)									
(4)									
Totals	Enter here and on pa	n (A).	Thom Adv	verticing Incom	eo (soo instructio	.ne)		re and on page 1, ne 9, column (B).	
Schedule I - Exploited Exemp	t Activity Income,	Otner	Inan Ad	vertising incom	ie (see instructio	115)		T	
Description of exploited activity	2. Gross unrelated business income from trade or business	dir conne prod uni	openses rectly rected with uction of related ress income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	attribu	xpenses utable to umn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)									
(2)									
(3)									
(4)									
	Enter here and on page 1, Part I, line 10, col. (A).	page	nere and on e 1, Part I, 0, col. (B).		1			Enter here and on page,1. Part II, line 26.	
Totals									
Schedule J - Advertising Inco			analidat	tod Pagia					
Part I Income From Period 1. Name of periodical	2. Gross advertising income	3. Direct advertising costs		4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
				cois, 5 through 7.					
(1)								-	
(2)								+	
(3)								-	
(4)						ļ			
Totals (carry to Part II, line (5)) - Part II Income From Per 2 through 7 on a line	iodicals Reported	on a	Separate	Basis (For each	n periodical listed	I in Par	t II, fill in	columns	
1. Name of periodical	2. Gross advertising income	1	. Direct rtising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	1	eadership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)									
(2)									
(3)									
(4)									
Totals from Part I									
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A).	page	here and on e 1, Part I, 11, col. (B).					Enter here and on page 1, Part II, line 27.	
Schedule K - Compensation	of Officers, Direct	ors, a	nd Truste	es (see instruct	ions)				
1. Name				2. Title	3. Percent of time devoted business			ation attributable to ted business	
(1)						%			
(2)						%			
(3)						%			
(4)						%			
Total. Enter here and on page 1, Page	art II, line 14								

990	Overflow Statement	2013 Page 2
Name(s) as shown on return		FEIN
New Mexico Cattle Growers	Assoc	85-0056700

NET OPERATING LOSS CARRYFORWARD

Description	7	Amount
December 31, 2012	\$	18,955
December 31, 2011		10,607
December 31, 2010		13,439
December 31, 2009		242
Total:	\$	43,243

2013 CIT-1 NEW MEXICO CORPORATE INCOME AND FRANCHISE TAX RETURN



Townsyar's name	
Taxpayer's name	
12 NEW MEXICO CATTLE GROWERS ASSOCIATI	_
Mailing address	Original Return FOR DEPARTMENT USE ONLY
^{2a} PO BOX 7517	4a A Original Neturn
City, state, and ZIP code	4b Amended - RAR
3a ALBUQUERQUE NM 87194-7517	4c Amended - Capital Loss
4000 04 4	4d Amended - Other
1039 01 1	New Mexico Public o CRS Identification No. Regulation Commission No.
reactar Employer Identification (readines)	
5a 85-0056700 5b 01-50	04360-001 5c 0311811
Tax Year Beginning Tax Year Ending Exter 6a 01 01 2013 6b 12 31 2013 6c 10	nded Due Date 6d (505) 247 - 0584 Taxpayer telephone number
COMPLETE THE FOLLOWING:	
A. State of incorporation NEW MEXICO	Date of incorporation 01/01/1964
A. State of incorporation INEW PIEXICO	Date of incorporation 01/01/1964
B. Date business began in New Mexico 01 / 01 / 1964	State of commercial domicile NEW MEXICO
C. Name and address of registered agent in New Mexico CAREN CO	NAWC
	37104
mailing address	city state ZIP code
D. NAICS Code (Required) 6300 Principal busin	ness activity in New Mexico CATTLE GROWERS ASSOC
E. Method used to determine New Mexico taxable income of the corporatio	on:
₩ □	П
Separate corporate entity L Combination of unitary do	mestic corporations
F. Indicate method of accounting:	Other (specify)
G. If this is the corporation's final return, was the corporation:	
Dissolved Merged or reorganized Withdrawn	n Date
	due to an IRS audit or the filing of an amended federal return that has not
	nit an amended New Mexico Corporate Income and Franchise Tax return,
and a copy of the amended federal return or Revenue Agent's Report, if	·
· ·	g information for each corporation in the consolidated or combined group.
attach a schedule in the same format.	
Column 1 Column 2 Corporate name Federal employer	Column 3 Column 4 Amount of quarterly, tentative, or other Enter \$50 for each corporation
Corporate name identification number	payments to be applied to this return. paying franchise tax.
J. FOR COMBINED FILERS ONLY:	
Is this combination the same as filed last year? YES No combined group. Include each corporation's FEIN. If you need more space	NO If no, please list each corporation added to or eliminated from the ace, attach a schedule.
KIf other than a corporation, enter your legal entity type (for example, LLC	C or nartnership).
L. If other than a corporation, enter your legal entity type (for example, LLC L. If your business activities were immune from New Mexico corporate in You must also enter zero on Schedule CIT-A, line 1. Complete and atta	come tax under P.L. 86-272 for the 2013 tax year, mark this box.
REFUND EXPRESS!! HAVE YOUR REFUND DIRECTLY DEPOSITED. SEE INSTR	
RE1 1. Routing number: RE3 3. Type: Chec	oking Caringo
RE2 2. Account number:	RE4 YES NO You must answer this question.

2013 CIT-1 (page 2) NEW MEXICO CORPORATE INCOME AND FRANCHISE TAX RETURN

Federal Employer Identification Number (FEIN)

85-0056700



1. Taxable income before federal NOL and special deductions (from federal Form 1120)	1 2,342
2. Interest income from municipal bonds, excluding New Mexico bonds	2
3. Federal special deductions (from federal Form 1120)	3
4. New Mexico base income. Add lines 1 and 2, and then subtract line 3	4 2,342
5. New Mexico NOL carryover. Attach schedule	5 43,243
5. Interest from U.S. government obligations or federally taxed New Mexico bonds	6
7. Subtotal. Subtract the sum of lines 5 and 6 from line 4	7 -40,901
8. Deduction for foreign dividends from CIT-D, line 5	8
9. New Mexico net taxable income. Subtract line 8 from line 7	9 -40,901
10. Income tax computation. Tax on the amount on line 9. See tax table on page 9 of instructions	10
11. New Mexico percentage. Enter 100% OR percentage from CIT-C, line 5	11 %
	12
· · · · · · · · · · · · · · · · · ·	13
10. Total tax ordate applied against the income tax hability on line 12 (non-ort-ort, line 20)	
14. Net income tax. Subtract line 13 from line 12. Amount cannot be negative	14
15. Franchise tax (\$50 per corporation)	15 50
, , ,	16 50
17. Amended Returns Only. Enter amount of all 2013 refunds received or overpayments applied to 2014.	[[
	17
18. Subtotal. Add lines 16 and 17	18 50
19. Total Payments: Quarterly Extension Applied from prior year	19
If you are using method 4 to calculate penalty and interest on underpayment of estimated tax,	
Attach RPD-41287	
20. New Mexico income tax withheld from oil and gas proceeds. Attach Forms 1099-Misc or RPD-41285	20
21. New Mexico income tax withheld from a pass-through entity. Attach Forms 1099-Misc or RPD-41359	21
22. Total payments and tax withheld. Add lines 19 through 21	22
23. Tax due. If line 18 is greater than line 22, subtract line 22 from line 18	23 50
24. Penalty. See CIT-1 Instructions	24
25. Interest. See CIT-1 Instructions	25
26. Total amount due. Add lines 23, 24, and 25	26 50
27. Overpayment. If line 22 is greater than line 18, enter the difference	27
	27a
	27b
28. Refundable portion of renewable energy production tax credit claimed. Attach RPD-41227	28
29. Total refund of overpaid tax and refundable credit due to you. Add lines 27b and 28	29
30. Refundable portion of the film production tax credit. Attach RPD-41228 Paid preparer's specially.	30
raxpayer o digitation	
I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer	-
(other than taxpayer or an employee of the taxpayer) is based on all information of which preparer has any knowledge. Signature of preparer if other than employee of the taxpayer.	eyer Date
P1 NM CRS identification number	02-220137-008
Signature of officer Date P2 FEIN 85 - 0407093	
TREASURER (505) 247 - 0584 Preparer's PTIN P0030117	'1
T-1100010101111)5)878-0829
Taxpayer's email address	

990	Overflow Statement	2013 Page 2
Name(s) as shown on return		FEIN
New Mexico Cattle	Growers Assoc	85-0056700

NET OPERATING LOSS CARRYFORWARD

Description		P	mount
December 31, 2012		\$	18,955
December 31, 2011			10,607
December 31, 2010			13,439
December 31, 2009			242
	Total:	\$	43,243

990-T	990-T Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))								
	For calendar year 2013 or other tax year beginning		, 2013, and ending	, 20					
D. Marie M. Tarana	Information about Form 990-T and its instructions is availab				0	to Dublic language for			
Department of the Treasury Internal Revenue Service	Do not enter SSN numbers on this form as it may be made p			1(c)(3).	2. 1	to Public Inspection for)(3) Organizations Only			
Check box if	Name of organization (Check box if name changed a					identification number			
B Exempt under section	New Mexico Cattle Growers As	SOC			(Employee	es' trust, see instructions.)			
X 501(C) (5)	Number, street, and room or suite no. If a P.O. box, see inst				85-005	6700			
408(e) 220(e)	or PO Box 7517					business activity codes			
408A 530(a)	Type City or town, state or province, country, and ZIP or foreign p	oostal o	code		(see instru	ictions)			
529(a)	Albuquerque, NM 87194-7517				524114				
C Book value of all assets	F Group exemption number (See instructions)								
at end of year 533,683	G Check organization type X 501(c) co	orpora	ation 501(c) trus	t 40	1(a) trust	Other trust			
	cation's primary unrelated business activity.			A					
I During the tax year,	was the corporation a subsidiary in an affiliated group or	ара	rent-subsidiary contro	lled group?		Yes X No			
If "Yes," enter the na	me and identifying number of the parent corporation.					-			
J The books are in car	e of Shacey Sullivan		Telephone	number	(505)24	7-0584			
Part I Unrelate	d Trade or Business Income		(A) Income	(B) Expe	1	(C) Net			
1a Gross receipts or	sales 81,755					A State of			
b Less returns and a		1c	81,755						
2 Cost of goods sold	d (Schedule A, line 7)	2							
3 Gross profit. Subtr	ract line 2 from line 1c	3	81,755			81,755			
4a Capital gain net in	come (attach Form 8949 and Schedule D)	4a	•			•			
b Net gain (loss) (Fo	orm 4797, Part II, line 17) (attach Form 4797)	4b							
c Capital loss deduc	ction for trusts	4c		Ministration of the Control of the C					
5 Income (loss) from p	partnerships and S corporations (attach statement) • •	5							
6 Rent income (Sch	edule C)	6							
7 Unrelated debt-fin	anced income (Schedule E)	7							
8 Interest, annuities, roya	alties, and rents from controlled organizations (Schedule F)	8							
9 Investment income of a	section 501(c)(7), (9), or (17) organization (Schedule G)	9							
10 Exploited exempt	activity income (Schedule I)	10							
11 Advertising incom	e (Schedule J)	11							
12 Other income (see	e instructions; attach schedule.)	12							
		13	81,755			81,755			
	ons Not Taken Elsewhere (See instruction		r limitations on d		.) (Excep	ot for contribution			
deductio	ns must be directly connected with the unre	late	d business incom	ne.)					
	officers, directors, and trustees (Schedule K)				. 14				
	es					30,822			
	tenance					565			
	chedule) · · · · · · · · · · · · · · · · · · ·								
	es					2,926			
	utions (See instructions for limitation rules.)		1 1		- 20				
21 Depreciation (atta	sch Form 4562) · · · · · · · · · · · · · · · · · · ·		21	55	59				
	claimed on Schedule A and elsewhere on return .				22b	559			
	eferred compensation plans								
	programs								
	xpenses (Schedule I)								
	p costs (Schedule J) · · · · · · · · · · · · · · · · · ·								
	(attach schedule) · · · · · · · · · · · · · · · · · · ·					44,541			
	s. Add lines 14 through 28					79,413			
	ss taxable income before net operating loss deduction. S					2,342			
·	s deduction (limited to the amount on line 30)				h	2,342			
	ss taxable income before specific deduction. Subtract lin								
	n (Generally \$1,000, but see line 33 instructions for exce				- 33	1,000			
	ess taxable income. Subtract line 33 from line 32. If line		-						
enter the smaller	of zero or line 32				. 34	1			

b	2013 es	timated tax payments					44b					
С	Tax depo	osited with Form 8868					44c					
d	Foreign	organizations: Tax paid or withh	eld at s	ource (see instructions)		44d					
е	Backup	withholding (see instructions)					44e					
f	Credit fo	r small employer health insuran	ce pren	niums (Attach Form 89	41)		44f					
g	Other cr	edits and payments:	Forn	n 2439								
_	Form	4136	Othe			Total	44g					
5	Total pa	yments. Add lines 44a through	 44g ⋅		. .				45		1,0	29
6		ed tax penalty (see instructions).							46			
7	Tax due	. If line 45 is less than the total	of lines	43 and 46, enter amou	int o	wed			47			
8	Overpay	ment. If line 45 is larger than th	e total	of lines 43 and 46, ente	er ar	mount over	paid	[48		1,0	29
9		e amount of line 48 you want: C					1,029 Refur	nded	49			
Pa	rt V S	Statements Regarding	Certa	in Activities and	Otl	ner Infor	mation (see ins	tructions)			
1		time during the 2013 calenda		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~							Yes	No
	or other	authority over a financial ac	count (bank, securities, or c	ther) in a fore	eign country?				1000	
		he organization may have to										
	Financia	al Accounts. If YES, enter the na	me of t	he foreign country here		_						
2	During t	he tax year, did the organization	receive	e a distribution from, or	was	it the gran	itor of, or transferor t	o, a foreign	trust?			
	-	see instructions for other forms				_		•				
3	Enter the	e amount of tax-exempt interest	receive	ed or accrued during th	e ta:	x year	_ \$					
Sch	redule A	A - Cost of Goods Sold	. Ente	r method of inven	tor	y valuation	on [
1	Inventor	y at beginning of year · · · ·	1		6	Inventory	at end of year .		6			
2	Purchas	es · · · · · · · · · · · · · · ·	2		7	Cost of g	goods sold. Subtrac	t				
3	Cost of	labor	3			line 6 fror	n line 5. Enter here a	and				
4a	Addition	al section 263A costs				in Part I,	line 2 · · · · ·		7			
	(attach	schedule)	4a		8	Do the ru	les of section 263A (with respec	i to		Yes	No
b	Other co	osts (attach schedule)	4b			property	produced or acquired	d for resale)	apply			
5	Total. A	dd lines 1 through 4b	5			to the org	ganization?					
		penalties of perjury, I declare that I have							owledge	and belief, it	is true,	
Sig	n correc	t, and complete. Declaration of preparer	(other tha	an taxpayer) is based on all ir	norma	ation of which	preparer has any knowled	ge.				
Her	e .					Secre	etary Treasur	er	with th	ne IRS discus ne preparer s	hown bel	ow
	Sign	ature of officer		Date		Title			(see in	structions)?	X Yes	No
		Print/Type preparer's name		Preparer's signature			Date	Check] if	PTIN		
Pai	d	David A Rasmussen				þ	5-19-2014	self-employe	d	P0030	1171	
?re	parer	Firm's name David A	Rasm	ussen PC				Firm's EIN	85-	-040709	3	
Jse	Only	Firm's address 8708 Sec	ond	Street NW	Pomilion			Phone no.				
		,		NM 87114					505	5-878-0	829	
EΕΑ						***************************************		· · · · · · · · · · · · · · · · · · ·		Form 9	90- T (2	2013)

šė										
Form 990-T (2013) New	Mexico Cat	tle	Grower	s Assoc					56700 Page 3	
Schedule C - Rent Income (see instructions)	e (From Rea	ıl Pro	perty a	nd Persor	nal Propert	y Le	ased With Real F	rop	erty)	
1. Description of property										
(1)										
(2)										
(3)										
(4)										
	2. Rent recei	ved or a	ccrued							
(a) From personal property (if the per for personal property is more than more than 50%)	centage of rent 10% but not	perc	entage of re	ent for personal	property (if the I property excee n profit or income		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)			
(1)							., .			
(2)										
(3)										
(4)										
Total		Total								
(c) Total income. Add totals of co	Jumps 2(a) and		nter				(b) Total deduction			
·			inci				Enter here and on pa Part I, line 6, column			
here and on page 1, Part I, line 6, Schedule E - Unrelated D	Oht-Finance	d Ind	come (s	ee instruc	tions)		Tarri, line o, column	(D)	*	
Scriedule E - Officialed E	Jent-i illance	zu IIII	come (3	CC IIIStrac	10113)		3. Deductions directly cor	necte	d with or allocable to	
1. Description of deb	ot-financed propert	у			come from or debt-financed perty		debt-financ traight line depreciation (attach schedule)			
(4)				MARKET TO THE STATE OF THE STAT						
(1)								 		
(2)								-		
(3)								 	<u> </u>	
4. Amount of average	5. Average a	dineted	hacis					┼		
acquisition debt on or allocable to debt-financed property (attach schedule)	of or allo debt-finance (attach s	ocable to ed prop	o erty	6. Co 4 div by col		7. Gross income reportable (column 2 X column 6)			i. Allocable deductions slumn 6 x total of columns 3(a) and 3(b))	
(1)					%		***************************************			
(1)					%			1-	***************************************	
(2) (3)					%					
					%					
<u>(4)</u>							here and on page 1, I, line 7, column (A).		er here and on page 1, art I, line 7, column (B).	
Totals		n colum	 nn 8		· · · · · Þ			-		
Schedule F - Interest, Ar	nuities Po	valtio	e and l	Pante Fra	m Control	led C	rganizations (Se	e in	structions)	
Schedule F - Interest, Al	muities, No	yanne		Controlled Or		ieu c	rgamzations (oc		stractione)	
Name of controlled organization	2. Emploidentification		3. Net unr	elated income e instructions)	4. Total of sp		5. Part of column 4 t included in the contr organization's gross in	olling	Deductions directly connected with income in column 5	
(1)			ļ							
(2)				,						
(3)										
(4)										
Nonexempt Controlled Organizati	ons						1			
7. Taxable Income	8. Net unr (loss) (se				otal of specified syments made		10. Part of column 9 the included in the controll organization's gross inc		11. Deductions directly connected with income i column 10	
(1)										
(2)										
(3)										
(4)										
					-		Add columns 5 and 1 Enter here and on pag Part I, line 8, column	je 1,	Add columns 6 and 11. Enter here and on page 7 Part I, line 8, column (B)	

