

**COMMITTEE ON NATURAL RESOURCES**  
**113<sup>th</sup> 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 Hearing:  
**New Mexico Cattle Growers’ Association**
3. Business Address: [REDACTED]
4. Business Email Address: [REDACTED] [Information has Redacted for Privacy]
5. Business Phone Number: [REDACTED]

**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

Form **8868**

(Rev. January 2014)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-1709

File a separate application for each return.

Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

- 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](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

## Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>New Mexico Cattle Growers Assoc</b>	Employer identification number (EIN) or <b>85-0056700</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>PO Box 7517</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Albuquerque, NM 87194-7517</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	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	12

The books are in the care of **Shacey Sullivan, PO Box 7517, Albuquerque, NM 87194**

Telephone No. **505-247-0584** FAX No. \_\_\_\_\_

- 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 for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **08-15**, 20 **14**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 20 **13** or
- tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form 8868 (Rev. 1-2014)

# Return of Organization Exempt From Income Tax

**2013**

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/form990).**

Open to Public  
Inspection

**A** For the **2013** calendar year, or tax year beginning , **2013**, and ending , **20**

<p><b>B</b> Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p><b>C</b> Name of organization <b>New Mexico Cattle Growers Assoc</b></p> <p>Doing Business As</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>PO Box 7517</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code <b>Albuquerque, NM 87194-7517</b></p> <p><b>F</b> Name and address of principal officer: <b>Shacey Sullivan</b> <b>Same as C above</b></p>	<p><b>D</b> Employer identification no. <b>85-0056700</b></p> <p><b>E</b> Telephone number <b>(505) 247-0584</b></p> <p><b>G</b> Gross receipts \$ <b>491,259</b></p>
<p><b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( <b>5</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>		<p><b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)</p> <p><b>H(c)</b> Group exemption number</p>
<p><b>J</b> Website: <b>NMAGRICULTURE.ORG</b></p>		
<p><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</p>		<p><b>L</b> Year of formation: <b>1964</b></p> <p><b>M</b> State of legal domicile: <b>NM</b></p>

**Part I Summary**

<b>Part I</b>	<p><b>1</b> Briefly describe the organization's mission or most significant activities: <u>To promote and protect the cattle industry in New Mexico by providing a unified voice on issues of economic importance to the New Mexico cattle industry.</u></p>		
<b>Activities &amp; Governance</b>	<p><b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.</p>		
		<b>3</b>	<b>82</b>
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>4</b>	<b>82</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>5</b>	<b>7</b>
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>6</b>	
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>7a</b>	<b>81,755</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7b</b>	<b>0</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34		
<b>Revenue</b>		<b>Prior Year</b>	<b>Current Year</b>
	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>169,139</b>	<b>205,698</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>189,760</b>	<b>193,441</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>651</b>	<b>888</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>71,829</b>	<b>91,232</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>431,379</b>	<b>491,259</b>
<b>Expenses</b>			
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<b>0</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>151,144</b>	<b>182,994</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		<b>0</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>269,207</b>	<b>275,808</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>420,351</b>	<b>458,802</b>
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>11,028</b>	<b>32,457</b>
<b>Net Assets or Fund Balances</b>		<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16)	<b>493,765</b>	<b>533,683</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>4,650</b>	<b>12,111</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>489,115</b>	<b>521,572</b>

**Part II Signature Block**

Under penalties of perjury, 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 officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	<p><u>Shacey Sullivan</u> Signature of officer</p>	<p>Date</p>
	<p><u>Shacey Sullivan, Secretary Treasurer</u> Type or print name and title</p>	

<b>Paid Preparer Use Only</b>	<p>Print/Type preparer's name <b>David A Rasmussen</b></p>	<p>Preparer's signature </p>	<p>Date <b>05-19-2014</b></p>	<p>Check <input type="checkbox"/> if self-employed</p>	<p>PTIN <b>P00301171</b></p>
	<p>Firm's name <b>David A Rasmussen PC</b></p>	<p>Firm's EIN</p>		<p>Phone no. <b>505-878-0829</b></p>	
	<p>Firm's address <b>8708 Second Street NW Albuquerque NM 87114</b></p>				

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

To promote and protect the cattle industry in New Mexico by providing a unified voice on issues of economic importance to the New Mexico cattle industry.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

Annual and quarterly trade association meetings are provided for membership input related to the cattle industry. Benefits all members.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

Representation for membership at various educational and planning meetings at the regional and national level as well as state legislature. Benefits all members.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

Trade association office maintained so that activities can be coordinated, communications provided to members and insurance programs can be provided. Benefits all members.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Description, and Yes/No checkboxes. Rows include questions 1 through 20b regarding organizational requirements and financial reporting.



**Part IV Checklist of Required Schedules** (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .		X
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 . . . . .		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 25a . . . . .		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction 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? If "Yes," complete Schedule L, Part I . . . . .		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II . . . . .		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 . . . . .		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):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .		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 . . . . .		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 . . . . .		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .		X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in the Part VI [X]

Section A. Governing Body and Management

Table with 4 columns: Question, Line Number, Amount, Yes, No. Rows include questions about voting members, family relationships, management delegation, significant changes, asset diversions, members, and meeting documentation.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 4 columns: Question, Line Number, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, document retention, and compensation review.

Section 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.
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

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

Check if Schedule O contains a response or note to any line in this Part VII

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <u>Shacey Sullivan</u> Secretary Treasurer	3.00	X		X				0	0	0
(2) <u>See attached listing</u> Various	1.00	X						0	0	0
(3) _____										
(4) _____										
(5) _____										
(6) _____										
(7) _____										
(8) _____										
(9) _____										
(10) _____										
(11) _____										
(12) _____										
(13) _____										
(14) _____										