EEA

85-0056700

Schedule G - Investment Inco	me of a Section 5	01(c)(7			on (s	ee instruction	ons)		
1. Description of income	2. Amount of inco	me	direc	Deductions tly connected ch statement)		4. Set-asides (attach schedu		and se	tal deductions et-asides (col. 3 ilus col. 4)
(1)									
(2)		,							
(3)									
(4)									
Totals	Enter here and on p Part I, line 9, colum	ın (A).						ì	e and on page 1, ne 9, column (B).
Schedule I - Exploited Exemp	t Activity Income,	Other	Than Ad	vertising Incom	ie (s	ee instruction	ons)		
1. Description of exploited activity	2. Gross unrelated business income from trade or business	dir conne prode unr	penses rectly cted with uction of related ss income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	from	Gross income a activity that ot unrelated iness income	attribi	openses utable to lumn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)									
(2)									
(3)									
(4)									
	Enter here and on page 1, Part I, line 10, col. (A).	page	ere and on e 1, Part I, D, col. (B).						Enter here and on page,1. Part II, line 26.
Totals]]e)		Life and the second of the second					
Part I Income From Peri			onsolida	ted Basis					With the second in the second
1. Name of periodical	2. Gross advertising income	3.	Direct ising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5	. Circulation income	1	eadership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)			***************************************		1				
(2)									
(3)				1					
(4)				1					
Totals (carry to Part II, line (5)) • Part II Income From Per	riodicals Reported	on a S	Separate	Basis (For each	peri	odical listed	d in Par	t II, fill in	columns
2 through 7 on a li	ne-by-line basis.)		-						
1. Name of periodical	2. Gross advertising income	1	. Direct tising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5	. Circulation income	1	eadership costs	7. Excess readership costs (column 6 minus column 5, bu not more than column 4).
(1)									
(2)									
(3)									
(4)									
Totals from Part I									
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A).	page	here and on 1, Part I, 1, col. (B).						Enter here and on page 1, Part II, line 27.
Schedule K - Compensation		ors, ar	nd Truste	es (see instructi	ions)				
1. Name	-			2. Title		3. Percent of time devoted business			tion attributable to ed business
(1)						240111000	%		
(2)							%		
(3)							%		
(4)			***************************************				%		
Total. Enter here and on page 1. Pe	art II. line 14								

David A Rasmussen, PC 8708 Second Street NW Albuquerque, NM 87114

(*)

New Mexico Cattle Growers Association PO Box 7517 Albuquerque, NM 87194-7517

Form **8868**

(Rev. January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

internal revenue	Jervice						
	iling for an Automatic 3-Month Extension, com			. 			▶ 🏻
	iling for an Additional (Not Automatic) 3-Month				000		
•	lete Part II unless you have already been grante						
a corporation 8 868 to reque Return for Tra	ing (e-file). You can electronically file Form 8868 required to file Form 990-T), or an additional (not est an extension of time to file any of the forms list ansfers Associated With Certain Personal Benefit For more details on the electronic filing of this for	automatic) 3 ed in Part I c Contracts, w	 -month extension of time. You Part II with the exception of /hich must be sent to the IRS 	u can electronically fi Form 8870, Informal in paper format (see	le For tion	rm	
Part I	Automatic 3-Month Extension of Ti	me. Only	submit original (no cop	ies needed).	en e		
	required to file Form 990-T and requesting an au						
·-							▶ 🔲
All other corp	orations (including 1120-C filers), partnerships, R	EMICs, and	trusts must use Form 7004 to	request an extensio	n of ti	me	
to file income	tax returns.						
			Ente	r filer's identifying r			***************************************
Type or	Name of exempt organization or other filer, se		5.	Employer identifica		number	(EIN) or
print	NEW MEXICO CATTLE GROWERS ASS			85-00567			
File by the due date for	Number, street, and room or suite no. If a P.O PO BOX 7517	. box, see in:	structions.	Social security nur	nber ((SSN)	
filing your return. See	City, town or post office, state, and ZIP code.	For a foreign	address, see instructions.				
instructions.	ALBUQUERQUE, NM 87194-7517		SEV MENVA		חובים	77	
				ekis uu	ľï		
Enter the Ret	urn code for the return that this application is for (file a separa	te application for each return)				0 1
		1				***************************************	T = .
Applicatio	n	Return	Application				Return
Is For		Code	is For		-		Code 07
	or Form 990-EZ	01	Form 990-T (corporation) Form 1041-A				08
Form 990-E		03	Form 4720				09
	(individual)	03	Form 5227				10
Form 990-F	Γ (sec. 401(a) or 408(a) trust)	05	Form 6069				11
	T (trust other than above)	06	Form 8 870				12
1 01111 000	(dast strict drain agency	1					
• The books	s are in the care of SHACEY SULLIVAN	2231 RI	O GRANDE NW, NM 873	104			
	e No. ▶ 505-247-0584	annana and and and and and and and and a	AX No. ▶				
	inization does not have an office or place of busir						> 📙
If this is for	or a Group Return, enter the organization's four di	git Group Ex	emption Number (GEN)	. If this			
	group, check this box ▶ □ . If		of the group, check this box	▶ 🔲 and at	tach		
	names and EINs of all members the extension is		. C. E	- f t'			
	est an automatic 3-month (6 months for a corpora 08-15 , 20 13 , to file the exempt c	tion required	to file Form 990-1) extension	i oi liiile ned above. The exter	neion	ie	
until _		rganization	eturn for the organization har	ned above. The exter	131011	15	
	organization's return for: calendar year 20 12 or						
► K7	Calendar year 20 12 01						
▶ □	tax year beginning	. 20	, and ending	,	20		
_	ax year entered in line 1 is for less than 12 month	s, check rea	son: Initial return	Final return		,	
	ange in accounting period						
	application is for Form 990-BL, 990-PF, 990-T, 47	'20, or 6069,	enter the tentative tax, less a	any	Ī		
	undable credits. See instructions.				3a	\$	
	application is for Form 990-PF, 990-T, 4720, or 6						
	ated tax payments made. Include any prior year o				3b	\$	
	ce due. Subtract line 3b from line 3a. Include you			sing	2-	•	
	S (Electronic Federal Tax Payment System). See				3c	\$	
Caution. If you	are going to make an electronic fund withdrawal with this Form	8868, see Form	n 8453-EO and Form 8879-EO for pay	ment instructions.			

990 Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2012

Department of the Treasury

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

			e Service	The organization may have to use a copy of this return to satisfy state reporting			20		
<u>A</u>	For	the	2012 calend	ar year, or tax year beginning , 2012, and endin	ıg		, 20		
В	Chec	ck if ap	oplicable:	C Name of organization NEW MEXICO CATTLE GROWERS ASSOC			Employer identification no.		
	Addr	ess ch	nange	Doing Business As			35-0056700		
	Nam	e chai	nge	Number and street (or P.O. box if mail is not delivered to street address)	om/suite	E	Telephone number		
	Initia	ıl retur	n	PO BOX 7517			(505)247-0584		
	Term	ninated	d	City, town or post office, state, and ZIP code	431,37				
П	Ame	nded :	return	ALBUQUERQUE, NM 87194-7517		G	Gross receipts \$		
Ī	Appl	ication	n pending	F Name and address of principal officer: SHACEY SULLIVAN			_		
			, ,	SAME AS C ABOVE	H(a) Is this a gro affiliates?	up retur	n for ☐ Yes ☒ No		
	Tax-	exemi	pt status:		H(b) Are all affili	ates incl	uded? Yes No		
<u>-</u>		site:			If "No," atta H(c) Group exen	ch a list	dued? Yes No . (see instructions) umber		
<u></u>			ganization: X						
	art		Summar						
	41 L			y ibe the organization's mission or most significant activities: TO PROMOTE AND PRO	TECT THE	CAT	TTE INDUSTRY IN		
				CO BY PROVIDING A UNIFIED VOICE ON ISSUES OF ECONOMIC IME					
e									
Governance			INDUSTRY						
le.		_	01 1 11 1	oox ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its	not accote				
Ó				•		3	82		
∾ŏ	İ	3			ì	4	82		
Activities &		4		ndependent voting members of the governing body (Part VI, line 1b)			7		
ξ		5		er of individuals employed in calendar year 2012 (Part V, line 2a)		5			
Ä		6		er of volunteers (estimate if necessary)		6			
				ted business revenue from Part VIII, column (C), line 12		7a	53,030		
		b	Net unrelate	ed business taxable income from Form 990-T, line 34		7b	0		
					Prior Year		Current Year		
		8		s and grants (Part VIII, line 1h)		,475	169,139		
ηne		9	-	rvice revenue (Part VIII, line 2g)	178	,595			
Revenue		10		income (Part VIII, column (A), lines 3, 4, and 7d)		170			
S.		11	Other reven	ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	68	<u>,153</u>	71,829		
		12	Total revenu	ue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	404	,393	431,379		
		13	Grants and	similar amounts paid (Part IX, column (A), lines 1-3)			0		
		14	Benefits pai	d to or for members (Part IX, column (A), line 4)			0		
10		15	Salaries, oth	ner compensation, employee benefits (Part IX, column (A), lines 5-10)	116,9		151,144		
Expenses		16a	Professiona	ıl fundraising fees (Part IX, column (A), líne 11e)			0		
per		b	Total fundra	ising expenses (Part IX, column (D), line 25) 🕨0					
Ж		17	Other exper	nses (Part IX, column (A), lines 11a-11d, 11f-24e)	328	,352	269,207		
		18	Total expen	ses. Add lines 13-17 (must equal Part IX, column (A), line 25)	445	,326	420,351		
		19	Revenue les	ss expenses. Subtract line 18 from line 12	(40	,933) 11,028		
es	'n			Beg	ginning of Current	Year	End of Year		
Fund Blances	Net Assets or	20	Total assets	s (Part X, line 16)	482	, 236	493,765		
g g	Ass	21		les (Part X, line 26)	4	,149	4,650		
Ţ	Net	22		or fund balances. Subtract line 21 from line 20	478	,087	489,115		
p	art			ure Block					
Unc	ler ne	enaltie	s of neriury. I de	clare that I have examined this return, including accompanying schedules and statements, and to the best of my known	wledge and belief,	it is			
true	, corr	rect, a	nd complete. De	claration of preparer (other than officer) is based on all information of which preparer has any knowledge.					
			A SHAC	CEY SULLIVAN					
Si	gn		III	ure of officer		Date			
	ere		SHA	CEY SULLIVAN, SECRETARY TREASURER					
• • • •			B32	or print name and title					
			Drint/Tuno n	preparer's Siggeture Date	Check	if	PTIN		
p.	aid			A Rasmussen 06-04-2013	self-employ	-	P00301171		
		are			Firm's EIN				
	-	Onl			hone no.				
U:	ישכ	UIII	y Firm's addre	Albuquerque NM 87114		05-8	78-0829		
N 4 -	N/ 4L-	o In	C discuss #-!	is return with the preparer shown above? (see instructions)			57 □		
IVI	ay (n	ゖゖゖ	อ นเร เนรร เ ทิโ	o territi mini nie biebatet onomit anove; (oee inornorio)	 		· · · == · · · · · · · · · · · · · · ·		

Part IV

NEW MEXICO CATTLE GROWERS ASSOC

Checklist of Required Schedules

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

Checklist of Required Schedules (continued) Part IV Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or organization Χ 21 in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 22 Χ on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated Χ 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 24a Χ 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c to defease any tax-exempt bonds? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a 25a with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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? 25b Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or 26 disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Χ Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Χ entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): Χ 28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Χ 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) С Χ 28c was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Χ Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Χ 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Χ Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 32 Χ Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 33 Χ Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 Χ 34 Χ 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 35b Χ controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Χ Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 Χ

14a Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

orm	990 (2012) NEW MEXICO CATTLE GROWERS ASSOC 85-	005670	0	Р	age 5
Par					
200755	Check if Schedule O contains a response to any question in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and				
•	reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х	000000000000
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
2-	Did the organization have unrelated business gross income of \$1,000 or more during the year?	133	3a	X	92999999999
3a	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	⊢	3b	X	
b			0.5		
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		40		Х
	account)?	• • • •	4a		Δ
b	If "Yes," enter the name of the foreign country:				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	8			77
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	-	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
	gifts were not tax deductible?	[6b	*********	
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods				
	and services provided to the payor?	[7a		X
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		X
d	If "Yes," indicate the number of Forms 8282 filed during the year				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	[7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	[7h		
h 8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting				
0	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring				
	organization, have excess business holdings at any time during the year?		8	6000-0000-0	X
•	G. Garrina 1011, 1141 - 1151 -		•		
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?		9a	passessissis	X
a			9b		X
b	Did the diganization make a distribution to a density center actively of visite persons				122
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII. line 12				
а	tititation roce and depital continuations involuded entrained and management and any mineral				
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	100000000000000000000000000000000000000	88 8888888
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				4
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	and the control of th				1
	the organization is licensed to issue qualified health plans				1
c	Enter the amount of reserves on hand				

14a

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NEW MEXICO CATTLE GROWERS ASSOC Form 990 (2012) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 82 Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or If the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 1b 82 Enter the number of voting members included in line 1a, above, who are independent b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct 3 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 6 Χ Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Χ 7a one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Χ stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X Χ Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at Χ the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Nο Χ 10a 10a Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Χ Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Χ 12b b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," Χ 12c 13 Did the organization have a written whistleblower policy? 13 Χ Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Χ 15a The organization's CEO, Executive Director, or top management official X 15b **b** Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions.) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Χ 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NM Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Other (explain in Schedule O) X Another's website Own website Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the 20

2231 RIO GRANDE NW ALBUQUERQUE, NM 87104

organization: ► SHACEY SULLIVAN (505)247-0584

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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 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. (F) (E) (C) Estimated Reportable Position Reportable Name and Title Average compensation compensation from amount of hours per (do not check more than one related other week (list any box, unless person is both an organizations compensation the hours for organization (W-2/1099-MISC) from the related officer and a director/trustee) (W-2/1099-MISC) organization organizations I t d 1 t and related below dotted i ompheenyet see n r e y organizations line) e m p c e r deo u r ao i r 0 o n a l (1) SEE ATTACHED LISTING 0 0 1.00 Χ 0 (2) SHACEY SULLIVAN 0 3.00 X Χ 0 SECRETARY TREASURER (3)(4) (5)(6) (7) (8)(9) (10)(11)(12)(13)(14)

	0 (2012) NEW MEXICO CATTLE	~~~								85-005	5700	P	age 8
Part '	/II Section A. Officers, Directors, Trustees,	Key Employ	/ees, a	nd l	High	est	Comp	ens	ated Employees	(continued)			
	(A) Name and title	(B) Average hours per week (list any	box, t	unles	s pers	ition ore th on is	nan one both an		(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other	
		hours for related organizations below dotted line)	Itd nri dur ise	l t n r s u t s i t	Office	K e y e m p l o y e e	H c e i g mp l e e n y t s e e t e d	F o r m e r	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	C	ompensation from the organization and related organization	n E
(15)													
(16)													
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b	Sub-total	on A		• •	• •	• •		>					
d	Total (add lines 1b and 1c)							<u> </u>		0	0		0
2	Total number of individuals (including but not limiter reportable compensation from the organization		ted ab	ove)	who	rec	ceived	mor	e than \$100,000 o		0		
	Did the organization list any former officer, director		kov on	nolo		ork	sigh oct		nnancated			Yes	No
3	employee on line 1a? If "Yes," complete Schedule										. 3) 	Х
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater than	portable con	npensa	ition	and mpl	oth ete :	er com Schedi	ipen ule J	sation from the I for such				
5	individual										. 4	l I	X
	for services rendered to the organization? If "Yes,"	complete Se	chedul	e J f	or su	uch	persor	1			. 5	5	X
Secti 1	on B. Independent Contractors Complete this table for your five highest compensation from the organization. Report compensation.												
	year. (A)			, ········					(i	3)		(C)	
	Name and business address	S							Description	of services	C	Compensati	ion

2	Total number of independent contractors (including received more than \$100,000 of compensation from			hos		ed a	above)	who)				

Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (C) (D) (A) Revenue excluded from tax Related or Unrelated Total revenue exempt business function revenue revenue under sections 512, 513, or 514 Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns 169,039 1b b Fundraising events 1c Related organizations 1d d Government grants (contributions) . . 1e All other contributions, gifts, grants, 100 and similar amounts not included above 1f Noncash contributions included in lines 1a-1f: \$ 169,139 Total. Add lines 1a-1f **Business Code** Service Revenue 900099 163,536 163,536 2a CONVENTION & MEETINGS 11,669 11,669 900099 b LEGAL & ENVIRONMENTAL 8,282 900099 8,282 c FEEDER PROGRAM 650 650 900099 d ALLIED INDUSTRIES e THEFT REWARD PROGRAM 823 823 900099 4,800 4,800 f All other program service revenue 900099 189,760 Investment income (including dividends, interest, 651 651 and other similar amounts) Income from investment of tax-exempt bond proceeds 5 (ii) Personal (i) Real 6a Gross rents 11,346 b Less: rental expenses 11,346 c Rental income or (loss) . . . 11,346 11,346 d Net rental income or (loss) . (i) Securities (ii) Other 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) Other Revenue 8a Gross income from fundraising events (not including of contributions reported on line 1c). See Part IV, line 18 a **b** Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses b c Net income or (loss) from gaming activities . . . 10a Gross sales of inventory, less returns and allowances a **b** Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 43,901 43,901 11a INSURANCE CONSULT FEE 561000 9,129 **b** MANAGEMENT FEES 541800 9,129 900099 7,453 7,453 c OTHERS d All other revenue 60,483 e Total. Add lines 11a-11d 197,864 53,030 11,346 431,379 Total revenue. See instructions

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response to any ques			·	<u></u>
	ot include amounts reported on lines 6b, 7b, b, 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 governments and		охроносо		
'	organizations in the United States. See Part IV, line 21.				
2	Grants and other assistance to individuals in				
_	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	119,181			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	21,588			
10	Payroll taxes	10,375			
11	Fees for services (non-employees):				
а	Management				
b	Legal	10,850			
С	Accounting	3,590			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	12,456			
13	Office expenses	9,049			
14	Information technology				
15	Royalties				
16	Occupancy	11 100			
17	Travel	11,408			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	115 040			
19	Conferences, conventions, and meetings	115,242			
20	Interest				
21	Payments to affiliates	4,690			
22 23	Depreciation, depletion, and amortization	3,352			
23 24	Other expenses. Itemize expenses not covered	3,332			
24	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	FEEDER COMMITTEE CONTRIBUTN	12,500			
b	LEGISLATIVE & MARKETING	8,740			
C	POSTAGE	8,356			
d	REAL ESTATE TAXES	7,896			
e	All other expenses	61,078			
25	Total functional expenses. Add lines 1 through 24e .	420,351	0	0	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here $ ightharpoonup$ if				
	following SOP 98-2 (ASC 958-720)				

Balance Sheet

NEW MEXICO CATTLE GROWERS ASSOC

Part X Check if Schedule O contains a response to any question in this Part X End of year Beginning of year 112,060 21,061 1 2 412,710 329,884 2 3 3 Pledges and grants receivable, net 4 28,539 6,111 4 Loans and other receivables from current and former officers, directors 5 trustees, key employees, and highest compensated employees. 5 Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4985(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 7 7 Notes and loans receivable, net 8 1,029 9 1,429 Prepaid expenses and deferred charges 9 Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a 209,748 Less: accumulated depreciation 10b 179,722 33,152 10c 30,026 b 11 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 15 15 482,236 16 493,765 16 17 4,650 4,149 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons. Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 4,149 26 4,650 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗓 and complete lines 27 through 29, and lines 33 and 34. Net Assets of Fund Balances 478,087 27 489,115 27 28 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here | and complete lines 30 through 34. 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 489,115 478,087 33 33 482,236 493,765 34 Total liabilities and net assets/fund balances

Par	Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4:	31,379	
2	Total expenses (must equal Part IX, column (A), line 25)	2	4:	20,351	
3	Revenue less expenses. Subtract line 2 from line 1	3		11,028	:
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	78,087	
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		0	1
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	4	89,115	<u>. </u>
Pai	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response to any question in this Part XII			<u>. L</u>	
			100000000000000000000000000000000000000	Yes No	0
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	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?		2a	X	15000
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on separate basis, consolidated basis, or both:				
	∑ Separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u>.</u>
	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				
С					
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	· · · ·	2c		3553
	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			-	,
	the Single Audit Act and OMB Circular A-133?		3a	Σ	7
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				
EEA			Form	990 (201	2)

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Employer identification number Name of the organization 85-0056700 NEW MEXICO CATTLE GROWERS ASSOC Organization type (check one): Filers of: Section: X 501(c)(5) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization
NEW MEXICO CATTLE GROWERS ASSOC

Employer identification number 85-0056700

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	VARIOUS DUES PO BOX 7517 ALBUQUERQUE, NM 87194-7517	\$169,039	Person 🔀 Payroll 🗍 Noncash 🗍 (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

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Department of the Treasury Internal Revenue Service

▶ See separate instructions. If the organization answered "Yes," to 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.