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----	-----									
(16) -----	-----									
(17) -----	-----									
(18) -----	-----									
(19) -----	-----									
(20) -----	-----									
(21) -----	-----									
(22) -----	-----									
(23) -----	-----									
(24) -----	-----									
(25) -----	-----									
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .							0	0	0	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . .		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b> Membership dues . . . . .	<b>1b</b> 205,338				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>				
	<b>d</b> Related organizations . . . . .	<b>1d</b>				
	<b>e</b> Government grants (contributions) . .	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 360				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$					
	<b>h</b> Total. Add lines 1a-1f . . . . .		205,698			
<b>Program Service Revenue</b>	<b>2a</b> Convention and Meetings		Business Code			
			900099	146,861	146,861	
	<b>b</b> Legal and Environmental		900099	32,468	32,468	
	<b>c</b> Feeder Program		900099	4,220	4,220	
	<b>d</b> Allied Industries		900099	375	375	
	<b>e</b> Theft Reward Program		900099	693	693	
	<b>f</b> All other program service revenue . . . . .		900099	8,824	8,824	
	<b>g</b> Total. Add lines 2a-2f . . . . .			193,441		
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			888	888	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b> Royalties . . . . .					
	<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal			
			9,477			
		<b>b</b> Less: rental expenses . . . . .				
		<b>c</b> Rental income or (loss) . . . . .			9,477	
	<b>d</b> Net rental income or (loss) . . . . .			9,477	9,477	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		<b>b</b> Less: cost or other basis and sales expenses . . . . .				
		<b>c</b> Gain or (loss) . . . . .				
		<b>d</b> Net gain or (loss) . . . . .				
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .		<b>a</b>			
	<b>b</b> Less: direct expenses . . . . .		<b>b</b>			
	<b>c</b> Net income or (loss) from fundraising events . . . . .					
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .		<b>a</b>			
	<b>b</b> Less: direct expenses . . . . .		<b>b</b>			
	<b>c</b> Net income or (loss) from gaming activities . . . . .					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .		<b>a</b>				
<b>b</b> Less: cost of goods sold . . . . .		<b>b</b>				
<b>c</b> Net income or (loss) from sales of inventory . . . . .						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11a</b> Insurance Managemnt Fee		561000	47,541	47,541		
<b>b</b> Advertising		541800	25,329	25,329		
<b>c</b> Others		900099	8,885	8,885		
<b>d</b> All other revenue . . . . .						
<b>e</b> Total. Add lines 11a-11d . . . . .			81,755			
<b>12</b> Total revenue. 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 not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to 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):				
a	Management . . . . .				
b	Legal . . . . .	17,932			
c	Accounting . . . . .	4,147			
d	Lobbying . . . . .				
e	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees . . . . .				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . .				
12	Advertising and promotion . . . . .	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.)				
a	Feeder Committee Contr	2,000			
b	Legislative and Marketing	11,409			
c	Postage	7,126			
d	Real Estate Taxes	5,684			
e	All other expenses	81,772			
25	<b>Total functional expenses.</b> Add lines 1 through 24e .	458,802	0	0	0
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if 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

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



**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	491,259
2	Total expenses (must equal Part IX, column (A), line 25)	2	458,802
3	Revenue less expenses. Subtract line 2 from line 1	3	32,457
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	489,115
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
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	521,572

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		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		

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2013**

▶ 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](http://www.irs.gov/form990).

Name of the organization

New Mexico Cattle Growers Assoc

Employer identification number

85-0056700

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Various Dues  PO Box 7517  Albuquerque, NM 87194-7517	\$ 205,338	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2013**

Department of the Treasury  
Internal Revenue Service

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

▶ **Complete if the organization is described below.** Attach to Form 990 or Form 990-EZ.  
▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**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) organizations: Complete Part III.

Name of organization <b>New Mexico Cattle Growers Assoc</b>	Employer identification number <b>85-0056700</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV.	
2	Political expenditures . . . . .	\$ _____
3	Volunteer hours . . . . .	_____

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

1	Enter the amount of any excise tax incurred by the organization under section 4955 . . . . .	\$ _____
2	Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . .	\$ _____
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV.	

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . .	\$ _____
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . .	\$ _____
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . .	\$ _____
4	Did the filing organization file Form 1120-POL for this year? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5	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.	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)	-----			
(2)	-----			
(3)	-----			
(4)	-----			
(5)	-----			
(6)	-----			

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is :</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is :	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is :														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a	Lobbying nontaxable amount				
b	Lobbying ceiling amount (150% of line 2a, column (e))				
c	Total lobbying expenditures				
d	Grassroots nontaxable amount				
e	Grassroots ceiling amount (150% of line 2d, column (e))				
f	Grassroots lobbying expenditures				

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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

Table with columns (a) Yes, (a) No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members, legislators, or the public?; e Publications, or published or broadcast statements?; f Grants to other organizations for lobbying purposes?; g Direct contact with legislators, their staffs, government officials, or a legislative body?; h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?; i Other activities?; j Total. Add lines 1c through 1i; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with columns Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 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."

Table with columns 1, 2a, 2b, 2c, 3, 4, 5. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); a Current year; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

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.

Blank lines for providing supplemental information as required by the instructions.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2013

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

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

Name of the organization

Employer identification number

New Mexico Cattle Growers Assoc

85-0056700

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?

Part II Conservation Easements

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 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, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 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 year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)?, 9 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.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a 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., 1b 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 gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 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):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
b Permanent endowment %
c 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 held and administered for the organization by:

- (i) unrelated organizations
(ii) related organizations
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)



Part VII Investments - Other Securities

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other (A-H).

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows numbered 1 through 9.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1 through 9.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes Federal income taxes, followed by rows 2-9.

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

**Part 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:				
a	Net unrealized gains on investments . . . . .	2a		
b	Donated services and use of facilities . . . . .	2b		
c	Recoveries of prior year grants . . . . .	2c		
d	Other (Describe in Part XIII.) . . . . .	2d		
e	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:				
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a		
b	Other (Describe in Part XIII.) . . . . .	4b		
c	Add lines 4a and 4b . . . . .		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . .		5	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per 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:				
a	Donated services and use of facilities . . . . .	2a		
b	Prior year adjustments . . . . .	2b		
c	Other losses . . . . .	2c		
d	Other (Describe in Part XIII.) . . . . .	2d		
e	Add lines 2a through 2d . . . . .		2e	
3	Subtract line 2e from line 1 . . . . .		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a		
b	Other (Describe in Part XIII.) . . . . .	4b		
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	

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

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

Name of the organization

Employer identification number

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 BOARD 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 INFORMATION 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

Name of the organization

Employer identification number

New Mexico Cattle Growers Assoc

85-0056700

FROM WITHIN THE INDUSTRY

09. Governing documents, etc, available to public (Part VI, line 19)

GOVERNING DOCUMENTS ARE AVAILABLE UPON A QUALIFIED REQUEST

10. List of other expenses (Part IX, line 24e)

SEE ATTACHED LISTING

**Federal Supporting Statements**

**2013** PG01

Name(s) as shown on return

FEIN

New Mexico Cattle Growers Assoc

85-0056700

**990-T, Part II, Line 28**

Statement #9

**Other Deductions**

<u><b>Description</b></u>	<u><b>Amount</b></u>
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	\$1,253
	<hr/>
<b>Total</b>	<u><u>\$44,541</u></u>

FOR YOUR RECORDS ONLY

**Form 990, Schedule D, Part VI, Line 1e**  
**Investments - Other**

**PG01**  
Statement #D1e

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

Name(s) as shown on return

FEIN

New Mexico Cattle Growers Assoc

85-0056700

OTHER EXPENSES PART IX LINE 24E

Description	Amount
Auto Expense	\$ 1,143
Awards NM State Fair	5,549
Contract Labor	8,254
Contributions	11,164
Dues and Subscriptions	1,734
Equipment 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
<b>Total:</b>	<b>\$ 81,772</b>

# Depreciation and Amortization (Including Information on Listed Property)

**2013**

Department of the Treasury  
Internal Revenue Service (99)

See separate instructions.

Attach to your tax return.

Attachment  
Sequence No. **179**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

New Mexico Cattle Growers Assoc

FORM 990 - 1

85-0056700

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions) . . . . .	1	
2	Total cost of section 179 property placed in service (see instructions) . . . . .	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . .	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29 . . . . .	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .	8	
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	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 . . . . .	12	
13	Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12 . . . . .	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) . . . . .	14	
15	Property subject to section 168(f)(1) election . . . . .	15	
16	Other depreciation (including ACRS) . . . . .	16	74

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2013 . . . . .	17	3,649
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 <input type="checkbox"/> . . . . .		

**Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

**Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System**

20a	Class life		S/L
b	12-year		S/L
c	40-year	40 yrs.	MM S/L

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28 . . . . .	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions . . . . .	22	3,723
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	23	

# Depreciation Detail Listing

Program Services  
For your records only

2013

PAGE 1

\* Item was disposed of during current year.

Name(s) as shown on return

Social security number/EIN

New Mexico Cattle Growers Assoc

85-0056700

No.	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
1	FURNITURE & FIXTURES	20100701	82,703		100.00		82,703	7	200 DB HY	12.49	2,256	77,741			668
2	LAND	19740201	4,303	4,303	100.00			0		0					
3	BUILDINGS	19740201	119,466		100.00		119,466	30		0	1,114	102,052			1,114
4	OFFICE EQUIPMENT	20091102	1,857		100.00		1,857	5	200 DB MQ	10.94	279	1,565			305
5	SOFTWARE	20100502	2,087		100.00		2,087	3	SL HY	33.333	74	2,087			
<b>Totals</b>			<b>210,416</b>	<b>4,303</b>			<b>206,113</b>				<b>3,723</b>	<b>183,445</b>			<b>2,087</b>

Land Amount

ST ADJ:

2,852



# New Mexico Cattle Growers' Association Officers 2013 - 2014

(January 2014)

**Jose J. Varela Lopez**

*President*

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*President-Elect*

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*NW Vice President*

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**Blair Clavel** (Darcie)

*NE Vice President*

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*Secretary/Treasurer*

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**Rex Wilson** (Carol)

*Past President*

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*Past President*

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**Caren Cowan**

*Executive Director*

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## DIRECTORS 2014

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

**Dale Armstrong**  
(1:2016)

**Ty Bays**  
(1:2016)

**Diane Bowman**  
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(1:2015)

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Form **990-T**

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0687

**2013**

Department of the Treasury  
Internal Revenue Service

For calendar year 2013 or other tax year beginning \_\_\_\_\_, 2013, and ending \_\_\_\_\_, 20\_\_\_\_

Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://www.irs.gov/form990t).

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

A  Check box if address changed

B Exempt under section

501( C ) ( 5 )

408(e)  220(e)

408A  530(a)

529(a)

Name of organization (  Check box if name changed and see instructions )

**New Mexico Cattle Growers Assoc**

Number, street, and room or suite no. If a P.O. box, see instructions.

**PO Box 7517**

City or town, state or province, country, and ZIP or foreign postal code

**Albuquerque, NM 87194-7517**

D Employer identification number  
(Employees' trust, see instructions.)

**85-0056700**

E Unrelated business activity codes  
(see instructions)

**524114**

C Book value of all assets at end of year

**533,683**

F Group exemption number (See instructions)

G Check organization type

501(c) corporation  501(c) trust  401(a) trust  Other trust

H Describe the organization's primary unrelated business activity.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . .  Yes  No

If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of **Shacey Sullivan** Telephone number **(505) 247-0584**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales	81,755		
b	Less returns and allowances			
c	Balance	81,755		
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit. Subtract line 2 from line 1c	81,755		81,755
4a	Capital gain net income (attach Form 8949 and Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c	Capital loss deduction for trusts			
5	Income (loss) from partnerships and S corporations (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (see instructions; attach schedule.)			
13	Total. Combine lines 3 through 12	81,755		81,755

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	30,822
16	Repairs and maintenance	16	565
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	2,926
20	Charitable contributions (See instructions for limitation rules.)	20	
21	Depreciation (attach Form 4562)	21	559
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	559
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	Statement #9 44,541
29	Total deductions. Add lines 14 through 28	29	79,413
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	2,342
31	Net operating loss deduction (limited to the amount on line 30)	31	2,342
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)	33	1,000
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here [ ] See instructions and:
a 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) \$
c Income tax on the amount on line 34 35c
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: [ ] Tax rate schedule or [ ] Schedule D (Form 1041) 36
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

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a
b Other credits (see instructions) 40b
c General business credit. Attach Form 3800 (see instructions) 40c
d Credit for prior year minimum tax (attach Form 8801 or 8827) 40d
e Total credits. Add lines 40a through 40d 40e
41 Subtract line 40e from line 39 41
42 Other taxes. Check if from: [ ] Form 4255 [ ] Form 8611 [ ] Form 8697 [ ] Form 8866 [ ] Other (attach schedule) 42
43 Total tax. Add lines 41 and 42 43
44a Payments: A 2012 overpayment credited to 2013 44a 1,029
b 2013 estimated tax payments 44b
c Tax deposited with Form 8868 44c
d Foreign organizations: Tax paid or withheld at source (see instructions) 44d
e Backup withholding (see instructions) 44e
f Credit for small employer health insurance premiums (Attach Form 8941) 44f
g Other credits and payments: [ ] Form 2439 [ ] Form 4136 [ ] Other Total 44g
45 Total payments. Add lines 44a through 44g 45 1,029
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached [ ] 46
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 2014 estimated tax 1,029 Refunded 49