▶ Complete if the organization is described below.

Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to 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," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organizations:	Complete Part III.				
Nam	e of organization				Employer id	dentification number
NE	W MEXICO CATTLE GROWERS ASS	oc			85-0056	
Pa	rt I-A Complete if the organi	zation is exempt under section	on 501(c) or is	a section	527 orga	nization.
1	Provide a description of the organization's					
2	Political expenditures				. 🕨 💲	
3	Volunteer hours				• •	
Pa	rt I-B Complete if the organi	zation is exempt under section	on 501(c)(3).			
1	Enter the amount of any excise tax incurre					
2	Enter the amount of any excise tax incurre					
3	If the organization incurred a section 4955					
4a	Was a correction made?					. 🗌 Yes 🔲 No
b	If "Yes," describe in Part IV.				504/ \/O	
Pa		ization is exempt under secti		ept sectio	n 501(c)(3	3).
1	Enter the amount directly expended by the	e filing organization for section 527 exem	pt function			
	activities				. > \$	
2	Enter the amount of the filing organization				. •	
	527 exempt function activities				. > \$	
3	Total exempt function expenditures. Add I					
	line 17b				. > \$. ☐ Yes X No
4	Did the filing organization file Form 1120-	POL for this year?				
5	Enter the names, addresses and employe	er identification number (EIN) of all section	on ozi political orga	anizations to w	An Alaa aata	d -
	organization made payments. For each or the amount of political contributions receive					
	as a separate segregated fund or a politic					
	as a separate segregated fund or a politic	araction committee (PAC). If additional				
	(a) Name	(b) Address	(c) EIN	(d) Amoun filing orga		(e) Amount of political contributions received and
				funds. If non		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	n is exempt ur	der section 50°	I(c)(3) and file	d Form 5768 (elec	tion under	
	section 501(h)).		10.1. = .07	t			
4	Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's						
	name, address, EIN, expenses, a						
В	Check 🕨 🔲 if the filing organization checked b			y.	() = IP	(1.) A (C) - 1 - 1	
	Limits on Lob	(a) Filing organization's totals	(b) Affiliated group totals				
	(The term "expenditures" r	Organization's totals	group totals				
1a	Total lobbying expenditures to influence public of						
b	Total lobbying expenditures to influence a legislative body (direct lobbying)						
С							
d	a trial property and a second						
е							
t	Lobbying nontaxable amount. Enter the amount						
	columns.						
	If the amount on line 1e, column (a) or (b) is:		nontaxable amount	is:			
	Not over \$500,000		ount on line 1e.				
	Over \$500,000 but not over \$1,000,000		15% of the excess o				
	Over \$1,000,000 but not over \$1,500,000		10% of the excess of				
	Over \$1,500,000 but not over \$17,000,000		5% of the excess ov	er \$1,500,000.			
	Over \$17,000,000	\$1,000,000.					
g Grassroots nontaxable amount (enter 25% of line 1f)							
r	•						
i	Subtract line 1f from line 1c. If zero or less, enter -0-						
j	If there is an amount other than zero on either lin		□ v □ N-				
	reporting section 4911 tax for this year?					Yes No	
	(Some organizations that	made a section 50	eriod Under Section 1(h) election do not tions for lines 2a thi	have to complete	all of the five		
	Lobb	ying Expenditures	During 4-Year Aver	aging Period			
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total	
2a	Lobbying nontaxable amount						
k	Lobbying ceiling amount (150% of line 2a, column (e))						
	: Total lobbying expenditures						
	d Grassroots nontaxable amount						
	Grassroots ceiling amount (150% of line 2d, column (e))						
1	Grassroots lobbying expenditures						

85-0056700 Page 3 NEW MEXICO CATTLE GROWERS ASSOC Schedule C (Form 990 or 990-EZ) 2012 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (b) For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed Yes No Amount description of the lobbying activity. 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: Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c d Publications, or published or broadcast statements? е Grants to other organizations for lobbying purposes? f Direct contact with legislators, their staffs, government officials, or a legislative body? g Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? h i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? 2a 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 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). Yes No 1 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-B 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." 1 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2c Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying 4 Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization 85-0056700 NEW MEXICO CATTLE GROWERS ASSOC Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Aggregate contributions to (during year) Aggregate grants from (during year) 3 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a 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 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, 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) 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" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Schedu	le D (Form 990) 2012 NEW MEXICO CATTLE G			85-0056					
Par					sets (continued)				
3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its								
	collection items (check all that apply):								
а	Public exhibition	d Loan or exchar	nge programs						
b	Scholarly research	e U Other							
С	Preservation for future generations								
4	Provide a description of the organization's collections at	nd explain how they furth	ner the organization's ex	empt purpose in Part					
	XIII.								
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar								
35 - 900000	assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV,								
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.									
4 -	Is the organization an agent, trustee, custodian or other			\t					
1a					Tyes No				
L	included on Form 990, Farth:								
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount									
_	Beginning balance								
C C	Additions during the year								
	Distributions during the year								
e e	Ending balance								
2a	Did the organization include an amount on Form 990, P				Yes No				
	If "Yes," explain the arrangement in Part XIII. Check he								
	t V Endowment Funds. Complete if the	e organization ansv	vered "Yes" to Forn						
	HISTORY III	Current year (b) Pri			(e) Four years back				
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:								
а	Board designated or quasi-endowment	<u></u> %							
b	Permanent endowment								
С	Temporarily restricted endowment	%							
	The percentages in lines 2a, 2b, and 2c should equal 1								
3a									
	organization by:				Yes No				
	(i) annotated organizations in the transfer				. 3a(i)				
	(ii) Totatod organizatione				. 3a(ii)				
b	If "Yes" to 3a(ii), are the related organizations listed as				. 30				
4	Describe in Part XIII the intended uses of the organizant VI Land, Buildings, and Equipment								
Ра			(b) Cost or other basis	(c) Accumulated	(d) Book value				
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	depreciation	(a) book value				
1.	land		4,303		4,303				
1a h	Land		119,466	100,938	18,528				
b c	Leasehold improvements								
d	Equipment								
e	Other STMD1E		85,979	78,784	7,195				
	I. Add lines 1a through 1e. (Column (d) must equal For	m 990, Part X, column (l	3), line 10(c).)		30,026				

Part VII Investments - Other Securities. S	ee Form 990, Part X, line	€ 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(1)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. S	⊥ See Form 990, Part X, lin	ne 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets. See Form 990, Part	X, line 15.	
(a)	Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 1	15.)	
Part X Other Liabilities. See Form 990, Pa		
1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)	1	
(7)		
(7) (8)		
(7) (8) (9)		
(7) (8) (9) (10)		
(7) (8) (9)	-	

chedu	le D (Form 990) 2012 NEW MEXICO CATTLE GROWERS ASSOC		8	35-0056700	Page 4
Par	Reconciliation of Revenue per Audited Financial Stateme	ents \	Nith Revenue pe	r Return	
1				1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
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			
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	
Par	t XII Reconciliation of Expenses per Audited Financial States	ment	s With Expenses	per Return	
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:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	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:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b		_	
С	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	
	t XIII Supplemental Information				
Com	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	1a and	l 4; Part IV, lines 1b an	d 2b;	
Part '	/, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also comple	te this p	part to provide any add	litional	
inforr	nation.				

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
2012

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.

85-0056700 NEW MEXICO CATTLE GROWERS ASSOC 01. Officer, directors, etc. family relationship (Part VI, line 2) AN EMPLOYEE HAS DIRECT FAMILY MEMBERS ON THE BOARFD OF DIRECTORS 02. Members or stockholder classes and rights (Part VI, line 6) THE ORGANIZATION IS A MEMBER BASED ORGANIZATION 03. Member election for additional members (Part VI, line 7a) BOARD OF DIRECTORS ARE VOTED IN BY THE MEMBERSHIP ON AN ANNUAL BASIS 04. Governing body decisions (Part VI, line 7b) MAJOR ISSUES ARE VOTED UPON AT THE REGULAR MEETING OF THE BOARD OF DIRECTORS 05. Form 990 governing body review (Part VI, line 11) A COPY OF THE 990 AND 990T ARE REVIEWED BY THE BOARD AT THE FIRST AVAILABLE MEETING AFTER THE PREPARATION OF THE 990 AND 990T 06. Conflict of interest policy compliance (Part VI, line 12c) THE ORGANIZATION ANNUALLY REVIEWS THE CONFLICT OF INTEREST POLICIES WITH THE BOARD 07. CEO, executive director, top management comp (Part VI, line 15a) SALARY INFORMATION IS REVIEWED BY THE BOARD ON AN ANNUAL BASIS FROM INFROMATION DERIVED FROM WITHIN THE INDUSTRY 08. Other officer or key employee compensation (Part VI, line 15b SALARY INFORMATION IS REVIEWED BY THE BOARD ON AN ANNUAL BASIS FROM INFORMATION DERIVED

		Federal Supporti	ng Statemen	ts	2012	PG01
Name(s) as shown on return					FEIN	
NEW MEXICO (CATTLE GROV	WERS ASSOC			8	5-0056700
		990-T, PART I			Sta	tement #9
DESCRIPTION					A	MOUNT
MEETING AND	MEMBERSHI	Р			-	\$18,675
OFFICE		-				\$3,747
EOUIPMENT RI	ENTAL					\$723
ENTERTAINME						\$617
INSURANCE						\$3,861
CONTRIBUTION	1S					\$2,973
ADVERTISING						\$6,228
PROFESSIONA)	J FEES					\$2,166
DUES AND SUI						\$323
TELEPHONE AI		ES				\$1,307
TRAVEL AND A						\$1,933
OUTSIDE SER	/ICES					\$547
				TOTAL		\$43,100
	_					PG01
	FORM 9	90, SCHEDULE D INVESTMENTS		LINE 1E	ST	ATEMENT #D1E
DESCRI:	PTION	COST/BASIS	COST/BA	SIS		воок
OF INVE		(INVESTMENT	•		<u> </u>	VALUE
FURNITURE & EQU		C			78,784	7,195

В.	
Federal Supporting Statements Name(s) as shown on return NEW MEXICO CATTLE GROWERS ASSOC	2012 PG01 FEIN 85-0056700
990-T, PART II, LINE 28 OTHER DEDUCTIONS	Statement #9
DESCRIPTION MEETING AND MEMBERSHIP OFFICE EQUIPMENT RENTAL ENTERTAINMENT INSURANCE CONTRIBUTIONS ADVERTISING PROFESSIONAL FEES DUES AND SUBSCRIPTIONS TELEPHONE AND UTILITIES TRAVEL AND AUTOMOTIVE OUTSIDE SERVICES TOTAL	**************************************
FORM 990, SCHEDULE D, PART VI, LINE 1E INVESTMENTS - OTHER	PG01 STATEMENT #D1E
DESCRIPTION COST/BASIS COST/BASIS OF INVESTMENT (INVESTMENT) (OTHER) DEP FURNITURE & EQUIPMENT 0 85,979 7	BOOK <u>R</u> <u>VALUE</u> 8,784 7,195

_____0 ___85,979 ____78,784 ____7,195

TOTAL

990	Overflow Statement	2012 Page 1		
Name(s) as shown on return		FEIN		
NEW MEXICO CATTLE	GROWERS ASSOC	85-0056700		

OTHER EXPENSES PART IX LINE 24E

Description	A	mount
AUTO EXPENSE	\$	1,476
AWARDS NM STATE FAIR		6,060
CONTRACT LABOR		3,300
CONTRIBUTIONS		7,317
DUES & SUBSCRIBTIONS		2,156
EQUIPMENT RENTAL		4,822
MEETINGS		4,601
MEALS & ENTERTAINMENT		4,115
MEMBERSHIP		4,660
MISCELLAENOUS		50
OUTSIDE SERVICES		344_
REPAIRS & MAINTENANCE EQUIPMENT		5,176
GROSS RECEIPTS TAX		420
TELEPHONE		3,951
UTILITIES		4,765
WOLL GROWERS EXPENSE		1,041
NMFLC		160_
PRINTING		6,664
Total:	\$	61,078

2 ⁻			AMT		-
2012 PAGE 1	Social security number/EIN	85-0056700	Bonus depreciation		.100
***************************************	Social se		Prior expense		
			Accumulated Depreciation	82,035 100,938 1,261 2,087	186,321
			Current / depr.	9,294 1,518 254 223	11,289
ing			Rate	17.49 0 0 13.68 33.333 33.333	
Depreciation Detail Listing	ćiilo er		Method	200 DB MQ SL HY	
ciation Detail	מו ופרסוכ		Life		<u>ν</u>
preciation STATE PURE	nor you		Depreciation Basís	82,035 7 0 0 119,466 30 1,857 5 2,087 3	205,445
De			Section 179		
			Business	100.00 100.00 100.00 100.00	
			Salvage	4,303	4,303
			Cost	82,035 4,303 119,466 1,857 2,087	209,748
		RS ASSOC	Date	20100701 19740201 20091102 20100502	
	Name(s) as shown on return	NEW MEXICO CATTLE GROWERS ASSOC	Description	LAND BUILDINGS OFFICE EQUIPMENT SOFTWARE	Totals
	Name(z	No.	- 0 W 4 W	1

New Mexico Cattle Growers' Association Officers 2012

(January 2012)

Rex Wilson

President SR 1-53 Carrizozo, NM 88301

Jose J. Varela Lopez President-Elect PO Box 15921 Santa Fe, NM 87592

Lane Grau

Vice-President At Large 1680 CR 37 Grady, NM 88120

Ty Bays SW Vice President PO Box 2982 Silver City, NM 88062

Ernie Torrez NW Vice President 402 Mesilla St. NE Albuquerque, NM. 87108

Blair Clavel

NE Vice President 45 Clavel Ln. Roy, NM 87743

Pat Boone

SE Vice President PO Box 10 Elida, NM 88116-0010

Shacey Sullivan

Secretary/Treasurer P.O. Box 94330 Albuquerque, NM 87199

Bert Ancell

Past President
P.O. Box 216
Springer, NM 87747

Alisa Ogden

Past President P.O. Box 94. Loving, NM 88256

DIRECTORS 2012

(coding denotes number of term and expiration date, ex: 1:2012 is first term, expires in 2012)

Scott Bidegain

Box 82

Conchas Dam, NM 88416

Jeff Bilberry

PO Box 112

Elida, NM 88116

Diane Bowman

PO Box 84

Crownpoint, NM 87313

Jim Bob Burnett

P.O. Box 1566

Hope, NM 88250

Mike Casabonne

P.O. Box 1416

Hope, NM 88250

Gerald Chacon

1007 C.S. Prince Dr.

Espanola, NM 87532

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Mosquero, NM 87733

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Bloomfield, NM 87413

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Las Cruces, NM 88005

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Albuquerque, NM 87194

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Cimarron, NM 87714

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Mesilla Park, NM 88047

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Artesia, NM 88211-0441

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Datil, NM 87821

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3148 HWY 42

Willard, NM 87063

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PO Box 598

Capitan, NM 88316

Jim Grider

PO Box 990

Carrizozo, NM 88301

Phil Harvey, Jr.

P.O. Box 40

Mesilla, NM 88046

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Cimarron, NM 87715

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P.O. Box 696

Tucumcari, NM. 88401

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4080 Dietz Farm Circle NW

Albuquerque, NM. 87107

Dustin Johnson

PO Box 1722

Farmington, NM 87499-1722

Bobby Jones

Box 599

Dell City, TX 79837

Stan Jones

950 SR 241

Broadview, NM. 88112

John Keck

PO Box 349

Deming, NM 88031

Curt Kelling

HC 66 Box 2 Cuervo, NM 88417

David Kincaid

Dunken Rte.

Pinon, NM 88344

Garrett King

PO Box 9

Capulin, NM 88414

Levi Klump

726 Horse Camp Dr. Animas, NM 88020

Justin Knight

P.O. Box 714

Tucumcari, NM 88401

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HC 66, Box 615

Mountainair, NM 87036

Innis Lewis

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Alamogordo, NM 88130

Boe Lopez

PO Box 543

Springer, NM 87747

Randell Major

PO Box 244

Magdalena, NM 87825

Bill Marley

Rt. 2 45 Crossroads

Roswell, NM 88203

Mark Marley

HC 30 Box 1495 Roswell, NM 88201-9448

Ron Merritt

HC 66, Box 39

Yeso, NM 88136

Tom Mobley

P.O. Box 417

Dona Ana, NM 88032

Louis Montoya

1610 Hwy 170 La Plata, NM 87418

Greg Moore

HC 60 Box 8

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Joe Bill Nunn 11770 Steeple A. Rd. NE Deming, NM 88030

Charlie Rogers P.O. Box 187 2308 Fairway Terrace Clovis, NM. 88101

John Romero Tribal Road 82, House 12 Albuquerque, NM. 87105

Alfredo J. Roybal 19-A Rancho Las Lagunas Santa Fe, NM 87506

Carlos Salazar P.O. Box 702 Medanales, NM. 87548-0702 Troy Sauble HCR 62 Box 29 Maxwell, NM 87728

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Becky Spindle PO Box 112 Stanley, NM 87056

Kimberly Stone PO Box 873 Capitan, NM. 88316

Felicia Thal PO Box 116 Buena Vista, NM 87712

Jim Thorpe HCR 67, Box 14 Newkirk, NM 88431 Benarr Treat 1407 Latigo Circle Roswell, NM 88201

Gene Whetten HC 64 Box 30 Magdalena, NM 87825

Randy White 9007 Washington NE #A Albuquerque, NM. 87113-2705

Kris Wilson HCR 67 Box 21 Bell Ranch, NM 88431

Pat Woods 4000 CRM Broadview, NM 88112

NMCGA Past Presidents

(January 2012)

Bert Ancell

Past President P.O. Box 216 Springer, NM 87747

Alisa Ogden

P.O. Box 94. (Eddy) Loving, NM 88256

Bill Sauble

HCR 62, Box 29 Maxwell, NM 87728

Phil H. Bidegain

5859 QRBK

Tucumcari, NM 88401

Bob Frost

1710 A Quay Rd. 50 San Jon, NM 88434

Wesley Grau

Rt. 1 Box 14 Grady, NM 88120

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8096 State Hwy. 209

Tucumcari, NM 88401

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Alamogordo, NM 88310

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St. Rt. 2 Box 88

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Tucumcari, NM 88401

Bill King

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Stanley, NM 87056

Phillip Bidegain

PO Box 865

Tucumcari, NM 88401

Will Orndorff (Flo) 1962-1964

PO Box 1247

Socorro, NM 87801

NON VOTING MEMBERS

2012

Allied Industries Committee,

Kevin Floyd, Co-Chair AC Nutrition 905 White Mill Road Roswell, NM 88202

New Mexico Beef Council

Jane Frost 1710 A. Quay Rd. 50 San Jon, NM 88434

Insurance Services of New Mexico

Jim Lyssy PO Box 49 Ft. Sumner, NM 88119

NMSU College of Agricultural, Consumer and Environmental Sciences

Lowell B. Catlett, Dean & Chief Adm. Officer NMSU Box 3AE Las Cruces, NM 88003

New Mexico CowBelles

Beverly Butler P.O. Box 522 Columbus, NM 88029

NMCGA Insurance Administrator

Bob Homer 5600 Wyoming NE Suite 150 A Albuquerque, NM 87109

Form **8868**

(Rev. January 2013)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Internal Revenue Service • If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box • If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed). Part I A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions Employer identification number (EIN) or Type or Name of exempt organization or other filer, see instructions. 85-0056700 print NEW MEXICO CATTLE GROWERS ASSOC Social security number (SSN) Number, street, and room or suite no. If a P.O. box, see instructions. File by the due date for PO BOX 7517 filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See instructions ALBUQUERQUE, NM 87194-7517 Enter the Return code for the return that this application is for (file a separate application for each return) Application Return Application Code Is For Is For Code 07 Form 990 or Form 990-EZ 01 Form 990-T (corporation) 02 Form 1041-A 08 Form 990-BL Form 4720 09 03 Form 4720 (individual) 10 04 Form 5227 Form 990-PF 11 Form 6069 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 Form 990-T (trust other than above) The books are in the care of ► SHACEY SULLIVAN 2231 RIO GRANDE NW, NM 87104 FAX No. ▶ Telephone No. ▶ 505-247-0584 If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is . . . ▶ ☐ and attach for the whole group, check this box ▶ □ . If it is for part of the group, check this box a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time 11-15 , 20 13 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▶ X calendar year 20 12 or 20 ▶ tax year beginning , 20 , and ending Final return 2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return ☐ Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any За nonrefundable credits. See instructions. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0 estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$ c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using 0 EFTPS (Electronic Federal Tax Payment System). See instructions.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

Exempt Organization busin	1622	micome rax i	/Craili	<u> </u>	J
	(and proxy tax under section 6033(e))				
For calendar year 2012 or other tax year beg		,	2012, and	Onen	to Public Inspection for
Department of the Treasury Internal Revenue Service ending , 20 .		See separate instru)(3) Organizations Only
A Check box if Name of organization (Check box if name change	ged and s	ee instructions.)			identification number
B Exempt under section B Exempt under section NEW MEXICO CATTLE GROWERS	ASSO	2		(Employee	es' trust, see instructions.)
Print Number, street, and room or suite no. If a P.O. box, see	e instructi	ons.		85-0056	700
408(e) 220(e) Or PO BOX 7517				ì	business activity codes
408A 530(a) Type City or town, state, and ZIP code				(see instru	ictions)
529(a) ALBUQUERQUE, NM 87194-7517	,			524114	
C Book value of all assets F Group exemption number (See instructions)	>			4	
at end of year 493,765 G Check organization type X 501(c) corpo	ration 501(c) tru	st 40	01(a) trust	Other trust
H Describe the organization's primary unrelated business activity.					
During the tax year, was the corporation a subsidiary in an affiliated grou	ıp or a p	parent-subsidiary cont	rolled group?		▶ Yes X N
If "Yes," enter the name and identifying number of the parent corporation					
J The books are in care of ► SHACEY SULLIVAN		Telephone	e number 🕨	(505)24	7-0584
Part I Unrelated Trade or Business Income		(A) Income	(B) Expe		(C) Net
1a Gross receipts or sales 53,030					
b Less returns and allowances c Balance	1c	53,030			
2 Cost of goods sold (Schedule A, line 7)	2				
3 Gross profit. Subtract line 2 from line 1c	3	53,030			53,030
4a Capital gain net income (attach Schedule D)	4a				
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
c Capital loss deduction for trusts	4c				
5 Income (loss) from partnerships and S corporations (attach statement)	5				
6 Rent income (Schedule C)	6				.,
7 Unrelated debt-financed income (Schedule E)	7				
8 Interest, annuities, royalties, and rents from controlled					
organizations (Schedule F)	8				
9 Investment income of a section 501(c)(7), (9), or (17)					
organization (Schedule G)	9				
10 Exploited exempt activity income (Schedule I)	10				
11 Advertising income (Schedule J)	11				
12 Other income (see instructions; attach statement)	12				
13 Total. Combine lines 3 through 12	13	53,030			53,030
Part II Deductions Not Taken Elsewhere (see instructi			eductions)	(except	
deductions must be directly connected with the ur				(1	
				. 14	
15 Salaries and wages					25,750
16 Repairs and maintenance					827
17 Bad debts					
18 Interest (attach statement)					
19 Taxes and licenses				i	1,604
20 Charitable contributions (see instructions for limitation rules)					
21 Depreciation (attach Form 4562)		1 1		04	
22 Less depreciation claimed on Schedule A and elsewhere on return		***************************************		22b	704
23 Depletion					
24 Contributions to deferred compensation plans					
25 Employee benefit programs					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
26 Excess exempt expenses (Schedule I)					
27 Excess readership costs (Schedule J)					
					43,100
					71,985
					(18,955
					(20,753
					(18,955
				-	1 (20,753
				. 33	
Unrelated business taxable income. Subtract line 33 from line 32. I		o io greater triair inte o.	-,	. 34	(18,955

Га	Tax Computation	Telegogogo	T
35	Organizations Taxable as Corporations. (see instructions for tax computation) Controlled group		
	members (sections 1561 and 1563) check here See instructions and:		
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):		
	(1) \$ (2) \$ (3) \$		
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$		
	(2) Additional 3% tax (not more than \$100,000)	7	
С	Income tax on the amount on line 34	35c	
	Trusts taxable at trust rates (see instructions for tax computation). Income tax on		
36		36	1
	the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041)		
37	Proxy tax. (see instructions)	37	
38	Alternative minimum tax	38	
39	Total. Add lines 37 and 38 to line 35c or 36, whichever applies	39	
Pa	rt IV Tax and Payments	10000000000	9
40a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a		
b	Other credits (see instructions)		
С	General business credit. Attach Form 3800 (see instructions)	7	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	7	
	Total credits. Add lines 40a through 40d	40e	1
e 44	Subtract line 40e from line 39		
41		42	
42			
43	Total tax. Add lines 41 and 42	43	<u> </u>
44 a	Payments: A 2011 overpayment credited to 2012	_	
b	2012 estimated tax payments	4	
С	Tax deposited with Form 8868	_	
d	Foreign organizations: Tax paid or withheld at source (see instructions) 44d		
е	Backup withholding (see instructions)		
f	Credit for small employer health insurance premiums (Attach Form 8941) 44f		
g g	50400	\neg	
9	Form 4136 Other Total • 44g		
		. 45	1,029
45	Total payments. Add lines 44a through 44g	46	1,027
46	Estimated tax penalty (see instructions). Check if Form 2220 is attached	,	
47	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed ▶	47	
48	Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ▶	48	1,029
49	Enter the amount of line 48 you want: Credited to 2013 estimated tax ▶ 1,029 Refunded ▶	49	
Pa	Int V Statements Regarding Certain Activities and Other Information (see instruction	:s)	
1	At any time during the 2012 calendar year, did the organization have an interest in or a signature		Yes No
	or other authority over a financial account (bank, securities, or other) in a foreign country?		
	If "Yes," the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and		
	Financial Accounts. If "Yes," enter the name of the foreign country here		
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	an trust	?
_	If "Yes," see instructions for other forms the organization may have to file.	,	
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		
	hedule A - Cost of Goods Sold. Enter method of inventory valuation ▶		
1	Inventory at beginning of year 1 6 Inventory at end of year	. 6	<u> </u>
2	Purchases		
3	Cost of labor		
4a		. 7	
	(attach statement) 4a 8 Do the rules of section 263A (with resp	ect to	Yes No
b	Other costs (attach schedule) 4b property produced or acquired for resal	e) appl	у
5	Total. Add lines 1 through 4b 5 to the organization?		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my	knowled	ge and belief, it is true,
Sig	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
He			the IRS discuss this return the preparer shown below
116	Signature of officer Title	- (see	instructions)? X Yes No
		☐ if	PTIN
_	actif emple		
Pa	d David A Rasmussen 100-04-2013		P00301171
			5-0407093
Us	e Only Firm's address ► 8708 Second Street NW Phone no		
	Albuquerque NM 87114	5 (05-878-0829 Form 990-T (2012)

85-0056700

Description of property												
1)												
2)												
3)				······································		.,						
4)							γ					
	2. Rent recei	ved or a	ccrued				-					
(a) From personal property (if the per- for personal property is more than more than 50%)	perc	entage of re	ent for persona	property (if the I property excee n profit or income		3	B(a) Deductions directly in columns 2(a) and	y coni d 2(b)	nected with the income (attach schedule)			
1)												
2)												
(3)												
4)												
Total		Total					<u> </u>	\				
(c) Total income. Add totals of c	olumns 2(a) and		nter					o) Total deductions nter here and on pa				
here and on page 1, Part I, line 6,	, ,		,,,,,,					art I, line 6, column				
Schedule E - Unrelated			como (s	oo instruc	tions)		<u> </u>	arri, iiro o, colaiiir	(2) -			
Schedule E - Uniterated	Dept-Finance	eu mi	come (s	see manuc	tions)		3. D	eductions directly con	necte	d with or allocable to		
					come from or			debt-finance				
1. Description of de	bt-financed propert	У			debt-financed perty	r L		(a) Straight line depreciation (attach statement)		(b) Other deductions (attach statement)		
(1)												
(1)												
(2)												
(3)												
(4)	5. Average a	diveted	hogic									
 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) 	of or allo debt-finance (attach s	ocable to ed prop	o erty	6. Co 4 divi by col		7. Gross income repo (column 2 X colum			8. Allocable deductions (column 6 x total of column 3(a) and 3(b))			
(1)					%							
(2)	***				%							
(3)					%					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
(4)					%							
Totals						1		ere and on page 1, ine 7, column (A).		er here and on page 1, rt I, line 7, column (B).		
Total dividends-received dedu	ctions included i	n colur	nn 8 .									
Schedule F - Interest, A	nnuities. Ro	valtie	s, and	Rents Fro	m Control	led	Org	janizations (se	e in	structions)		
		<i>.</i>		Controlled Or								
Name of controlled organization	2. Emploidentification		3. Net unr	elated income e instructions)	4. Total of sp	Total of specified payments made		made included in the cont		5. Part of column 4 th included in the contro	trolling connected with inco	
(1)												
(2)												
(3)												
(4)												
Nonexempt Controlled Organiza	tions		L.,,		<u> </u>							
7. Taxable Income	8. Net unr	elated ir	ncome	9 . To	otal of specified		1	0. Part of column 9 tha	at is	11. Deductions directly		
7. Taxable income	(loss) (se	e instru	ctions)	pa	yments made		- 1	ncluded in the controlli rganization's gross inc	-	connected with income column 10		
(1)							-					
(2)							-					
(3)							+					
(4)												
								Add columns 5 and Enter here and on pa		Add columns 6 and 11. Enter here and on page		

Form 990-T (2012)

Schedule G - Investment Inco 1. Description of income	2. Amount of incom	ae direc	r (17) Organizat Deductions otly connected ach statement)	ion (see instruct 4. Set-asides (attach stateme		5. Total deductions	
(1)							
(2)			.,				
(3)							
(4)							
Totals	Enter here and on pa Part I, line 9, column	n (A).		(; , , ,			e and on page 1, ne 9, column (B).
Schedule I - Exploited Exemp	ot Activity Income,	Other Than A	dvertising Inco	me (see instructi	ons)		
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	attribu	penses utable to umn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)							
(2)							
(3)							
(4)							
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).					Enter here and on page,1. Part II, line 26.
Totals	me (see instruction	.e.\					1
	odicals Reported o		atad Rasis				
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)							
(2)]
(3)							
(4)]
Totals (carry to Part II, line (5)) .	>						
Part II Income From Per		on a Separate	Basis (For eac	h periodical liste	d in Pai	rt II, fill in	columns 2
through 7 on a line	e-by-line basis.)		1		T		I
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.			eadership costs	7. Excess readershi costs (column 6 minus column 5, bu not more than column 4).
(1)							
(2)							
(3)							
(4)							
Totals from Part I							
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and or page 1, Part I, line 11, col. (B).	1				Enter here and on page 1, Part II, line 27.
Schedule K - Compensation		ors, and Trust	ees (see instruc	tions)			
1. Name			2. Title	3. Percent of time devoted business			ition attributable to ed business
(1)					%		
(2)					%		
(3)					%		
(4)					%		
Total. Enter here and on page 1, Page	art II, line 14				-		

	ederal Supporting Statements	2012 PG01
ame(s) as shown on return		FEIN
IEW MEXICO CATTLE GROWEI	RS ASSOC	85-0056700
99	90-T, PART II, LINE 28 OTHER DEDUCTIONS	Statement #9
DESCRIPTION MEETING AND MEMBERSHIP DEFICE EQUIPMENT RENTAL ENTERTAINMENT INSURANCE CONTRIBUTIONS ADVERTISING PROFESSIONAL FEES DUES AND SUBSCRIPTIONS TELEPHONE AND UTILITIES TRAVEL AND AUTOMOTIVE DUTSIDE SERVICES		**************************************
	TOTAL	<u>\$43,100</u>
FORM 990	, SCHEDULE D, PART VI, LINE 1E <u>INVESTMENTS - OTHER</u>	PG01 STATEMENT #D1E
DESCRIPTION	COST/BASIS COST/BASIS	BOOK
OF INVESTMENT	(INVESTMENT) (OTHER) DEF	PR VALUE

0 85,979 78,784 7,195

TOTAL

990	2012 Page 2			
Name(s) as shown on return		FEIN		
NEW MEXICO CATTLE	GROWERS ASSOC	85-0056700		

NET OPERATING LOSS CARRYFORWARD

Description	Amount
DECEMBER 31, 2011	\$ 10,607
DECEMBER 31, 2010	 13,439
DECEMBER 31, 2009	242
Total:	\$ 24,288

2012 CIT-1 NEW MEXICO CORPORATE INCOME AND FRANCHISE TAX RETURN



Taxpayer's name NEW MEXICO CATTLE GROWERS ASSOC	
Mailing address	FOR DEPARTMENT LICE ONLY
PO BOX 7517	Original Return FOR DEPARTMENT USE ONLY
City, state and ZIP code	Original Return Amended - RAR Amended - Capital Loss
ALBUQUERQUE NM 87194-7	
1039 01 1	Amended - Other New Mexico Public
	lew Mexico CRS Identification No. Regulation Commission No.
85-0056700	01-504360-001 0311811
	01 501500 001
Tax Year Beginning Tax Year Ending	Extended Due Date
01 12 12 31	08 15 2013 (505) 247-0584
mm / yy mm / yy	mm / dd / ccyy Taxpayer telephone number
COMPLETE THE FOLLOWING:	
A. State of incorporation NEW MEXICO	Date of incorporation01/01/1964
B. Date business began in New Mexico01/01	/ 1964 State of commercial domicile NEW MEXICO
C. Name and address of registered agent in New Mexico _CI	AREN COWAN
2231 RIO GRANDE NW	ALBUQUERQUE NM 87104
mailing address	city state ZIP code
D. NAICS code (Required) 6300	Principal business activity in New Mexico CATTLE GROWERS ASSOC
E. Method used to determine New Mexico taxable income of the	no compration:
	·
X separate corporate entity Combination of	of unitary domestic corporations federal consolidated group
F. Indicate method of accounting:	rual other (specify)
G. If this is the corporation's final return, was the corporation:	
dissolved merged or reorganized	withdrawn date
	or any year due to an IRS audit or the filing of an amended federal return that has not
been reported to New Mexico? YES NO	If yes, submit an amended New Mexico Corporate Income and Franchise Tax return
and a copy of the amended federal return or the Revenue A	gent's Report, if applicable, to the New Mexico Taxation and Revenue Department.
The total of Column 3 must equal line 19 of CIT-1, page 2, a	the following information for each corporation in the consolidated or combined group. and the total of Column 4 must equal line 15 of CIT-1, page 2. If additional space
is required, attach a schedule in the same format.	
(1) Corporate Name (2) Federal Employ Identification Number	· · · · · · · · · · · · · · · · · · ·
J. FOR COMBINED FILERS ONLY:	Totals
Is this combination the same as filed last year?	'ES NO If no, please list each corporation added to or eliminated from the
	yer Identification Number. Attach a schedule if more space is needed.
KIf other than a corporation, enter your legal entity type (for e	example: LLC or partnership):
L. Mark this box if your business activities were immune from	n New Mexico corporate income tax under P.L. 86-272 for the 2012 tax year.
You must also enter zero on line 1, and complete and atta	
REFUND EXPRESS!! HAVE YOUR REFUND DIRECTLY DEPOSIT	ED. SEE INSTRUCTIONS AND FILL IN 1. 2. 3 AND 4. 4. REQUIRED: WILL THIS REFUND GO TO OR
	THE LANGE OF THE CONTROL OF THE CONT
	Type: Checking Savings THE UNITED STATES? If yes, you may not use this refund delivery option. See instructions.
2. Account number:	YES NO You must answer