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? Yes No
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 trust? Yes No
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 \$

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

1 Inventory at beginning of year 1
2 Purchases 2
3 Cost of labor 3
4a Additional section 263A costs (attach schedule) 4a
b Other costs (attach schedule) 4b
5 Total. Add lines 1 through 4b 5
6 Inventory at end of year 6
7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 7
8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No

Sign Here
Under penalties of perjury, 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) is based on all information of which preparer has any knowledge.
Signature of officer Date Secretary Treasurer Title
May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No

Paid Preparer Use Only
Print/Type preparer's name Preparer's signature Date Check [ ] if self-employed PTIN
David A Rasmussen 05-19-2014 P00301171
Firm's name David A Rasmussen PC Firm's EIN 85-0407093
Firm's address 8708 Second Street NW Albuquerque NM 87114 Phone no. 505-878-0829



Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

Table with 4 rows for property description (1-4).

2. Rent received or accrued

Table with 2 columns: (a) From personal property... (b) From real and personal property...

Table with 4 rows for rent received (1-4).

Total row for rent received.

3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

Schedule E - Unrelated Debt-Financed Income (see instructions)

Table with 4 columns: 1. Description of debt-financed property, 2. Gross income from or allocable to debt-financed property, 3(a) Straight line depreciation, 3(b) Other deductions.

Table with 5 columns: 4. Amount of average acquisition debt..., 5. Average adjusted basis..., 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions.

Table with 4 rows for debt-financed income (1-4).

Totals. Enter here and on page 1, Part I, line 7, column (A). Enter here and on page 1, Part I, line 7, column (B).

Total dividends-received deductions included in column 8

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table for Exempt Controlled Organizations with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5.

Nonexempt Controlled Organizations

Table for Nonexempt Controlled Organizations with 5 columns: 7. Taxable Income, 8. Net unrelated income (loss), 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10.

Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Totals

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> . . . . .		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. 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	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)						
<b>Totals</b> . . . . .		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.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

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)						
<b>Totals</b> (carry to Part II, line (5)) . . . . .						

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

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)						
<b>Totals from Part I</b>		Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).			Enter here and on page 1, Part II, line 27.
<b>Totals, Part II</b> (lines 1-5) . . . . .						

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 . . . . .			

Name(s) as shown on return

FEIN

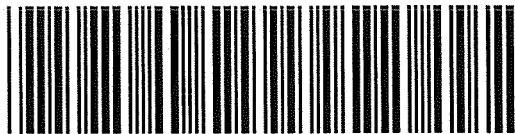
New Mexico Cattle Growers Assoc

85-0056700

NET OPERATING LOSS CARRYFORWARD

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

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



1a Taxpayer's name  
NEW MEXICO CATTLE GROWERS ASSOCIATI

2a Mailing address  
PO BOX 7517

3a City, state, and ZIP code  
ALBUQUERQUE NM 87194-7517

4a  Original Return

4b  Amended - RAR

4c  Amended - Capital Loss

4d  Amended - Other

FOR DEPARTMENT USE ONLY

1039 01 1  
Federal Employer Identification No. (Required)  
5a 85-0056700

New Mexico CRS Identification No.  
5b 01-504360-001

New Mexico Public  
Regulation Commission No.  
5c 0311811

6a Tax Year Beginning 01 01 2013

6b Tax Year Ending 12 31 2013

6c Extended Due Date

6d (505) 247-0584  
Taxpayer telephone number

**COMPLETE THE FOLLOWING:**

- A. State of incorporation NEW MEXICO 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 COWAN  
2231 RIO GRANDE NW ALBUQUERQUE, NM 87104
- 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 corporation:  
 Separate corporate entity  Combination of unitary domestic corporations  Federal consolidated group
- F. Indicate method of accounting:  Cash  Accrual  Other (specify) \_\_\_\_\_
- G. If this is the corporation's final return, was the corporation:  
 Dissolved  Merged or reorganized  Withdrawn Date \_\_\_\_\_
- H. Has this corporation's federal income tax liability changed for 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 Revenue Agent's Report, if applicable, to the New Mexico Taxation and Revenue Department.
- I. If this return is a consolidated or combined return, complete the following information for each corporation in the consolidated or combined group. The total of Column 3 must equal CIT-1, page 2, line 19, and the total of Column 4 must equal CIT-1, page 2, line 15. If you need more space, attach a schedule in the same format.

Column 1 Corporate name	Column 2 Federal employer identification number	Column 3 Amount of quarterly, tentative, or other payments to be applied to this return.	Column 4 Enter \$50 for each corporation paying franchise tax.
Totals			

**J. FOR COMBINED FILERS ONLY:**

Is this combination the same as filed last year?  YES  NO If no, please list each corporation added to or eliminated from the combined group. Include each corporation's FEIN. If you need more space, attach a schedule.

- K. If other than a corporation, enter your legal entity type (for example, LLC or partnership): \_\_\_\_\_
- L.  If your business activities were immune from New Mexico corporate income tax under P.L. 86-272 for the 2013 tax year, mark this box. You must also enter zero on Schedule CIT-A, line 1. Complete and attach Schedule CIT-A to the CIT-1 return.

**REFUND EXPRESS!!** HAVE YOUR REFUND DIRECTLY DEPOSITED. SEE INSTRUCTIONS AND FILL IN 1, 2, 3, AND 4.

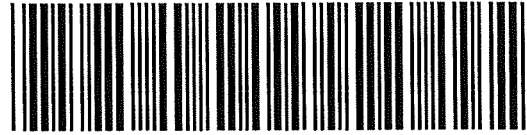
RE1 1. Routing number: \_\_\_\_\_ RE3 3. Type:  Checking  Savings  
Enter X. Enter X.

RE2 2. Account number: \_\_\_\_\_

RE4 YES  NO  You must answer this question.

4. REQUIRED: WILL THIS REFUND GO TO OR THROUGH AN ACCOUNT LOCATED OUTSIDE THE UNITED STATES? If yes, you may not use this refund delivery option. See instructions.

**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
6. 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. 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 (from CIT-CR, line 20) .....	13	
14. Net income tax. Subtract line 13 from line 12. Amount cannot be negative .....	14	
15. 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 2013 refunds received or overpayments applied to 2014. Also see instructions for line 19 .....	17	
18. Subtotal. Add lines 16 and 17 .....	18	50
19. Total Payments: <input type="checkbox"/> Quarterly <input type="checkbox"/> Extension <input type="checkbox"/> 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. Amount of overpayment to be applied to 2014 liability (not more than line 27) .....	27a	
27b. Amount of overpayment to be refunded. Subtract line 27a from line 27 .....	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 .....	30	

**Taxpayer's signature**  
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 officer Date

**TREASURER** (505) 247-0584

\_\_\_\_\_  
Title Contact phone number

Taxpayer's email address \_\_\_\_\_

**Paid preparer's use only.**

Signature of preparer if other than employee of the taxpayer Date

P1 NM CRS identification number 02-220137-008

P2 FEIN 85-0407093

P3 Preparer's PTIN P00301171

P4 Preparer's phone number (505) 878-0829

Overflow Statement

Name(s) as shown on return

FEIN

New Mexico Cattle Growers Assoc

85-0056700

NET OPERATING LOSS CARRYFORWARD

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

Form **990-T**

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0687

**2013**

For calendar year 2013 or other tax year beginning \_\_\_\_\_, 2013, and ending \_\_\_\_\_, 20

Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://www.irs.gov/form990t).

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

<p><input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section</p> <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> 501(C)(5)</td> <td><input type="checkbox"/> 220(e)</td> </tr> <tr> <td><input type="checkbox"/> 408(e)</td> <td><input type="checkbox"/> 530(a)</td> </tr> <tr> <td><input type="checkbox"/> 408A</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 529(a)</td> <td></td> </tr> </table> <p><b>C</b> Book value of all assets at end of year <b>533,683</b></p>	<input checked="" type="checkbox"/> 501(C)(5)	<input type="checkbox"/> 220(e)	<input type="checkbox"/> 408(e)	<input type="checkbox"/> 530(a)	<input type="checkbox"/> 408A		<input type="checkbox"/> 529(a)		<p><b>Print or Type</b></p> <p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>New Mexico Cattle Growers Assoc</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. <b>PO Box 7517</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code <b>Albuquerque, NM 87194-7517</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.) <b>85-0056700</b></p> <p><b>E</b> Unrelated business activity codes (see instructions) <b>524114</b></p>	<p><b>F</b> Group exemption number (See instructions)</p> <p><b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>
<input checked="" type="checkbox"/> 501(C)(5)	<input type="checkbox"/> 220(e)										
<input type="checkbox"/> 408(e)	<input type="checkbox"/> 530(a)										
<input type="checkbox"/> 408A											
<input type="checkbox"/> 529(a)											

**H** Describe the organization's primary unrelated business activity.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . .  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation.

**J** The books are in care of **Shacey Sullivan** Telephone number **(505) 247-0584**

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1a</b>	Gross receipts or sales	81,755		
<b>b</b>	Less returns and allowances			
<b>c Balance</b>				
<b>1c</b>		81,755		
<b>2</b>	Cost of goods sold (Schedule A, line 7)			
<b>3</b>	Gross profit. Subtract line 2 from line 1c	81,755		81,755
<b>4a</b>	Capital gain net income (attach Form 8949 and Schedule D)			
<b>b</b>	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
<b>4c</b>	Capital loss deduction for trusts			
<b>5</b>	Income (loss) from partnerships and S corporations (attach statement)			
<b>6</b>	Rent income (Schedule C)			
<b>7</b>	Unrelated debt-financed income (Schedule E)			
<b>8</b>	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)			
<b>9</b>	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
<b>10</b>	Exploited exempt activity income (Schedule I)			
<b>11</b>	Advertising income (Schedule J)			
<b>12</b>	Other income (see instructions; attach schedule.)			
<b>13</b>	<b>Total.</b> Combine lines 3 through 12	81,755		81,755

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

<b>14</b>	Compensation of officers, directors, and trustees (Schedule K)			
<b>15</b>	Salaries and wages			30,822
<b>16</b>	Repairs and maintenance			565
<b>17</b>	Bad debts			
<b>18</b>	Interest (attach schedule)			
<b>19</b>	Taxes and licenses			2,926
<b>20</b>	Charitable contributions (See instructions for limitation rules.)			
<b>21</b>	Depreciation (attach Form 4562)	21	559	
<b>22</b>	Less depreciation claimed on Schedule A and elsewhere on return	22a		559
<b>23</b>	Depletion			
<b>24</b>	Contributions to deferred compensation plans			
<b>25</b>	Employee benefit programs			
<b>26</b>	Excess exempt expenses (Schedule I)			
<b>27</b>	Excess readership costs (Schedule J)			
<b>28</b>	Other deductions (attach schedule)			44,541
<b>29</b>	<b>Total deductions.</b> Add lines 14 through 28			79,413
<b>30</b>	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			2,342
<b>31</b>	Net operating loss deduction (limited to the amount on line 30)			2,342
<b>32</b>	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			
<b>33</b>	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)			1,000
<b>34</b>	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here [ ] See instructions and:
a 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) \$
c Income tax on the amount on line 34 35c
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: [ ] Tax rate schedule or [ ] Schedule D (Form 1041) 36
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

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a
b Other credits (see instructions) 40b
c General business credit. Attach Form 3800 (see instructions) 40c
d Credit for prior year minimum tax (attach Form 8801 or 8827) 40d
e Total credits. Add lines 40a through 40d 40e
41 Subtract line 40e from line 39 41
42 Other taxes. Check if from: [ ] Form 4255 [ ] Form 8611 [ ] Form 8697 [ ] Form 8866 [ ] Other (attach schedule) 42
43 Total tax. Add lines 41 and 42 43
44a Payments: A 2012 overpayment credited to 2013 44a 1,029
b 2013 estimated tax payments 44b
c Tax deposited with Form 8868 44c
d Foreign organizations: Tax paid or withheld at source (see instructions) 44d
e Backup withholding (see instructions) 44e
f Credit for small employer health insurance premiums (Attach Form 8941) 44f
g Other credits and payments: [ ] Form 2439 [ ] Form 4136 [ ] Other Total 44g
45 Total payments. Add lines 44a through 44g 45 1,029
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached [ ] 46
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 2014 estimated tax 1,029 Refunded 49