2012 CIT-1 (page 2) NEW MEXICO CORPORATE INCOME AND FRANCHISE TAX RETURN

Federal Employer Identification Number (FEIN) 85-0056700



1.	Taxable income before federal NOL & special deductions (From federal	al Form 1120)	1	-18,955
2.	Interest income from municipal bonds (Exclude New Mexico bonds)		2	
3.	Federal special deductions (From federal Form 1120)		3	
4.	New Mexico base income (Add lines 1 and 2 and subtract line 3)		4	-18,955
5.	New Mexico NOL carryover (Attach schedule)	······	5	24,288
6.	Interest from U.S. government obligations or federally taxed New Mexi	ico bonds	6	
7.	Subtotal (Subtract the sum of lines 5 and 6 from line 4)		7	-43,243
8.	Deduction for foreign dividends (From CIT-D, line 5)		8	
9.	New Mexico net taxable income (Subtract line 8 from line 7)		9	-43,243
			Г Т	
	Income tax computation - tax on the amount on line 9 (See tax table o		10	
	New Mexico percentage (Enter 100% OR percentage from line 5 of Cl		11	%
12.	New Mexico income tax - MULTIPLY line 10 by the percentage on line	11	12	
13.	Total tax credits applied against the income tax liability on line 12 (Fro	m CIT-CR, line 20)	13	
			T T	
	Net income tax (Subtract line 13 from line 12; Cannot be negative)		14	
	Franchise tax (\$50 per corporation)		15	50
16.	Total income and franchise tax (Add lines 14 and 15)		16	50
17.	Amended Returns Only: (Enter amount of all 2012 refunds received		T.T	
	Also see instructions for line 19.)		17	
18	Subtotal (Add lines 16 and 17)		18	50
19	, <u> </u>	prior year	19	
	Mark this box if using method 4 to calculate penalty and interest on ur			
	(Attach RPD-41287)			
		4000 M' DDD 44005)	20	
	New Mexico income tax withheld from oil and gas proceeds (Attach F		20	
	New Mexico income tax withheld from a pass-through entity (Attach F		22	
	Total payments and tax withheld (Add lines 19 through 21)		23	50
23	Tax due: (If line 18 is greater than line 22, subtract line 22 from line 18	3)	23	30
	D 11 (0 0T 1 1 1 1 1		24	
	Penalty (See CIT-1 Instructions)		24	
	Interest (See CIT-1 Instructions)		26	50
	Total amount due (Add lines 23, 24 and 25)		27	
27	Overpayment (If line 22 is greater than line 18, enter the difference) 27a. Amount of overpayment to be applied to 2013 liability (Not more		27a	
	27b. Amount of overpayment to be applied to 2013 liability (Not more 27b. Amount of overpayment to be refunded (Subtract line 27a from I		27b	
20	Refundable portion of renewable energy production tax credit claimed		28	
	. Refundable portion of reflewable energy production tax credit claimed. Total refund of overpaid tax and refundable credit due to you (Add line).		29	
29	. Total retund of overpaid tax and ferundable credit due to you (Add line	58 210 and 20)	23	
30	Refundable portion of the film production tax credit (Attach RPD-412)	28)	30	
,	. Refundable portion of the film production tax credit (Attach RPD-4122		30	
Ta	xpayer's signature	Paid preparer's use only:	30	
Ta	xpayer's signature eclare that I have examined this return, including accompanying schedules and statements, and the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer		30	6-4-13
Ta	xpayer's signature eclare that I have examined this return, including accompanying schedules and statements, and			6-4-/3 Date
Ta	xpayer's signature eclare that I have examined this return, including accompanying schedules and statements, and the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer ther than taxpayer or an employee of the taxpayer) is based on all information of which preparer	Paid preparer's use only: Signature of preparer if other than employee of the taxp		Date
Ta to to ha	xpayer's signature eclare that I have examined this return, including accompanying schedules and statements, and the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer ther than taxpayer or an employee of the taxpayer) is based on all information of which preparer	Paid preparer's use only: Signature of preparer if other than employee of the taxp NM CRS Identification number 0	ayer	Date
Ta to to ha	xpayer's signature eclare that I have examined this return, including accompanying schedules and statements, and the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer ther than taxpayer or an employee of the taxpayer) is based on all information of which preparer is any knowledge. Institute of officer Date	Signature of preparer in other than employee of the taxp NM CRS Identification number 0 FEIN 85-0407093	ayer	Date
Ta to to ha	xpayer's signature eclare that I have examined this return, including accompanying schedules and statements, and the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer ther than taxpayer or an employee of the taxpayer) is based on all information of which preparer is any knowledge. TREASURER (505)247-0584	Signature of preparer is other than employee of the taxp NM CRS Identification number 0 FEIN 85-0407093	ayer	Date

DAVID A. RASMUSSEN, PC 8708 SECOND STREET NW ALBUQUERQUE, NM 87114

TAXPAYER'S COPY

SHACEY SULLIVAN, SECRETARY-TREASURER P.O. BOX 7517 ALBUQUERQUE, NM 87194-7517

Haldadadlldadallahhhhadllhadall

Form **8868**

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• if vou a	are filing for an Automatic 3-Month Extension, complet	te only Pa	rt I and check this box			■ X
-	are filing for an Additional (Not Automatic) 3-Month Ext					. •
	omplete Part II unless you have already been granted a				m 8868.	
	ic filing (e-file). You can electronically file Form 8868 if y					orporation
	to file Form 990-T), or an additional (not automatic) 3-mor					
	file any of the forms listed in Part I or Part II with the exc					
	Benefit Contracts, which must be sent to the IRS in pap					
	v.irs.gov/efile and click on e-file for Charities & Nonprofits.		see manactionaj. For more detaile e	711 1110 0100	aromo ming or t	
Part I	Automatic 3-Month Extension of Time		ubmit original (no copies ne	eded).		
	ation required to file Form 990-T and requesting an auton					
Part I oni	•					
	y corporations (including 1120-C filers), partnerships, REM	ICs and to	rusts must use Form 7004 to reques	t an exten	sion of time	
	orperations (including 1720 o mors), particiorips, 7220		add mad add rom roo r to roqued			
Type or	Name of exempt organization or other filer, see instru-	ctions.		Employe	identification r	iumber (EIN) or
print						
E1 1 1	NEW MEXICO CATTLE GROWERS'	ASSO	CIATION	X	85-0056	700
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, so	ee instruc	tions.	Social se	curity number (SSN)
return. See	P.O. BOX 7517					
instructions	City, town or post office, state, and ZIP code. For a fo		ress, see instructions.			
	ALBUQUERQUE, NM 87194-751	<u>/</u>				
_						0 1
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			<u>U I</u>
Applicat	ion	Return	Application			Return
Is For		Code	Is For			Code
Form 990)	01	Form 990-T (corporation)			07
Form 990		02	Form 1041-A			08
Form 990		01	Form 4720			09
Form 990		04	Form 5227			10
	D-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	D-T (trust other than above)	06	Form 8870			12
roilli əə	TROY SAUBLE	1 00	1 dilli dovo	·····		
a Thob	ooks are in the care of 2231 RIO GRAND	E BLV	D NW - ALBIIOHEROHE	MTM	87104	
	hone No. ► 505-247-0584	<u> </u>	FAX No. ►	,	<u> </u>	
	organization does not have an office or place of busines.	e in the Lir				
	is for a Group Return, enter the organization's four digit					up check this
	. If it is for part of the group, check this box					
box ▶	equest an automatic 3-month (6 months for a corporation				ocid the exterior	OIT 10 TOT.
1 re			to hie 1 om 930-1/ exterision of time		The extension	
	for the organization's return for:	n Organiza	tion return for the organization ham	eu above.	THE EXTENSION	
	x calendar year 2011 or					
			ad anding			
	tax year beginning	, ar	nd ending		•	
0 161	he tay year entered in line 1 is for less than 12 months.	shook roos	on: Initial return	Final retu	rn	
2 If 1	he tax year entered in line 1 is for less than 12 months, o	SHECK reas	initial return	rinarietu	111	
L.	Change in accounting period					
3a If 1	his application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069 e	enter the tentative tax less any			
	nrefundable credits. See instructions.	0, 0000, 0	The terretive tax, root arry	3a	\$	0.
	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter an	refundable credits and	Ja	•	<u> </u>
	timated tax payments made. Include any prior year over			3b	\$	0.
				Ju	Ψ	<u> </u>
	alance due. Subtract line 3b from line 3a. Include your pausing EFTPS (Electronic Federal Tax Payment System).			3с	\$	0.
	. If you are going to make an electronic fund withdrawal					
caution	. If you are going to make an electronic fund withdrawar	WILLI LIND F	orm coco, see rollin offoreto and r	UIIII 007 9	LO IOI Payillei	it a loti dell'ello.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A F	or the	2011 calendar year, or tax year beginning and e	ending		
3 CI	heck if oplicable:	C Name of organization		D Employer identific	ation number
	Address change	NEW MEXICO CATTLE GROWERS' ASSOCIATION	Ŋ		
	Name change	Doing Business As)56700
]Initial _return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		
	Termin- ated	P.O. BOX 7517		505-2	247-0584
	Amende return	City or town, state or country, and ZIP + 4		G Gross receipts \$	404,393.
L	Applica- tion pending			H(a) Is this a group re	
	pending	F Name and address of principal officer: SHACEY SULLIVAN		for affiliates?	Yes X No
			7104	H(b) Are all affiliates incl	
		mpt status: 501(c)(3)X 501(c) (5) ◀ (insert no.) 4947(a)(1) c	or 527		ist. (see instructions)
		e: ► NMAGRICULTURE.ORG	1	H(c) Group exemption	
		organization: X Corporation	L Year	of formation: 1964 M	State of legal domicile: NM
Pa		Summary	ромошт		
e	1 E	Briefly describe the organization's mission or most significant activities: TO PI	KOMOT1	VOTOE ON TO	THE CATTLE
Activities & Governance		INDUSTRY IN NEW MEXICO BY PROVIDING A UNI			
/err	l .	Check this box if the organization discontinued its operations or dispose		1 1	82
ő	1				82
∞ ŏ	1	Number of independent voting members of the governing body (Part VI, line 1b) Fotal number of individuals employed in calendar year 2011 (Part V, line 2a)			7
ties	l .	Total number of individuals employed in calendar year 2011 (Fart V, line 2a)			<u>′</u>
ξį		Fotal number of volunteers (estimate if necessary) Fotal unrelated business revenue from Part VIII, column (C), line 12			55,826.
Ä	1	Net unrelated business taxable income from Form 990-T, line 34			<10,607.>
	ום	ver unrelated business taxable income nonn onn 990-1, line 34		Prior Year	Current Year
	8 (Contributions and grants (Part VIII, line 1h)		163,208.	157,475.
Revenue		Program service revenue (Part VIII, line 2g)		164,961.	178,595.
		investment income (Part VIII, column (A), lines 3, 4, and 7d)	i	284.	170.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	I	65,315.	68,153.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		393,768.	404,393.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		165,655.	116,974.
Expenses	16a l	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
bei	b	Total fundraising expenses (Part IX, column (D), line 25)	_		:
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		280,492.	328,352.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1	446,147.	445,326.
	19	Revenue less expenses. Subtract line 18 from line 12		<52,379.	<40,933.>
or			В	eginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		521,623.	482,236.
PR PR	21	Total liabilities (Part X, line 26)		2,603.	4,149.
윤	22	Net assets or fund balances. Subtract line 21 from line 20		519,020.	<u>478,087.</u>
1	art II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepar	er has any knowledge.	
				Doto	
Sig	ın	Signature of officer		Date	
Hei	re	SHACEY SULLIVAN, SECRETARY-TREASURER			
		Type or print name and title		Date Check	PTIN
		Print/Type preparer's name Preparer's signature		if L	
Pai		DAVID A. RASMUSSEN		06/01/12 self-employ	
	parer	Firm's name DAVID A. RASMUSSEN, PC		Firm's EIN	85-0407093
Use	Only	Firm's address 8708 SECOND STREET NW		Dha/	EUE/840 0000
		ALBUQUERQUE, NM 87114		Phone no. (505)878-0829
Ma	y the if	RS discuss this return with the preparer shown above? (see instructions)	******		X Yes No

4e

Form	990 (2011) NEW MEXICO CATTLE GROWERS' ASSOCIATION 85-0056	<u>700</u>	Pa	age 3
Par	t IV Checklist of Required Schedules	······r	т	
	1		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		_X_
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			İ
	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	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		77
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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	X	-
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			1
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		<u> </u>
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	ļ	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	ļ	X
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	ļ	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	ļ	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ	X
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	ļ	X
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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		1	
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2011) NEW MEXICO CATTLE

Part IV Checklist of Required Schedules (continued)

L			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			- I
	United States 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 and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$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 25	24a		X
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?	24 d		
	Section 501(c)(3) and 501(c)(4) 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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
_	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		1	
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	ļ	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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	<u> </u>	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	ļ	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	_	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

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NEW MEXICO CATTLE GROWERS' ASSOCIATION

Part V Statements Regarding Other IRS Filings and Tax Compliance

. ui	Check if Schedule O contains a response to any question in this Part V					
	C. Col Collegalo C Collegalo a Cospeller to any question in the Cart			1	Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	اه			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and re		ible gaming			
Ū	(gambling) winnings to prize winners?			1c		
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	7			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	rns?		2b		X
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions			:		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За	X	
				3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		_X_
b	If "Yes," enter the name of the foreign country: ▶					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	ınts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		_X_
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions.			5b		X
	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 t	he org	anization solicit			
	any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions (or gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and see	ervices	provided to the payor?	7a		<u>X</u>
b				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	vas red	quired			
	to file Form 8282?	1		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year					
е				7e		
f				7f		
g				7g		<u> </u>
h				7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. [
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings a	t any ti	me during the year?	8	-	
9	Sponsoring organizations maintaining donor advised funds.					
а	· · · · · · · · · · · · · · · · · · ·			9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?		***************************************	9b		
10	Section 501(c)(7) organizations. Enter:	10a				
a	•					
_ b	•	10b	<u>/ </u>	1		
11	Section 501(c)(12) organizations. Enter:	11a	.1			
a	Company and the state of the st	110		1		
b	amounts due or received from them.)	11b				
100	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
	the state of the s	12b	1	1-0		1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	124		1		
ıs a	The state of the s			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	and the second s					
٠.	organization is licensed to issue qualified health plans	13b				
c						
14a	The state of the s			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu			14b		
				Гого	. 000	/2011

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

L	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	. See i	nstructions.				
	Check if Schedule O contains a response to any question in this Part VI						X
Sect	ion A. Governing Body and Management						
		_				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		82			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
	Enter the number of voting members included in line 1a, above, who are independent	1b		82			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other				
_	officer, director, trustee, or key employee?				2	Х	
3	Did the organization delegate control over management duties customarily performed by or under th						
Ü	of officers, directors, or trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as:				5		X
6	Did the organization have members or stockholders?			- 1	6	Х	
	Did the organization have members, stockholders, or other persons who had the power to elect or a				_		
1 a	more members of the governing body?				7a	Х	
L	Are any governance decisions of the organization reserved to (or subject to approval by) members, s						
D	and the second s				7b	Х	
_	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the ye				7.0		
8					8a	Х	
	The governing body?				8b	X	
	Each committee with authority to act on behalf of the governing body?				OD	- 22	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real				9		Х
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	revenu	ie Coae.)				
					40	Yes	
	Did the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such or						1
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy bef	ore filing the forr	n?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
					12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	nflicts?		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," c	describe				
	in Schedule O how this was done				12c	X	
13	Did the organization have a written whistleblower policy?				13		X
14	Did the organization have a written document retention and destruction policy?				14	X	
15	Did the process for determining compensation of the following persons include a review and approve	al by	independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision'	?					
а	The organization's CEO, Executive Director, or top management official				15a	X	
b	Other officers or key employees of the organization				15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	with a				
	taxable entity during the year?				16a		X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its	participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization						
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ►NM						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	T (Sec	ction 501(c)(3)s	oniv)	availa	ole	
10	for public inspection. Indicate how you made these available. Check all that apply.	. ,001					
	X Own website X Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	conflic	t of interest poli	cy, ar	nd fina	ncial	
	statements available to the public during the tax year.						
20	State the name, physical address, and telephone number of the person who possesses the books	and re	cords of the org	aniza	ation:]	-	
	SHACEY SULLIVAN - 505-247-0584						
13200	2231 RIO GRANDE BLVD NW, ALBUQUERQUE, NM 87104						
01-23					Forr	n 990	(2011)

Form 990 (2011) NEW MEXICO CATTLE GROWERS' ASSOCIATION	Form 990 (2011)	NEW MEXIC	CATTLE GROWER	S' ASSOCIATION
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85-0056700

20e **7**

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

Check if Schedule O contains a response to any	question in this Part VII	L

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if neither the organization	nor any related	orga					sat			
(A) Name and Title	(B) Average hours per week		(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
	(describe hours for related organizations in Schedule O)		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) SEE ATTACHED LISTING	0.00							0.	0.	0.

Part	VII Section A. Officers, Directors, Tr	u <mark>stees, Key E</mark> r	nplo	oyee	s, a	nd i	ligh	est	Compensated Employ	ees (continued)			
	(A) Name and title	(B) (C) Average Position							(D) Reportable	(E) Reportable	F	(F) Estimate	ed
	Name and title	hours per (do not check more than one box, unless person is both an						h an	compensation	compensation	n amount of		
		week (describe	-	Т	dad	recto	or/trus	tee)	from the	from related organizations	COL	other npensa	ition
		hours for	Individual trustee or director				ited		organization	(W-2/1099-MISC)		from the	е
		related organizations	ustee	truste		ee ee	npens		(W-2/1099-MISC)		1	ganizat nd relat	
		in Schedule	vidual t	institutional trustee	ē	Key employee	Highest compensated employee	ner			l	ganizati	
		O)	i di	inst	Officer	Key	いった。	Former					
				1									
			<u> </u>			<u> </u>							
			\vdash		-		1						
			-		-	\vdash	-						

			\vdash	+	-	-	+				-		
						1							
							<u> </u>						
	Sub-total Total from continuation sheets to Part \(\)								0.				0
d	Total (add lines 1b and 1c)								0.				0
2	Total number of individuals (including but							ho r	eceived more than \$10	0,000 of reportable			
	compensation from the organization											Yes	No
3	Did the organization list any former office	r. director. or tr	uste	ee. k	ev e	lam	ovee	or	highest compensated	employee on		100	110
	line 1a? If "Yes," complete Schedule J for										. 3		X
4	For any individual listed on line 1a, is the												v
_	and related organizations greater than \$1 Did any person listed on line 1a receive or										4		X
5	rendered to the organization? If "Yes," co										5		X
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest of										nsatio	n from	
	the organization. Report compensation (A)	e organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C							(C)				
	Name and busines	ss address	N	ION	E				Description of	services	Com	pensatio	on
	Total number of independent contractor	(including by t	no+	limit	04 +	0 th		lieto	d above) who received	more than			
2	Total number of independent contractors \$100,000 of compensation from the organical statement of the compensation from the organical statement of the compensation from the organical statement of the compensation from the organical statement of the compensation of the contractors		not	miin	eu l	o III	0	nole	a above) willo received	more triair			
	The organization from the organization from the organization											<u>99</u> 0	(201