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? Yes No
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 trust? Yes No
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 \$

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

1 Inventory at beginning of year 1
2 Purchases 2
3 Cost of labor 3
4a Additional section 263A costs (attach schedule) 4a
b Other costs (attach schedule) 4b
5 Total. Add lines 1 through 4b 5
6 Inventory at end of year 6
7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 7
8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No

Under penalties of perjury, 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) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer Date Secretary Treasurer Title

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No

Paid Preparer Use Only

Print/Type preparer's name David A Rasmussen
Preparer's signature Date 05-19-2014
Check [ ] if self-employed PTIN P00301171
Firm's name David A Rasmussen PC Firm's EIN 85-0407093
Firm's address 8708 Second Street NW Albuquerque NM 87114 Phone no. 505-878-0829



Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

Table for Schedule C: Rent Income. Includes columns for Description of property, Rent received or accrued (a) From personal property, (b) From real and personal property, and Deductions directly connected with the income. Includes a Total row and instructions for entering totals.

Schedule E - Unrelated Debt-Financed Income (see instructions)

Table for Schedule E: Unrelated Debt-Financed Income. Includes columns for Description of debt-financed property, Gross income from or allocable to debt-financed property, Deductions directly connected with or allocable to debt-financed property (a) Straight line depreciation, (b) Other deductions, Amount of average acquisition debt, Average adjusted basis, Gross income reportable, and Allocable deductions. Includes a Totals row and instructions for entering totals.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table for Schedule F: Interest, Annuities, Royalties, and Rents From Controlled Organizations. Divided into Exempt Controlled Organizations and Nonexempt Controlled Organizations. Includes columns for Name of controlled organization, Employer identification number, Net unrelated income, Total of specified payments, Part of column 4 included in the controlling organization's gross income, Deductions directly connected with income, Taxable Income, Net unrelated income (loss), Total of specified payments, Part of column 9 included in the controlling organization's gross income, and Deductions directly connected with income. Includes a Totals row and instructions for entering totals.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> . . . . .		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. 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	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)						
<b>Totals</b> . . . . .		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.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

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)						
<b>Totals</b> (carry to Part II, line (5)) . . . . .						

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

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)						
<b>Totals from Part I</b>						
<b>Totals, Part II</b> (lines 1-5) . . . . .		Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).			Enter here and on page 1, Part II, line 27.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part 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

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

- 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.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only
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

Table with filer information: Name of exempt organization (NEW MEXICO CATTLE GROWERS ASSOC), Employer identification number (EIN) (85-0056700), Number, street, and room or suite no. (PO BOX 7517), Social security number (SSN), City, town or post office, state, and ZIP code (ALBUQUERQUE, NM 87194-7517)

TAXPAYER'S COPY

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Table mapping Application Is For to Return Code and Application Is For to Return Code. Includes rows for Form 990 or Form 990-EZ, Form 990-BL, Form 4720 (individual), Form 990-PF, Form 990-T (sec. 401(a) or 408(a) trust), and Form 990-T (trust other than above).

The books are in the care of SHACEY SULLIVAN 2231 RIO GRANDE NW, NM 87104

Telephone No. 505-247-0584 FAX No.

- 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)
for the whole group, check this box. If it is for part of the group, check this box and attach 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 until 08-15, 2013, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
calendar year 2012 or

If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

Table for tax amounts: 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using 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.

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)

2012

Department of the Treasury Internal Revenue Service

Open to Public Inspection

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

Header section A through K containing organization details like name, address, EIN, and tax-exempt status.

Part I Summary

Summary table with columns for line number, description, and amounts for Prior Year and Current Year.

Part II Signature Block

Under penalties of perjury, 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.

Signature area for SHACEY SULLIVAN, Secretary Treasurer, including signature and date.

Paid Preparer Use Only section for David A Rasmussen, including name, signature, date, and firm information.

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO PROMOTE AND PROTECT THE CATTLE INDUSTRY IN NEW MEXICO BY PROVIDING A UNIFIED VOICE ON ISSUES OF ECONOMIC IMPORTANCE TO THE NM CATTLE INDUSTRY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) ANNUAL AND QUARTERLY TRADE ASSOCIATION MEETINGS ARE PROVIDED FOR MEMBERSHIP INPUT RELATED TO THE CATTLE INDUSTRY. BENEFITS ALL MEMBERS.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) REPRESENTATION FOR MEMBERSHIP AT VARIOUS EDUCATIONAL AND PLANNING MEETINGS AT THE REGIONAL AND NATIONAL LEVEL AS WELL AS STATE LEGISLATURE. BENEFITS ALL MEMBERS.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) TRADE ASSOCIATION OFFICE MAINTAINED SO THAT ACTIVITIES CAN BE COORDINATED, COMMUNICATIONS PROVIDED TO MEMBERS AND INSURANCE PROGRAM CAN BE PROVIDED. BENEFITS ALL MEMBERS.

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	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 . . . . .		X
4	<b>Section 501(c)(3) organizations.</b> 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 . . . . .		
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 . . . . .		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .		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 . . . . .		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .		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 . . . . .		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .		X
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 . . . . .		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .		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 . . . . .		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		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 . . . . .		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 . . . . .		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 . . . . .		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 (see instructions) . . . . .		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .		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 . . . . .		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .		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 . . . . .		X
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 . . . . .		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 . . . . .		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction 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? If "Yes," complete Schedule L, Part I . . . . .		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II . . . . .		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 . . . . .		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):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .		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 . . . . .		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 . . . . .		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .		X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	X	



Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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

X

Section A. Governing Body and Management

Table with 4 columns: Question, Line Number, Amount, Yes, No. Rows include questions about voting members, family relationships, management delegation, and document retention.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 4 columns: Question, Line Number, Yes, No. Rows include questions about local chapters, conflict of interest policies, whistleblower policies, and document retention.

Section C. Disclosure

- List of disclosure questions 17 through 20 regarding public inspection of forms, availability of governing documents, and record keeping.

**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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

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

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and director/trustee)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		In d i v i d u a l	D i r e c t o r	T r u s t e e	O f f i c e r	K e y e m p l o y e e	H i g h e s t c o m p e n s a t e d	F o r m e r			
(15)											
(16)											
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
<b>1b Sub-total</b>											
<b>c Total from continuation sheets to Part VII, Section A</b>								0	0	0	
<b>d Total (add lines 1b and 1c)</b>								0	0	0	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b> Membership dues . . . . .	<b>1b</b> 169,039				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>				
	<b>d</b> Related organizations . . . . .	<b>1d</b>				
	<b>e</b> Government grants (contributions) . .	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 100				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$					
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶		169,139			
<b>Program Service Revenue</b>	<b>2a</b> CONVENTION & MEETINGS	Business Code 900099	163,536	163,536		
	<b>b</b> LEGAL & ENVIRONMENTAL	900099	11,669	11,669		
	<b>c</b> FEEDER PROGRAM	900099	8,282	8,282		
	<b>d</b> ALLIED INDUSTRIES	900099	650	650		
	<b>e</b> THEFT REWARD PROGRAM	900099	823	823		
	<b>f</b> All other program service revenue . . . . .	900099	4,800	4,800		
	<b>g Total.</b> Add lines 2a-2f . . . . . ▶		189,760			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		651	651		
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . ▶					
	<b>5</b> Royalties . . . . . ▶					
	<b>6a</b> Gross rents . . . . .	(i) Real	11,346			
		(ii) Personal				
	<b>b</b> Less: rental expenses . . . . .					
	<b>c</b> Rental income or (loss) . . . . .		11,346			
	<b>d</b> Net rental income or (loss) . . . . . ▶		11,346		11,346	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses . . . . .					
	<b>c</b> Gain or (loss) . . . . .					
	<b>d</b> Net gain or (loss) . . . . . ▶					
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . . <b>a</b>					
	<b>b</b> Less: direct expenses . . . . . <b>b</b>					
<b>c</b> Net income or (loss) from fundraising events . . . . . ▶						
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . . <b>a</b>						
<b>b</b> Less: direct expenses . . . . . <b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . . ▶						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>						
<b>b</b> Less: cost of goods sold . . . . . <b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶						
Miscellaneous Revenue		Business Code				
<b>11a</b> INSURANCE CONSULT FEE	561000	43,901		43,901		
<b>b</b> MANAGEMENT FEES	541800	9,129		9,129		
<b>c</b> OTHERS	900099	7,453	7,453			
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . . ▶		60,483				
<b>12 Total revenue.</b> See instructions . . . . . ▶		431,379	197,864	53,030	11,346	

**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 to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to 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 . . . . .	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):				
a	Management . . . . .				
b	Legal . . . . .	10,850			
c	Accounting . . . . .	3,590			
d	Lobbying . . . . .				
e	Professional fundraising services. See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .				
12	Advertising and promotion . . . . .	12,456			
13	Office expenses . . . . .	9,049			
14	Information technology . . . . .				
15	Royalties . . . . .				
16	Occupancy . . . . .				
17	Travel . . . . .	11,408			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	115,242			
20	Interest . . . . .				
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	4,690			
23	Insurance . . . . .	3,352			
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.)				
a	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	<b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	420,351	0	0	0
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing . . . . .	112,060	1	21,061
	2	Savings and temporary cash investments . . . . .	329,884	2	412,710
	3	Pledges and grants receivable, net . . . . .		3	
	4	Accounts receivable, net . . . . .	6,111	4	28,539
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 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 organizations (see instructions). Complete Part II of Schedule L . . . . .		6	
	7	Notes and loans receivable, net . . . . .		7	
	8	Inventories for sale or use . . . . .		8	
	9	Prepaid expenses and deferred charges . . . . .	1,029	9	1,429
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a 209,748		
	b	Less: accumulated depreciation . . . . .	10b 179,722	33,152	10c 30,026
	11	Investments - publicly traded securities . . . . .		11	
	12	Investments - other securities. See Part IV, line 11 . . . . .		12	
	13	Investments - program-related. See Part IV, line 11 . . . . .		13	
	14	Intangible assets . . . . .		14	
	15	Other assets. See Part IV, line 11 . . . . .		15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	482,236	16	493,765	
Liabilities	17	Accounts payable and accrued expenses . . . . .	4,149	17	4,650
	18	Grants payable . . . . .		18	
	19	Deferred revenue . . . . .		19	
	20	Tax-exempt bond liabilities . . . . .		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .		23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	4,149	26	4,650
Net Assets of Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets . . . . .	478,087	27	489,115
	28	Temporarily restricted net assets . . . . .		28	
	29	Permanently restricted net assets . . . . .		29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds . . . . .		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund . . . . .		31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .		32	
33	<b>Total net assets or fund balances</b> . . . . .	478,087	33	489,115	
34	<b>Total liabilities and net assets/fund balances</b> . . . . .	482,236	34	493,765	

**Part 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)	1	431,379
2	Total expenses (must equal Part IX, column (A), line 25)	2	420,351
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	478,087
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
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	489,115

**Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? . . . . . 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2b	Were the organization's financial statements audited by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		X
3b	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 of Contributors**

**2012**

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

<b>Name of the organization</b>	<b>Employer identification number</b>
NEW MEXICO CATTLE GROWERS ASSOC	85-0056700

Organization type (check 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 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).

Name of organization <b>NEW MEXICO CATTLE GROWERS ASSOC</b>	Employer identification number <b>85-0056700</b>
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**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	VARIOUS DUES  PO BOX 7517  ALBUQUERQUE, NM 87194-7517	\$ 169,039	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**SCHEDULE C**  
(Form 990 or 990-EZ)

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2012**

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.  
 ▶ See separate instructions.

**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) organizations: Complete Part III.

Name of organization <b>NEW MEXICO CATTLE GROWERS ASSOC</b>	Employer identification number <b>85-0056700</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures . . . . . ▶ \$ \_\_\_\_\_

3 Volunteer hours . . . . . \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ \$ \_\_\_\_\_

2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$ \_\_\_\_\_

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No

4a Was a correction made? . . . . .  Yes  No

b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$ \_\_\_\_\_

4 Did the filing organization file Form 1120-POL for this year? . . . . .  Yes  No

5 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.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)	-----			
(2)	-----			
(3)	-----			
(4)	-----			
(5)	-----			
(6)	-----			

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check  if the filing organization checked box A and "limited control" provisions apply.