Part VIII Statement of Revenue **(D)** Revenue excluded from (A) (B) (C) Unrelated Related or Total revenue business exempt function tax under sections 512, revenue revenue 513, or 514 Contributions, Gifts, Grants and Other Similar Amounts 1a 1 a Federated campaigns 157,475 **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f: \$__ 157,475 h Total. Add lines 1a-1f. **Business Code** 148,110. 900099 148,110. 2 a CONVENTIONS & MEETINGS Program Service Revenue 25,011. b LEGAL & ENVIRONMENTAL 900099 25,011. 2,999. 900099 2,999. c FEEDER PROGRAM 2,075. d THEFT REWARD PROGRAM 900099 2,075. 900099 400. 400. e ALLIED INDUSTRIES f All other program service revenue 178,595. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 170. 170. other similar amounts) Income from investment of tax-exempt bond proceeds 4 Royalties 5 (i) Real (ii) Personal 6 a Gross rents 10,411. b Less: rental expenses 10,411. c Rental income or (loss) 10,411. 10,411 d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ of contributions reported on line 1c). See Part IV, line 18 Other b Less: direct expenses _____ b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold _____ b c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 46,854. 46,854. 11 a INSURANCE CONSULT FEE 561000 8,972. b ADMIN FEES 541800 8,972. 1,916. 1,916 900099 c MISCELLANEOUS d All other revenue 57,742. e Total. Add lines 11a-11d 55,826. 10,411. 404,393. 180,681 Total revenue. See instructions.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a response to any question in this Part IX								
	ot include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and								
	organizations in the United States. See Part IV, line 21								
2	Grants and other assistance to individuals in								
	the United States. See Part IV, line 22								
3	Grants and other assistance to governments,								
	organizations, and individuals outside the								
	United States. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors,								
	trustees, and key employees								
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and			:					
	persons described in section 4958(c)(3)(B)								
7	Other salaries and wages	108,029.							
8	Pension plan accruals and contributions (include								
	section 401(k) and section 403(b) employer contributions)								
9	Other employee benefits	0.045							
1 0	Payroll taxes	8,945.							
11	Fees for services (non-employees):								
	Management	40 000							
b	Legal	48,000. 4,280.							
С	Accounting	4,200.							
d	Lobbying Car Dark W. line 47								
e	Professional fundraising services. See Part IV, line 17								
f	Investment management fees								
g	Other	10,265.							
12	Advertising and promotion	10,510.							
13	Office expenses	10,510.							
14	Information technology Royalties								
15 16	Occupancy								
16 17	Travel	6,509.							
18	Payments of travel or entertainment expenses								
10	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	127,203.							
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	4,744.							
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 0.)								
а		23,044.							
b		13,950.							
С		11,040.							
d		8,004.							
е		60,803.							
25	Total functional expenses. Add lines 1 through 24e	445,326.							
26	Joint costs. Complete this line only if the organization								
	reported in column (B) joint costs from a combined		1						
	educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)								
	Check here if following SOP 98-2 (ASC 958-720)	1	1						

					(A) Beginning of year		(B) End of year
T	1	Cash - non-interest-bearing			106,544.	1	112,060.
		Savings and temporary cash investments			354,872.	2	329,884.
		Pledges and grants receivable, net			3		
		Accounts receivable, net	25,805.	4	6,111.		
		Receivables from current and former officers, dire					
		employees, and highest compensated employee of Schedule L		5			
		Receivables from other disqualified persons (as o					
		4958(f)(1)), persons described in section 4958(c)		1			
		employers and sponsoring organizations of secti					
		employees' beneficiary organizations (see instruc		1		6	
		Notes and loans receivable, net			7		
		Inventories for sale or use	1		8		
		Prepaid expenses and deferred charges		I.	1,429.	9	1,029.
		Land, buildings, and equipment: cost or other		1			
	IV a	basis. Complete Part VI of Schedule D	10a	208,184.			
	b	Less: accumulated depreciation	10h	175,032.	32,973.	10c	33,152.
	11	Investments - publicly traded securities				11	
İ	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	i i		15		
		Total assets. Add lines 1 through 15 (must equa			521,623.	16	482,236
-	<u>16</u> 17	Accounts payable and accrued expenses			2,603.	17	4,149
		Grants payable		18			
	18	Deferred revenue		19			
	19				20		
	20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete F			21		
	21	Payables to current and former officers, director					
	22	highest compensated employees, and disqualifi					
Liabilities						22	
		of Schedule L				23	
	23	Secured mortgages and notes payable to unrela			24		
	24	Unsecured notes and loans payable to unrelated			24		
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines			25		
		Schedule D			2,603.	26	4,149
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check he		V and complete		20	
			ere 📂 L	and complete			
Ses		lines 27 through 29, and lines 33 and 34.		519,020.	27	478,087	
a	27	Unrestricted net assets		317,020.	28	270,007	
g	28	Temporarily restricted net assets		29			
2	29	Permanently restricted net assets		29			
2		Organizations that do not follow SFAS 117, c					
ŏ		complete lines 30 through 34.		00			
ser	3 0	Capital stock or trust principal, or current funds		30			
T.	31	Paid-in or capital surplus, or land, building, or ed		31			
Ä		Detained coming a sederiment appropriated in	1	32	1		
Net Assets or Fund Balances	32 33	Retained earnings, endowment, accumulated in Total net assets or fund balances			519,020.		478,087

Form **990** (2011)

orm	1990 (2011) NEW MEXICO CATTLE GROWERS' ASSOCIATION 85-0	<u>056700</u>	Pag	<u>je 12</u>
Pai	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)		<u>4,3</u>	
2	Total expenses (must equal Part IX, column (A), line 25)			<u> 26.</u>
3	Revenue less expenses. Subtract line 2 from line 1	<4	0,9	<u>33.</u> >
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	51	9,0	20.
5	Other changes in net assets or fund balances (explain in Schedule O)			0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6	47	8,0	<u>87.</u>
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a		2a	X	
b	and the second s			X
С	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?	2c		X_
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	separate basis, consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis	1		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	1 -		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
-	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	<u> </u>	
		Form	990	(2011)

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Employer identification number

Name of the organization 85-0056700 NEW MEXICO CATTLE GROWERS' ASSOCIATION Organization type (check one): Filers of: Section: X 501(c)(5) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

NEW MEXICO CATTLE GROWERS' ASSOCIATION

85-0056700

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	VARIOUS-ALL UNDER \$5,000 INDIVIDUALLY PO BOX 7517 ALBUQUERQUE, NM 871947517	\$0.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	VARIOUS DUES PO BOX 7517 ALBUQUERQUE, NM 871947517	\$157,475.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
Marie Marie Valence		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NU.	Name, address, and zn + +	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.

Name of organization

Employer identification number

NEW MEXICO CATTLE GROWERS' ASSOCIATION

85-0056700

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	200 000 F7 000 DFV (0044

Employer identification number

ICO CATTLE GROWERS' A		(0) (40) 1 11 11 11 11 11 11 11 11 11 11 11 11									
exclusively religious, charitable, etc., indiverse. Complete columns (a) through (e) and	vidual contributions to section 501(c)(/), t the following line entry. For organizations co	(8), or (10) organizations that total more than \$1,000 for the Impleting Part III, enter									
the total of exclusively religious, charitable, e	tc., contributions of \$1,000 or less for the y	'ear. (Enter this information once.) S									
Use duplicate copies of Part III if addition	nal space is needed.										
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held									
	(e) Transfer of gift										
Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee									
4.55	(-) !!	(d) Description of how gift is hold									
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held									
444444444444444444444444444444444444444											
	(e) Transfer of gift										
	(c) Transier or give										
Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee									
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held									
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held									
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held									
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held									
(b) Purpose of gift		(d) Description of how gift is held									
(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held									
	(e) Transfer of gift										
(b) Purpose of gift Transferee's name, address,	(e) Transfer of gift	(d) Description of how gift is held Relationship of transferor to transferee									
	(e) Transfer of gift										
	(e) Transfer of gift										
	(e) Transfer of gift										
Transferee's name, address,	(e) Transfer of gift										
	(e) Transfer of gift	Relationship of transferor to transferee									
Transferee's name, address,	(e) Transfer of gift	Relationship of transferor to transferee									
Transferee's name, address,	(e) Transfer of gift	Relationship of transferor to transferee									
Transferee's name, address,	(e) Transfer of gift	Relationship of transferor to transferee									
Transferee's name, address,	(e) Transfer of gift	Relationship of transferor to transferee									
Transferee's name, address,	(e) Transfer of gift and ZIP + 4 (c) Use of gift	Relationship of transferor to transferee (d) Description of how gift is held									
Transferee's name, address,	(e) Transfer of gift and ZIP + 4 (c) Use of gift (e) Transfer of gift	Relationship of transferor to transferee									
Transferee's name, address, (b) Purpose of gift	(e) Transfer of gift and ZIP + 4 (c) Use of gift (e) Transfer of gift	Relationship of transferor to transferee (d) Description of how gift is held									
Transferee's name, address, (b) Purpose of gift	(e) Transfer of gift and ZIP + 4 (c) Use of gift (e) Transfer of gift	Relationship of transferor to transferee (d) Description of how gift is held									
	Use duplicate copies of Part III if addition (b) Purpose of gift Transferee's name, address, a	Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), year. Complete columns (a) through (e) and the following line entry. For organizations of the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the yuse duplicate copies of Part III if additional space is needed. (b) Purpose of gift (c) Use of gift Transferee's name, address, and ZIP + 4									

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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.
 See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

If the organization answered "Yes" to 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" to 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" to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

 Section 501(c)(4), (5), 	or (6) organizati	ons: Complete Part III.			
lame of organization					oyer identification number
	NEW MEX	CO CATTLE GROWE	<u>RS' ASSOCIA</u>	TION	85-0056700
Part I-A Complet	te if the org	anization is exempt und	er section 501(c)	or is a section 527 of	ganization.
2 Political expenditures	3	ation's direct and indirect politic		▶\$	
Part I-B Complet	te if the org	anization is exempt und	ler section 501(c)	(3).	
1 Enter the amount of	any excise tax i	ncurred by the organization unc	der section 4955	▶\$	
2 Enter the amount of	any excise tax i	ncurred by organization manage	ers under section 4955	5 ▶ \$	
3 If the organization inc	curred a section	4955 tax, did it file Form 4720	for this year?		Yes No
4a Was a correction ma	de?				Yes No
b If "Yes," describe in I	Part IV.				
		anization is exempt und			
		by the filing organization for se			
		zation's funds contributed to ot			
		. Add lines 1 and 2. Enter here a			
		1120-POL for this year?			
5 Enter the names, ad-	dresses and en	nployer identification number (El	IN) of all section 527 p	olitical organizations to which	h the filing organization
made payments. For	r each organiza	ion listed, enter the amount pai	d from the filing organi	ization's funds. Also enter th	ne amount of political
		omptly and directly delivered to			te segregated fund of a
political action comn	nittee (PAC). If a	additional space is needed, prov			
(a) Name		(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate
					political organization. If none, enter -0
		,			

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

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990-EZ) 2011 Part II-A Complete if the org	NEW MEXICO (anization is exen	CATTLE GROWN opt under section	SRS ASSOCIA 501(c)(3) and file	ATTON 85-0 ed Form 5768	056700 Page 2				
(election under sec			(_ / (_ / \ / \ / \ / \ / \ / \ / \ / \ / \ /						
		ated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,				
	e of excess lobbying e			3 1	,				
		d "limited control" prov	visions apply.						
Limit	ts on Lobbying Expen ditures" means amou	ditures		(a) Filing organization's totals	(b) Affiliated group totals				
1a Total lobbying expenditures to influ	uence public opinion (c	rass roots lobbying)							
b Total lobbying expenditures to influ									
c Total lobbying expenditures (add li									
d Other exempt purpose expenditure									
e Total exempt purpose expenditure									
f Lobbying nontaxable amount. Enter	er the amount from the	following table in b oth	o columns.						
If the amount on line 1e, column (a) o	r (b) is: The lobb	oying nontaxable amo	ount is:						
Not over \$500,000									
Over \$500,000 but not over \$1,000	0,000 \$100,00	0 plus 15% of the exce	ess over \$500,000.						
Over \$1,000,000 but not over \$1,5	00,000 \$175,00	0 plus 10% of the exce	ess over \$1,000,000.						
Over \$1,500,000 but not over \$17,	,000,000 \$225,00	0 plus 5% of the exces	ss over \$1,500,000.						
Over \$17,000,000	\$1,000,0	000.							
g Grassroots nontaxable amount (er	nter 25% of line 1f)								
h Subtract line 1g from line 1a. If zer	o or less, enter -0								
i Subtract line 1f from line 1c. If zero									
j If there is an amount other than ze	ero on either line 1h or	line 1i, did the organiza	ation file Form 4720	Г					
reporting section 4911 tax for this				<u></u> L	Yes No				
	zations that made a s olumns below. See th	eraging Period Under ection 501(h) electior e instructions for line	n do not have to com s 2a through 2f on p						
	Lobbying Exper	nditures During 4-Yea	r Averaging Period	Y	-				
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total				
2a Lobbying nontaxable amount									
b Lobbying ceiling amount									
(150% of line 2a, column(e))		Andrew Colored Colored							
c Total lobbying expenditures									
d Grassroots nontaxable amount									
e Grassroots ceiling amount (150% of line 2d, column (e))									
(15070 Of line 2d, Column (e))									
4 Crangroots labbuing avanditures									
f Grassroots lobbying expenditures)		I						

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990-EZ) 2011 NEW MEXICO CATTLE GROWERS ' ASSOCIATION 85-0056700 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

or each "Yes"	response to lines 1a through 1i below, provide in Part IV a detailed description	(a	1)	(b)		
f the lobbying	activity.	Yes	No	Amo	unt	
local leg or refere	ne year, did the filling organization attempt to influence foreign, national, state or slation, including any attempt to influence public opinion on a legislative matter andum, through the use of: rs?					
b Paid sta	f or management (include compensation in expenses reported on lines 1c through 1i)?					
	to members, legislators, or the public?	1				
_	ons, or published or broadcast statements?					
	o other organizations for lobbying purposes?					
a Direct c	ontact with legislators, their staffs, government officials, or a legislative body?					
-	demonstrations, seminars, conventions, speeches, lectures, or any similar means?	1				
i Other ac						
j Total. A	ld lines 1c through 1i	 A 14 A 15 A 15 A 15 A 15 A 15 A 15 A 15				
•	activities in line 1 cause the organization to be not described in section 501(c)(3)?	1			1,1,1,1,1	
	enter the amount of any tax incurred under section 4912	The second second				
	enter the amount of any tax incurred by organization managers under section 4912					
d If the fili	og organization incurred a section 4912 tax, did it file Form 4720 for this year?			No Harde		
Part III-A	Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)	(5), or se	ection		
	501(c)(6).			·		
				Yes	No	
1 Were su	bstantially all (90% or more) dues received nondeductible by members?		1		X	
2 Did the	organization make only in house lobbying expenditures of \$2,000 or less?		2		X	
3 Did the	organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).		3		X	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes."			.,	e 3, is	
	seessments and similar amounts from members			131	, = / J	
	162(e) nondeductible lobbying and political expenditures (do not include amounts of poli	licai				
	es for which the section 527(f) tax was paid).		2a	1:	3,950	
	year				,248	
-	er from last year		١ _		3,198	
	ate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				,,	
	s were sent and the amount on line 2c exceeds the amount on line 3, what portion of the e					
	s were sent and the amount of line 20 exceeds the amount of line 3, what portion of the e e organization agree to carryover to the reasonable estimate of nondeductible lobbying and					
			4	23	3,198	
	ture next year? amount of lobbying and political expenditures (see instructions)		5		,, = , 0	
5 Taxable			<u>. 1 3</u>			
	Supplemental Information part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5;	Dowt II As one	I Down II D	ina 1 Alaa A	amplete	
		rait il A, ailt	rait ii b, i	IIIC 1. AISO, 1	omplete	
this part for a						
	ny additional information.					

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

NEW MEXICO CATTLE GROWERS' ASSOCIATION

Employer identification number 85-0056700

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	•	
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose c	onferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an hist	orically important land area
	Protection of natural habitat	Preservation of a certif	ied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	f a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	•		1 1
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	organization during the tax
	year		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abo		1 1 1
	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	ation's imancial statements that describes t	He diganization's accounting for
Da	conservation easements. rt III Organizations Maintaining Collections of	of Art. Historical Treasures, or Of	ther Similar Assets.
ra	Complete if the organization answered "Yes" to Form		
	If the organization elected, as permitted under SFAS 116 (A		nent and halance sheet works of art
ıa	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that described		ioo o, pasilo corrido, provido, invidado, invi
h	If the organization elected, as permitted under SFAS 116 (A		and balance sheet works of art, historical
U	treasures, or other similar assets held for public exhibition,		
	relating to these items:	saddation, or recourse in tartife and or pass	san a san a san a san a san a san a san a san a san a san a san a san a san a san a san a san a san a san
			> \$
	• •		
2	If the organization received or held works of art, historical tr		
2	the following amounts required to be reported under SFAS		. 9
a	D 1 1 1 1 5 - 000 D-11/01 F 4		> \$
	Assets included in Form 990 Part X		> \$

		ICO CATTLE							ge 2
Part									
3 1	Using the organization's acquisition, accessi	on, and other record	s, check any of the	e following that are	a signif	icant use of its	collection	ı items	i
((check all that apply):								
а	Public exhibition	d	Loan or ex	change programs					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further	the organization's	exempt	purpose in Pa	rt XIV.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical tre	asures, or other si	milar ass	sets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's	collection?			Yes		No
Part	IV Escrow and Custodial Arran	gements. Comple	ete if the organizat	ion answered "Yes	" to For	m 990, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	ls the organization an agent, trustee, custod	ian or other intermed	liary for contribution	ons or other assets	not inc	luded			_
	on Form 990, Part X?					<u> </u>	Yes		No
	If "Yes," explain the arrangement in Part XIV								
	· '						Amoun	t	
С	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e			
	Ending balance					1f			
	Did the organization include an amount on F						Yes		No
	If "Yes," explain the arrangement in Part XIV								
Par			nswered "Yes" to F	orm 990, Part IV, I	ine 10.				
L		(a) Current year	(b) Prior year	(c) Two years ba	7	Three years back	(e) Fou	r years	back
1a	Beginning of year balance								
	Contributions							-	
	Net investment earnings, gains, and losses							i di sa	
	Grants or scholarships							:	
	Other expenditures for facilities						100		
-	and programs								
f	Administrative expenses	1							
	End of year balance							1.1.	1
	Provide the estimated percentage of the cur		re (line 1a column	(a)) held as:					
	Board designated or quasi-endowment		%	(4), 11014 45.					
	Permanent endowment	%							
	Temporarily restricted endowment								
C	The percentages in lines 2a, 2b, and 2c sho								
20	Are there endowment funds not in the poss		ration that are held	l and administered	for the	organization			
Sa		ession of the organiz	ation that are note	and dammotored	101 (110	organization.		Yes	No
	by: (i) unrelated organizations						3a(i)		
							0 (11)		
	(ii) related organizations If "Yes" to 3a(ii), are the related organization								
D A	Describe in Part XIV the intended uses of the	•							l
Par									
Fai				ost or other	(a) Acci	ımulated	(d) Boo	yk valu	
	Description of property	(a) Cost or o		is (other)		ciation	(0) 000	n valu	C
		<u>-</u>	monty bas	4,303.	- GOPIG	- Cation		4,3	US
	Land			19,466.	<u> </u>	9,420.	7	$\frac{4}{10}, 0$	
	Buildings			17,400.		7,440.		0,0	±∪•
	Leasehold improvements	1							
	Equipment			01 115		IE 610		0 0	Λa
	Other			84,415.		5,612.	2	8,8	
Total	. Add lines 1a through 1e. (Column (d) must	equal Form 990, Par	t X, column (B), lin	e 10(c).)				3,1	<u> ၁८.</u>

Sched Par	t XI Reconciliation of Change in Net Assets from Form 990 to A	ASSC Audito	CIATIO	ON ial Sta		700 Page 4
	Total revenue (Form 990, Part VIII, column (A), line 12)			1		
2	Total expenses (Form 990, Part IX, column (A), line 25)		1	2		
3	Excess or (deficit) for the year. Subtract line 2 from line 1		Г	3		
4	Net unrealized gains (losses) on investments			4		
5	Donated services and use of facilities		- 1	5		
6	Investment expenses			6		
7	Prior period adjustments			7		
8	Other (Describe in Part XIV.)			8		
9	Total adjustments (net). Add lines 4 through 8			9		
10 Par	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and t XII Reconciliation of Revenue per Audited Financial Statemer	ots Wi	th Reven	10 ue pei	r Return	
	Total revenue, gains, and other support per audited financial statements					
1	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
2		2a				
a	Net unrealized gains on investments Donated services and use of facilities					
b		1 1				
С.	Recoveries of prior year grants					
d	Other (Describe in Part XIV.)				2e	
e	Add lines 2a through 2d				1 1	
3	Subtract line 2e from line 1				3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 4- 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIV.)				4c	
_C	Add lines 4a and 4b					
5 Do	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) † XIII Reconciliation of Expenses per Audited Financial Statemen	nts W	ith Expe	nses r		
1	Total expenses and losses per audited financial statements				··· 2553	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	0-				
a	Donated services and use of facilities	l l				
b	Prior year adjustments					
С	Other losses	1 1				
d	Other (Describe in Part XIV.)					
e	Add lines 2a through 2d				_	
3	Subtract line 2e from line 1					
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1				
	Investment expenses not included on Form 990, Part VIII, line 7b	1 1			1 1 <u>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </u>	
	Other (Describe in Part XIV.)					
С	Add lines 4a and 4b					
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				5	
	rt XIV Supplemental Information				41	+ \ / P = - 4. D = +
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp					

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

NEW MEXICO CATTLE GROWERS' ASSOCIATION

Employer identification number 85-0056700

NEW MEXICO CATTLE GROWERS ADDOCTATION 05 0030700
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ECONOMIC IMPORTANCE TO THE CATTLE INDUSTRY
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
CONTRIBUTIONS & SCHOLARSHIPS AWARDED THROUGH THE VARIOUS SUBCOMMITTEES
OF THE ASSOCIATION & ASSOCIATED ACTIVITIES
FORM 990, PART VI, SECTION A, LINE 2: EMPLOYEE HAS DIRECT FAMILY MEMBERS
ON THE BOARD OF DIRECTORS
FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION IS A MEMBER BASED
ORGANIZATION.
FORM 990, PART VI, SECTION A, LINE 7A: BOARD MEMBERS ARE VOTED IN ON AN
ANNUAL BASIS
FORM 990, PART VI, SECTION A, LINE 7B: MAJOR ISSUES ARE VOTED UPON AT THE
REGULAR MEETINGS OF THE BOARD OF DIRECTORS
FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE 990 AND 990T ARE
REVIEWED BY THE BOARD AT THE FIRST AVAILABLE MEETING AFTER THE PREPARATION
OF THE 990
FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION ANNUALLY REVIEWS
CONFLICT OF INTEREST POLICIES WITH THE BOARD

TOTAL EXPENSES

4,480.

990

_ a_	်	0	Ö	0	0	0	0	· (0	0	0	0	Ö	•	0	0	0
Current Year Deduction																	
Current Sec 179																	741.
Accumulated Depreciation	245.	• 06		21,000.	485.	1,640.	70.	655.	250.	390.	225.	1,385.	840.	480.	7,151.	710.	1. 741.
Basis For Depreciation	272.	103.	4,303.	21,000.	485.	1,640.	74.	729.	279.	432.	250.	1,539.	930.	533.	7,946.	710.	74
* Reduction In Basis										3 2 3 4 4 8 8							
Bus % Excl										1							
Unadjusted Cost Or Basis	272.	103.	4,303.	21,000.	485.	1,640.	74.	729.	279.	432.	250.	1,539.	930.	533.	7,946.	710.	741.
Line No.	016	016		16	16	16	016	016	016	16	016	016	016	016	016	16	16
Life	10.00	10.00	000.	20.00	10.00	5.00	10.00	10.00	10.00	10.001	10.00	10.00	10.00	10.00	10.00	5.00	5.00
Method		Į.		ė.		200DB	Ĭ.	J.C	ĮĮ.	Ţ][JI.	J.C	J.C	3L	J.C	PRE
Date Acquired	080175SL	080175SL	020174L	020174SL	120674SL	1030982	080175SL	080175SL	081275SL	081275SL	081275SL	091875SL	101075SL	083180SL	123180SL	073181SL	073182PRE
Description	OTHER 1TABLE 62-E-72	SCOFFEE TABLE	L RIO	BUILDING 2231 RIO 4GRANDE	SELECTRICAL WORK	6MEMBERSHIP SOFTWARE103098200DB5.0	72 END TABLES -A124	15 CAPTAIN CHAIRS 82922	9REFRIGERATOR	10RANGE	11BRONZE LOGOS	12CABINETS	13CABINETS	14IBM SELECTRIC	15TYPEWRITTER	16FILE CABINET	17FILE CABINET
Asset No.				•				-		ਜ	<u> </u>	H	H	ਜ	—	-	

(D) - Asset disposed

990

Current Year Deduction	0	Ö	0	0	0	o	0	·	0	0	0	Ö	0	0	0	0	0	0
Current Cu Sec 179 D																		
38 S			2	- -	9		•	o.	ب ن	· •	. 9	· ·	•	ъ •	'n	7.	<u>.</u>	2
Accumulated Depreciation	398	59.	3,582	56	18(177	13(368	1,39	1,33	1,56	278	4,02	2,44	1,02	22	1,94	2,855
Basis For Depreciation	362.	591.	3,582.	564.	186.	177.	130.	368.	1,395.	1,336.	1,566.	278.	4,020.	2,445.	1,023.	227.	1,949.	2,855.
* Reduction In Basis																		
Bus % Excl											:						:	
Unadjusted Cost Or Basis	362.	591.	3,582.	564.	186.	177.	130.	368.	1,395.	1,336.	1,566.	278.	4,020.	2,445.	1,023.	227.	1,949.	2,855.
Line No.	16	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17
Life	5.00	7.00	5.00	7.00	7.00	7.00	7.00	7.00	7.00	2.00	5.00	5.00	5.00	5.00	5.00	35.00	35.00	35.00
Method	4PRE	200DB	200DB	200DB	591200DB7.0	200DE	200DE	0912000B7.0	2200DB7.0	200DE	200DE	200DE	200DE	200DE	200DE	200DE	200DE	200DE
Date Acquired	033184	100187200DB7.0	040590200DB5.0	050190200DB7.0	041591	053191200DB7.0	113091200DB7.0	121091	080592	122392200DB5.0	072293200DB5.0	103193200DB5.0	111593200DB5.0	010195200DB5.0	083095200DB5.0	110196200DB5.0	030197200DB5.0	110197200DB5.0
Description	SHELVES	FRA	COMPUTER & LASER 20PRINTER		MEMBERSHIP FILE 22CABINET	2 STORAGE CABINETS	24OAK FILE CABINET		SPEED DIAL OMNIFAX 6CUTTER	27computer	28LASERJET PRINTER	29DESK	30COMPUTER EQUIPMENT	31POSTER DISPLAYS	3 2 SCANNER	33COLOR PRINTER	34EQUIPMENT	35DELL COMPUTER
Asset No.	18	19	20	21	22	232	24	25	26	27	28	29	30	31	32	33	34	35

(D) - Asset disposed

990

Current Year Deduction	0	0	0	•	0	0	0	0	0	•	0	112.	0	0	0	0	0	0
Current Sec 179																		
Accumulated Depreciation	3,840.	368.	3,592.	1,356.	1,441.	800.	6,868.	333.	3,598.	2,798.	.009	1,830.	22,325.	1,645.	1,303.	384.	410.	417.
Basis For Depreciation	3,840.	368.	3,592.	1,356.	1,441.	800.	7,073.	333.	3,598.	2,798.	656.	1,941.	22,325.	1,645.	1,303.	384.	410.	417.
* Reduction In Basis					617.	800.												
Bus % Excl									1		1		:					
Unadjusted Gost Or Basis	3,840.	368.	3,592.	1,356.	2,058.	1,600.	7,073.	333.	3,598.	2,798.	656.	1,941.	22,325.	1,645.	1,303.	384.	410.	417.
No.	17	17	17	5	17	17	16	16	16	16	16	17	016	016	016	016	16	0016
Life	B5.00	B5.00	B5.00	B5.00	B5.00	B5.00	B5.00	5.00	6.00	5.00	B5.00	B5.00	30.0	30.0	30.0	30.0	5.00	30.0
Method	200D	200D]	200D]	200D]	200D	200D	200D	$_{ m SI}$	SL	SI	200D	200D	SI	SI	SI	SI	SL	SI
Date Acquired	071500200DB5.0	071500200DB5.0	081500200DB5.00	090600200DB5.00	033102200DB5.0	072303200DB5.0	093003200DB5.0	121803	061504SL	071504SL	101505200DB5.00	083106200DB5.0	010175SL	091675SL	010176SL	033176SL	061379SL	122179SL
Description	36COMPUTER, LAPTOP	37FOLDING DISPLAY	38RICOH COPIER	39COMPUTER- SANDIA	40LAPTOP COMPUTER	DELL NOTEB COMPUTER	TELEPHONE SYSTEM 42REPLACEMENT	43FAX MACHINE	44COPIER	45DELL COMPUTER	46TELEPHONE CC		BUILDING ADDITION & 48IMPROVEMENT	CAPING	BLDG ADDITION & 50IMPROVEMENT	51LANDSCAPING	52OFFICE WALL	53LANDSCAPING
Asset No.	36	3.7	38	39	40	41	42	43	44	45	46	47	48	49	20	51	52	53

(D) - Asset disposed

990

Current Year Deduction	0.	0	0	0	0	0	0	Ö	.0	Ó	•	Ó	o	0	·	0	o	0
Current Sec 179																		
Accumulated Depreciation	220.	454.	1,410.	1,014.	1,813.	1,590.	505.	956.	178.	366.	1,393.	2,142.	502.	577.	787.	929.	337.	404.
Basis For Depreciation	224.	458.	1,421.	1,014.	1,813.	1,593.	505.	961.	178.	366.	1,393.	2,142.	502.	577.	787.	929.	337.	404.
* Reduction In Basis																		
Bus % Excl											:							
Unadjusted Cost Or Basis	224.	458.	1,421.	1,014.	1,813.	1,593.	505.	961.	178.	366.	1,393.	2,142.	502.	577.	787.	929.	337.	404.
Life No.	30.0016	30.0016	30.0016	5.00 16	15.0016	15.0016	15.0016	15.0016	15.0016	15.0016	15.0016	15.0016	15.0016	15.0016	15.0016	15.0016	15.0016	15.0016
Date Acquired Method	043080SL	091980SL	092980 <mark>SL</mark>	103181PRE	113081PRE	053082PRE	070183PRE	080183PRE	090183PRE	110183PRE	013184PRE	033184PRE	030187PRE	030187PRE	040187PRE	040187PRE	040187PRE	050187PRE
Description	54SCREEN DOORS		RESTUCCO & 56SANDBLASTING	57INSULATION	58РОКСН	590FFICE FLOOR	60ELECTRICAL	61WALLS OUTSIDE	62WALLS - INSIDE	63WALLS INSIDE	64MISC IMPROVEMENTS	65painting & Repairs	NDIS99	67METAL DOORS	68OFFICE IMPROVEMENTS040187PRE	69 <mark>BURGLAR ALARM</mark>	70MINI BLINDS	71 SMOKE ALARM
Asset No.	2,	2.	กั	က်	വ്	ŢĊ	٠ <u>٠</u>	——	9	<u>ن</u>	ف	9	ق	9	ý	9	7	7

(D) - Asset disposed

990

Current Year Deduction	0	•	0	0	0	•0	249.	256.	386.	423.	383.	406.	350.	237.	220.	226.	210.	149.
Current Sec 179																	2 4 3 3 4 4 7	
Accumulated Depreciation	776.	3,566.	2,655.	4,773.	6,018.	1,000.	2,892.	2,618.	2,225.	2,169.		2,606.	1,686.	525.	488.	339.	568.	75.
Basis For Depreciation	776.	3,566.	2,681.	4,918.	6,076.	1,000.	9,703.	10,000.	2,803.	2,803.	2,885.	3,570.	2,562.	1,353.	1,260.	3,390.	1,092.	447.
Reduction In Basis									1,202.	1,202.	2,886.							
Bus % Excl																		
Unadjusted Cost Or Basis	776.	3,566.	2,681.	4,918.	6,076.	1,000.	9,703.	10,000.	4,005.	4,005.	5,771.	3,570.	2,562.	1,353.	1,260.	3,390.	1,092.	447.
Line No.	016	016	016	T 6	016	017	017	017	017	017	017	17	17	17	17	017	17	17
Life	15.0(15.0(15.0(2.00	15.0	39.0	39.0(39.0	0	0	0.	2.00	35.00	37.00	37.00	15.0	35.00	3.00
Method	PRE	PRE	PRE	150DE	PRE	${ m SI}_{ m I}$	SL	SL	200DE	200DE	150DE	200DE	200DE	200DE	200DE	SL	200DE	SI
Date Acquired	100187PRE	041392PRE	051493PRE	051293150DB5.00	060193PRE	042999SL	052199SL	101500SL	051502200DB10	101502200DB10.	081904150DB15	042308200DB5.00	122408200DB5.00	020909200DB7.00	020909200DB7.0	1060809	110209200DB5.0	05021081
Description	72FIRE BOX	IIN	PAVING – PARKING 74LOT	田 円	PAVING - PARKING 76LOT	ALARM	NEW ROOF (LONE MTN 78CONTR)	REMODEL FRONT 79BUILDING	80HVAC UNIT (BACK)	81HVAC UNIT (FRONT)	82LANDSCAPE	DELL POWEREDGE 840 83SERVER	DELL LATITUDE 84NOTEBOOK	85pesks & Chairs	86OFFICE FURNITURE	87MOBILE STORAGE UNITO 60809SL	88DELL NOTEBOOK	89 2007 OFFICE
Asset No.	72	73	74	7.5	76	7.5	78	75	38	81	8	.;, &	78	3,8	86	8.7	 	58

(D) - Asset disposed

2011 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

990

Current Year Deduction	153. 984. 4,744.	744				
De Cur						
Current Sec 179	0					
Accumulated Depreciation	77.	163,952.				
Basis For Depreciation	4,922.	201,476.				
Reduction In Basis	, L. J. J. J. J. J. J. J. J. J. J. J. J. J.	6,707.				
Bus % Excl						
Unadjusted Cost Or Basis	765 922	•				
Line No.	17 19B					
Life	0 0					
Method	SL 200DB					
Date Acquired	050210SL 5.00					
Description	90DELL OPTIPLEX 380 91POWEREDGE T310 * 990 PAGE 10 TOTAL	OTHER * GRAND TOTAL 990 PAGE 10 DEPR				
Asset No.	<u> </u>				: :	

(D) - Asset disposed

Form **8868**

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

internal neve	nue service Fille a sepa	rate appir	cation for each retain.			
If you a	re filing for an Automatic 3-Month Extension, complet	e only Pa	rt I and check this box			
If you a	re filing for an Additional (Not Automatic) 3-Month Ext	ension, c	omplete only Part II (on page 2 of t	his form).		
Do not co	omplete Part II unless you have already been granted a	ın automa	tic 3-month extension on a previous	ly filed For	m 8868.	
Electroni	c filing (e-file). You can electronically file Form 8868 if y	ou need a	3-month automatic extension of time	ne to file (6	months for a co	orporation
required t	o file Form 990-T), or an additional (not automatic) 3-mor	nth extens	ion of time. You can electronically fil	le Form 88	68 to request a	n extension
of time to	file any of the forms listed in Part I or Part II with the exc	eption of	Form 8870, Information Return for T	ransfers A	ssociated With	Certain
	Benefit Contracts, which must be sent to the IRS in paper					
visit www	irs.gov/efile and click on e-file for Charities & Nonprofits.					
Part I	Automatic 3-Month Extension of Time	. Only s	ubmit original (no copies nee	eded).		
A corpora	tion required to file Form 990-T and requesting an auton	natic 6-mo	nth extension - check this box and o	complete		
Part I only						► X
All other o	corporations (including 1120-C filers), partnerships, REM Tome tax returns.					
Type or	Name of exempt organization or other filer, see instruc	ctions.	<u> </u>	Employer	identification n	umber (EIN) or
print					05 0056	5 00
File by the	NEW MEXICO CATTLE GROWERS'	ASSO	CIATION	X	85-0056	
due date for	Number, street, and room or suite no. If a P.O. box, se	ee instruct	tions.	Social sec	curity number (S	SSN)
filing your return. See	P.O. BOX 7517					
instructions.	City, town or post office, state, and ZIP code. For a for ALBUQUERQUE, NM 87194-751		ress, see instructions.			
						<u> </u>
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			0 7
Applicati	on	Return	Application			Return
Is For		Code	Is For			Code
Form 990)	01	Form 990-T (corporation)			07
Form 990		02	Form 1041-A			08
Form 990		01	Form 4720			09
		04	Form 5227			10
Form 990		05	Form 6069			11
	7-T (sec. 401(a) or 408(a) trust)					12
Form 990	O-T (trust other than above)	06	Form 8870			12
The be	TROY SAUBLE cooks are in the care of > 2231 RIO GRAND	E BLV	D NW - ALBUQUERQUE	, NM	87104	
Teleph	none No. ► 505-247-0584		FAX No. ▶			
•	organization does not have an office or place of business	s in the Ur	nited States, check this box			. •
	is for a Group Return, enter the organization's four digit					ip, check this
box 🕨	. If it is for part of the group, check this box	and atta	ach a list with the names and EINs o	f all memb	ers the extension	on is for.
	quest an automatic 3-month (6 months for a corporation					
	NOVEMBER 15, 2012 , to file the exemp				The extension	
ie f	or the organization's return for:					
	X calendar year 2011 or					
	tax year beginning	ar	nd ending			
	tax year beginning	, ai	id criding		_ `	
2 If t	he tax year entered in line 1 is for less than 12 months, on the control of the c	check reas	on: Initial return	Final retur	n	
3a If t	his application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069 e	enter the tentative tax, less any			
	nrefundable credits. See instructions.	2, 2000, 6	The territaries tan, 1000 any	За	\$	1,029.
	his application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and	100	*	
	• •	-		3b	\$	1,029.
	timated tax payments made. Include any prior year over			30	Ψ	1,049.
	lance due. Subtract line 3b from line 3a. Include your pa			0.5	e	0.
	using EFTPS (Electronic Federal Tax Payment System).			3c	\$	
Caution.	. If you are going to make an electronic fund withdrawal	with this F	orm 8868, see Form 8453⋅EO and F	orm 88/9-	EU for payment	instructions.

Departr	990-T ment of the Treasury Revenue Service		xempt Organization Bus (and proxy tax und	ines er sec	s Income Tation 6033(e))	ax Return		OMB No. 1545-0687 2011 Open to Public Inspection for 01(c/3) Organizations Only
A A	Check box if	Forc	alendar year 2011 or other tax year beginning Name of organization (hanned a			D Employ	yer identification number
A	address changed		Name of organization (officer box is famile of	nangeo a	na 300 mon aonono.		(Emplo instruc	yees' trust, see tions.)
B Ex	empt under section	Print	NEW MEXICO CATTLE GROW	ERS'	ASSOCIATI	ON	85	5-0056700
	501()()	or	Number, street, and room or suite no. If a P.O. box					ted business activity codes structions.)
	408(e) 220(e)	Type	P.O. BOX 7517	•] (000 ;;;;	Structions.,
	408A 530(a)		City or town, state, and ZIP code					
X	529(a)		ALBUQUERQUE, NM 87194	-751	7		5242	114
			p exemption number (See instructions.)	>				
at e	end of year	G Chec	k organization type 🕨 💢 501(c) corporation	n 🗀	501(c) trust	401(a) trust		Other trust
	482,236.	<u> </u>						
			ary unrelated business activity. $ ightharpoonup$ ADMINIS					Г
	• •		poration a subsidiary in an affiliated group or a pare	nt-subsid	iary controlled group?	> L	Yes	s X No
			itifying number of the parent corporation.					045 0504
-			SHACEY SULLIVAN		····	one number > 5		
			de or Business Income		(A) Income	(B) Expense	5	(C) Net
	Gross receipts or sal		<u>55,826.</u>		EE 026			
-	Less returns and allo			10	55,826.			
	- '		e A, line 7)	2	FF 00C			55,826.
	Gross profit. Subtrac			3	55,826.			33,040.
			ch Schedule D)	4a				
	- ' ' '		Part II, line 17) (attach Form 4797)	4b				
			sts	4c				
	, ,		hips and S corporations (attach statement)	5		The Address of the Ad		
				6				
			ome (Schedule E)	7				
		-	and rents from controlled organizations (Sch. F)	8				
9			ion 50 1 (c)(7), (9), or (17) organization					
				9				
	•		ome (Schedule I)	10				
			le J)	11				
12	•		ons; attach schedule.)	12	55,826.			55,826.
	Total. Combine line	es 3 thro	ugh 12 ot Taken Elsewhere (See instructions f					33,620.
Ра	(Except for	contrib	outions, deductions must be directly connecte	ed with t	he unrelated busines	ss income.)	1	
14	•	•	directors, and trustees (Schedule K)				14	22 205
15			,					23,295. 519.
16							1	519.
17								
18							1	1,449.
19			· · · · · · · · · · · · · · · · · · ·				19	1,449.
20			ee instructions for limitation rules.)			712		
21			4562)			114	22b	712.
22	•		on Schedule A and elsewhere on return					/12.
23								
24			ompensation plans					
25 26			S Schadula IV					
26			Schedule I)				27	
27	Other deductions	5) Bibuu adaatta	Schedule J) chedule)		SEE STA	гемелт 1	28	40,458.
28			ines 14 through 28					66,433.
29 20			income before net operating loss deduction. Subtra					<10,607.
30 21			on (limited to the amount on line 30)					0.
31 32			e income before specific deduction. Subtract line 31					<10,607.
32 33			ally \$1,000, but see instructions for exceptions.)				1	1,000.
34	•	•	xable income. Subtract line 33 from line 32. If line				24	-10 607

85-0407093

(505)878-0829

Form **990-T** (2011)

Firm's EIN 🕨

Form 990-T		CATTL	E GROWERS' ASS	OCIATION	85-005	6700	Page
Part I							
35	Organizations Taxable as Corporati						
	Controlled group members (sections						
а	Enter your share of the \$50,000, \$25			1	ı		
	(1) \$	(2) \$	(3)	\$			
b	Enter organization's share of: (1) Ad						
	(2) Additional 3% tax (not more than	\$100, 00	0)	\$. RAM	
C	Income tax on the amount on line 34					35c	0
36	Trusts Taxable at Trust Rates. See i	nstruction	ns for tax computation. Income ta	x on the amount on line	34 from:		
	Tax rate schedule or S	chedule [) (Form 104 1)			36	
37	Proxy tax. See instructions				.,	37	
38	Alternative minimum tax				***************************************	38	
39	Total. Add lines 37 and 38 to line 35					39	0
Part I	V Tax and Payments						
	Foreign tax credit (corporations attac	ch Form 1	118: trusts attach Form 1116)	40a			
	General business credit. Attach Form						
4	Credit for prior year minimum tax (a	tach Forn	n 8801 or 8827)	40d			
u	Total credits. Add lines 40a through	40d	10001 01 0021 /			40e	
						41	C
41	Subtract line 40e from line 39 Other taxes. Check if from: For	m 4255	Form 8611 Form 869	7 Form 8866	Other (attach schedule)	42	
42						43	(
43	Total tax. Add lines 41 and 42						
44 a	Payments: A 2010 overpayment cre	ealtea to 2	011	44a		4	
	2011 estimated tax payments					-	
	Tax deposited with Form 8868					-	
	Foreign organizations: Tax paid or w			1		-	
	Backup withholding (see instruction					-	
f	Credit for small employer health ins	·		1		_	
(Other credits and payments:		Form 2439				
	Form 4136		Other	Total ➤ <u>44g</u>		_	
45	Total payments. Add lines 44a thro					45	1,029
46	Estimated tax penalty (see instruction	ons). Ched	k if Form 2220 is attached 🕨 [46	
47	Tax due. If line 45 is less than the to	otal of line	s 43 and 46, enter amount owed			47	
48	Overpayment, If line 45 is larger that					48	1,029
49	Enter the amount of line 48 you war	nt: Credite	d to 2012 estimated tax	1,02	9. Refunded 🕨	49	(
Part	∨ Statements Regardir	ng Cer	tain Activities and Oth	er Information (s	ee instructions)		
	any time during the 2011 calendar ye					ccount	Yes N
, / h	ink, securities, or other) in a foreign c	ountry? It	YES, the organization may have	to file Form TD F 90-22.	1, Report of Foreign Bank	and	
Fin	ancial Accounts If YES enter the nar	ne of the t	foreign country here		, .		
2 Du	ancial Accounts. If YES, enter the nar ing the tax year, did the organization receive ES, see instructions for other forms the orga	a distribut	ion from, or was it the grantor of, or tra	nsferor to, a foreign trust?			
3 En	ter the amount of tax-exempt interest	racaivad	or accrued during the tay year	\$			
	dule A - Cost of Goods S						
		J. Lin				6	
	ventory at beginning of year	- 				<u> </u>	
-	rchases	2		t of goods sold. Subtract		_	
	st of labor	3		n line 5. Enter here and i		7	Tv I
	ditional section 263A costs	4a		the rules of section 263/	•		Yes N
b Ot	ner costs (attach schedule)	4b	pro	perty produced or acqui	red for resale) apply to		
5 To	tal. Add lines 1 through 4b	5		organization?			LLLL
	Under penalties of perjury, I declare the	nat I have e: preparer (of	xamined this return, including accompa her than taxpayer) is based on all infor	inying schedules and statem mation of which preparer has	ents, and to the best of my kn any knowledge.	owledge and	oelief, it is true,
Sign		highwig (+				May the IRS d	iscuss this return with
Here				SECRETARY			nown below (see
	Signature of officer		Date	Title		instructions)?	X Yes
	Print/Type preparer's name		Preparer's signature	Date	Check	if PTIN	
Detal			14/18/16		self- employed	d	
Paid	matith a bacin	USSE	N KULLUN	06/0	1/12		0301171
Prep	ALEI Firm's name > DATITE	λ λ	DACMICCENT DC		Firm'e FIN		-0407093

8708 SECOND STREET NW

Firm's name DAVID A. RASMUSSEN, PC

Firm's address ► ALBUQUERQUE, NM 87114

Use Only

Form 990-T (2011) NEW MEXICO CATTLE GROWERS' ASSOCIATION

85-0056700

Form 990-1 (2011) NEW ME						0030700	7
Schedule G - Investme	ent Income of a structions)	Section 501(c)(7), (9), or (17) O	rganizatio	n		
	cription of income		2. Amount of income	3. Deduc directly cor (attach sch	nected 4	. Set-asides ttach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				(arraorr our	<u> </u>		(50, 50, 50, 50, 50, 50, 50, 50, 50, 50,
(2)							
(3)							
(4)							
			Enter here and on page 1 Part I, line 9, column (A).				Enter here and on page 1, Part I, line 9, column (B).
Totals			<u> 0</u> ,				0.
Schedule I - Exploited (see instr		Income, Oth	er Than Advertis	sing Incon	ne		
		0	4. Net income (loss)				7
1. Description of exploited activity	Cross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross i from activi is not unr business i	ty that elated	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)							
(2)							
(3)							
(4)							Enter here and
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).					on page 1, Part II, line 26.
Totals	<u> 0.</u>).	· · · · · · · · · · · · · · · · · · ·			0.
Schedule J - Advertis	Periodicals Rep	orted on a Co	onsolidated Basi	8			
Part I Income From	reflouiçais nep	orted on a Ot	Jiisonaatea Basi	.5			
			4. Advertising gain	n			7. Excess readership
1. Name of periodical	2. Gross advertising income	3. Direct advertising co.	or (loss) (col. 2 minu	us 5. Circ		. Readership costs	costs (column 6 minus column 5, but not more than column 4).
(1)							
(2)						····	
(3)							
(4)				111			
						:	0.
Totals (carry to Part II, line (5)) Part II Income From	▶∣ Periodicals Ben	0. orted on a Se	0. Poparate Basis (Fo	yr each period	lical listed in F	Part II fill in	U •
	h 7 on a line-by-line b			r caon pene	nou, notou m	art ny m	
1. Name of periodical	2. Gross advertising income	3. Direct advertising co	4. Advertising gai or (loss) (col. 2 min col. 3). If a gain, com cols. 5 through 7	us 5. Circ pute inc	culation 6	. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)							
(2)							
(3)							
(4)							
(5) Totals from Part I		0.	0.				0.
	Enter here and page 1, Part line 11, col. (A	, page 1, Part	u, la la la la la la la la la la la la la				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)		0.	0.				0.
Schedule K - Compe	nsation of Office	rs, Directors,	, and Trustees (s	ee instructio			
1.	Name		2. Title		 Percent of time devoted to business 		pensation attributable prelated business
(1)						%	
(2)						%	
(3)						%	
(4)						%	

0.

Total. Enter here and on page 1, Part II, line 14

FORM 990-T	OTHER	DEDUCTIONS	STATEMENT
DESCRIPTION			AMOUNT
MEETING & MEMBERSHIP OFFICE EXPENSE RENT EQUIPMENT ENTERTAINMENT INSURANCE ADVERTISING PROFESSIONAL FEES DUES & SUBSCRIPTIONS TELEPHONE & UTILITIES TRAVEL & AUTOMOTIVE ON LINE SERVICES CONTRIBUTIONS			20,281 3,736 654 547 3,532 5,133 642 286 1,434 1,181 1,312 1,720
TOTAL TO FORM 990-T, PAGE 1, L	INE 28		40,458

Form **2220**

Underpayment of Estimated Tax by Corporations

Department of the Treasury
Internal Revenue Service

See separate instructions.

Attach to the corporation's tax return.

NEW MEXICO CATTLE GROWERS' ASSOCIATION

FORM 990-T

OMB No. 1545-0142

Name

Employer identification number

85-0056700

Note	: Generally, the corporation is not required to file Form 2220 (corporation. However, the corporation may still use Form 22 penalty line of the corporation's income tax return, but do no	20 to	figure the penalty. If so,	s) because the ame	he IRS v ount fro	will figure any penalty om page 2, line 38 or	y owed ar the estir	nd bill the mated tax
P	art I Required Annual Payment							
1	Total tax (see instructions)						1	
0.0	Personal holding company tax (Schedule PH (Form 1120), line	26)	included on line 1		2a			
	Look-back interest included on line 1 under section 460(b)(2)				La		1	
U	contracts or section 167(g) for depreciation under the income				2b			
	contracts of Section To7(g) for depresention and or the mostle	1010						
c	Credit for federal tax paid on fuels (see instructions)				2c			
	Total. Add lines 2a through 2c						2d	
	Subtract line 2d from line 1. If the result is less than \$500, do i							
Ŭ	does not owe the penalty						3	
4	Enter the tax shown on the corporation's 2010 income tax retu							
·	or the tax year was for less than 12 months, skip this line an						4	
5	Required annual payment. Enter the smaller of line 3 or line	4. If	he corporation is required	d to skip line	4,			
•	enter the amount from line 3						5	
F	Part II Reasons for Filing - Check the boxes belo even if it does not owe a penalty (see instructions).						2220	
6	The corporation is using the adjusted seasonal installr	nent	method.					
7	The corporation is using the annualized income install							
8	The corporation is a "large corporation" figuring its first			n the prior ye	ear's tax	ζ.		
Ĭ	Part III Figuring the Underpayment							
			(a)	(b)	(c)		(d)
9	Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the	۵	(a)	(b)	(c)		(d)
	(d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	(a)	<u>(b</u>)	(c)		(d)
	(d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year Required installments. If the box on line 6 and/or line 7	9	(a)	(b)	(c)		(d)
	(d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If	9	(a)	(t)	(c)		(d)
	(d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions		(a)	(b)	(c)		(d)
	(d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked,		(a)	(b)	(c)		(d)
10	(d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each column.		(a)	(b)	(c)		(d)
	(d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each column. Estimated tax paid or credited for each period (see		(a)	(b)	(c)		(d)
10	(d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each column. Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount	10	(a)	(b)	(c)		(d)
10	(d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each column. Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15		(a)	(b)	(c)		(d)
10	(d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each column. Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15 Complete lines 12 through 18 of one column before	10	(a)	(b)	(c)		(d)
10	(d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each column. Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15 Complete lines 12 through 18 of one column before going to the next column.	10	(2)	(b)	(c)		(d)
10	(d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each column. Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15 Complete lines 12 through 18 of one column before going to the next column. Enter amount, if any, from line 18 of the preceding column	10	(a)	(b)	(c)		(d)
10	(d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each column. Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15 Complete lines 12 through 18 of one column before going to the next column. Enter amount, if any, from line 18 of the preceding column Add lines 11 and 12	10	(a)	(b)	(c)		(d)
10 11 12 13	(d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each column. Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15 Complete lines 12 through 18 of one column before going to the next column. Enter amount, if any, from line 18 of the preceding column	10 11 12 13	(a)	(b)	(c)		(d)
10 11 12 13 14 15	(d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each column. Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15 Complete lines 12 through 18 of one column before going to the next column. Enter amount, if any, from line 18 of the preceding column Add lines 11 and 12 Add amounts on lines 16 and 17 of the preceding column	10 11 12 13 14	(a)	(b)	(c)		(d)
10 11 12 13 14 15	(d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each column. Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15 Complete lines 12 through 18 of one column before going to the next column. Enter amount, if any, from line 18 of the preceding column Add lines 11 and 12 Add amounts on lines 16 and 17 of the preceding column Subtract line 14 from line 13. If zero or less, enter -0- If the amount on line 15 is zero, subtract line 13 from line	10 11 12 13 14	(a)	(b)	(c)		(d)
10 11 12 13 14 15 16	(d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each column. Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15 Complete lines 12 through 18 of one column before going to the next column. Enter amount, if any, from line 18 of the preceding column Add lines 11 and 12 Add amounts on lines 16 and 17 of the preceding column Subtract line 14 from line 13. If zero or less, enter -0- If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	10 11 12 13 14 15	(a)))	(c)		(d)
10 11 12 13 14 15 16	(d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each column. Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15 Complete lines 12 through 18 of one column before going to the next column. Enter amount, if any, from line 18 of the preceding column Add lines 11 and 12 Add amounts on lines 16 and 17 of the preceding column Subtract line 14 from line 13. If zero or less, enter -0- If the amount on line 15 is zero, subtract line 13 from line	10 11 12 13 14 15	(a)	(b)	(c)		(d)
10 11 12 13 14 15 16	(d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each column. Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15 Complete lines 12 through 18 of one column before going to the next column. Enter amount, if any, from line 18 of the preceding column Add lines 11 and 12 Add amounts on lines 16 and 17 of the preceding column Subtract line 14 from line 13. If zero or less, enter -0- If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- Underpayment. If line 15 is less than or equal to line 10,	10 11 12 13 14 15	(a)	(b)	(c)		(d)

from line 15. Then go to line 12 of the next column

18

JWA

Form 2220 (2011)

Part IV Figuring the Penalty

		(a)	(b)	(c)	(d)
9 Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see instructions). (Form 990-PF and Form 990-T filers: Use 5th month instead of 3rd month.)	19				
Number of days from due date of installment on line 9 to the date shown on line 19	20				
1 Number of days on line 20 after 4/15/2011 and before 7/1/2011	21				
2 Underpayment on line 17 x Number of days on line 21 x 4%	22 \$		\$	\$	\$
3 Number of days on line 20 after 06/30/2011 and before 10/1/2011	23				
4 Underpayment on line 17 x Number of days on line 23 x 4%	24 \$:	\$	\$	\$
Number of days on line 20 after 9/30/2011 and before 1/1/2012	25	1,000			
6 Underpayment on line 17 x Number of days on line 25 x 3% 365	26 \$	j	\$	\$	\$
7 Number of days on line 20 after 12/31/2011 and before 4/1/2012	27				
8 Underpayment on line 17 x Number of days on line 27 x 3% 366	28 \$	3	\$	\$	\$
9 Number of days on line 20 after 3/31/2012 and before 7/1/2012	29				
Underpayment on line 17 x Number of days on line 29 x *% 366	30 \$	S	\$	\$	\$
Number of days on line 20 after 6/30/2012 and before 10/01/2012	31				
2 Underpayment on line 17 x Number of days on line 31 x *%	32 \$	5	\$	\$	\$
Number of days on line 20 after 9/30/2012 and before 1/1/2013	33				
4 Underpayment on line 17 x Number of days on line 33 x *% 386	34 \$	β	\$	\$	\$
5 Number of days on line 20 after 12/31/2012 and before 2/16/2013	35				
6 Underpayment on line 17 x Number of days on line 35 x *% 365	36 \$	<u>B</u>	\$	\$	\$
7 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37 \$	\$	\$	\$	\$
Penalty. Add columns (a) through (d) of line 37. Enter the to or the comparable line for other income tax returns				١	8 \$

^{*} Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form 2220 (2011)

Department of the Treasury Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

OMB No. 1545-0172

990

Identifying number

➤ See separate instructions. Name(s) shown on return

Business or activity to which this form relates

FORM 990 PAGE 10 85-0056700 NEW MEXICO CATTLE GROWERS' ASSOCIATION Part 1 Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 500,000. 1 Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 2,000,000. 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1, If zero or less, enter -0-. If married filing separately, see instructions (b) Cost (business use only) (a) Description of property 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 9 Tentative deduction. Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 the tax year 15 15 Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 3,760. 17 MACRS deductions for assets placed in service in tax years beginning before 2011 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only - see instructions) (b) Month and year placed (d) Recovery period (e) Convention (f) Method (a) Depreciation deduction (a) Classification of property in service 19a 3-year property 200DB 984. 4,922. 5 YRS. HY 5-year property b 7-year property С 10-year property d 15-year property е 20-year property S/L 25-year property 25 yrs. g 27.5 yrs. MM S/L Residential rental property h MM S/L 27.5 yrs. MM S/L 39 yrs. Nonresidential real property MM S/L Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System Class life 20a S/L 12 yrs. 12-year b MM 40 yrs. S/L 40-year Part IV | Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total, Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 4,744. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 23 For assets shown above and placed in service during the current year, enter the 23

portion of the basis attributable to section 263A costs

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

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44 Total. Add amounts in column (f). See the instructions for where to report