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is :</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is :	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is :														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

Table with 3 main columns: (a) Yes, (a) No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 rows and 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 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."

Table with 5 rows and 2 columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV 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.

Blank lines for providing supplemental information as required by the instructions.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

NEW MEXICO CATTLE GROWERS ASSOC

Employer identification number

85-0056700

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 3 columns: Question number, Description, and Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 3 columns: Question number, Description, and Amount. Includes questions 1a, 1b, and 2 regarding collections of art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 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):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
b Permanent endowment %
c 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 held and administered for the organization by:

Table with 3 columns: (i) unrelated organizations, (ii) related organizations, 3b. Sub-columns: Yes, No.

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other. Total: 30,026

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

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other (A-I), and Total.

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Rows (1) through (10) and Total.

Part IX Other Assets. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (10) and Total.

Part X Other Liabilities. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes (1) Federal income taxes, rows (2) through (11) are blank, and Total.

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



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

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:				
a	Net unrealized gains on investments . . . . .	2a		
b	Donated services and use of facilities . . . . .	2b		
c	Recoveries of prior year grants . . . . .	2c		
d	Other (Describe in Part XIII.) . . . . .	2d		
e	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:				
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a		
b	Other (Describe in Part XIII.) . . . . .	4b		
c	Add lines 4a and 4b . . . . .		4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . .			5	

**Part XII Reconciliation of Expenses per Audited Financial Statements 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:				
a	Donated services and use of facilities . . . . .	2a		
b	Prior year adjustments . . . . .	2b		
c	Other losses . . . . .	2c		
d	Other (Describe in Part XIII.) . . . . .	2d		
e	Add lines 2a through 2d . . . . .		2e	
3 Subtract line 2e from line 1 . . . . .			3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a		
b	Other (Describe in Part XIII.) . . . . .	4b		
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	

**Part XIII Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization

Employer identification number

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 BOARD 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 INFORMATION 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

Name of the organization

Employer identification number

NEW MEXICO CATTLE GROWERS ASSOC

85-0056700

FROM WITHIN THE INDUSTRY

09. Governing documents, etc, available to public (Part VI, line 19)

GOVERNING DOCUMENTS ARE AVAILABLE UPON A QUALIFIED REQUEST

10. List of other expenses (Part IX, line 24e)

SEE ATTACHED LISTING

**Federal Supporting Statements**

**2012** PG01

Name(s) as shown on return

FEIN

NEW MEXICO CATTLE GROWERS ASSOC

85-0056700

990-T, PART II, LINE 28  
OTHER DEDUCTIONS

Statement #9

<u>DESCRIPTION</u>	<u>AMOUNT</u>
MEETING AND MEMBERSHIP	\$18,675
OFFICE	\$3,747
EQUIPMENT RENTAL	\$723
ENTERTAINMENT	\$617
INSURANCE	\$3,861
CONTRIBUTIONS	\$2,973
ADVERTISING	\$6,228
PROFESSIONAL FEES	\$2,166
DUES AND SUBSCRIPTIONS	\$323
TELEPHONE AND UTILITIES	\$1,307
TRAVEL AND AUTOMOTIVE	\$1,933
OUTSIDE SERVICES	\$547
	<hr/>
<b>TOTAL</b>	<b>\$43,100</b>
	<hr/> <hr/>

FORM 990, SCHEDULE D, PART VI, LINE 1E  
INVESTMENTS - OTHER

PG01  
STATEMENT #D1E

<u>DESCRIPTION OF INVESTMENT</u>	<u>COST/BASIS (INVESTMENT)</u>	<u>COST/BASIS (OTHER)</u>	<u>DEPR</u>	<u>BOOK VALUE</u>
FURNITURE & EQUIPMENT	<hr/> 0	<hr/> 85,979	<hr/> 78,784	<hr/> 7,195
TOTAL	<hr/> <hr/> 0	<hr/> <hr/> 85,979	<hr/> <hr/> 78,784	<hr/> <hr/> 7,195

**Federal Supporting Statements**

**2012** PG01

Name(s) as shown on return

FEIN

NEW MEXICO CATTLE GROWERS ASSOC

85-0056700

990-T, PART II, LINE 28  
OTHER DEDUCTIONS

Statement #9

<u>DESCRIPTION</u>	<u>AMOUNT</u>
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	<hr/>
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	<hr/> <hr/>

FORM 990, SCHEDULE D, PART VI, LINE 1E  
INVESTMENTS - OTHER

PG01  
STATEMENT #D1E

<u>DESCRIPTION OF INVESTMENT</u>	<u>COST/BASIS (INVESTMENT)</u>	<u>COST/BASIS (OTHER)</u>	<u>DEPR</u>	<u>BOOK VALUE</u>
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TOTAL	<hr/> <hr/> 0	<hr/> <hr/> 85,979	<hr/> <hr/> 78,784	<hr/> <hr/> 7,195

Name(s) as shown on return

FEIN

NEW MEXICO CATTLE GROWERS ASSOC

85-0056700

OTHER EXPENSES PART IX LINE 24E

Description	Amount
AUTO EXPENSE	\$ 1,476
AWARDS NM STATE FAIR	6,060
CONTRACT LABOR	3,300
CONTRIBUTIONS	7,317
DUES & SUBSCRIPTIONS	2,156
EQUIPMENT RENTAL	4,822
MEETINGS	4,601
MEALS & ENTERTAINMENT	4,115
MEMBERSHIP	4,660
MISCELLANEOUS	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
<b>Total:</b>	<b>\$ 61,078</b>

# Depreciation Detail Listing

STATE Program Services

For your records only

2012

PAGE 1

Name(s) as shown on return

Social security number/EIN

NEW MEXICO CATTLE GROWERS ASSOC

85-0056700

No.	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
1	FURNITURE & FIXTURES	20100701	82,035		100.00		82,035	7	200 DB HY	17.49	9,294	82,035			
2	LAND	19740201	4,303	4,303	100.00		0	0		0	1,518	100,938			
3	BUILDINGS	19740201	119,466		100.00		119,466	30		0		1,261			
4	OFFICE EQUIPMENT	20091102	1,857		100.00		1,857	5	200 DB MQ	13.68	254	1,261			
5	SOFTWARE	20100502	2,087		100.00		2,087	3	SL HY	33.333	223	2,087			
<b>Totals</b>			<b>209,748</b>	<b>4,303</b>			<b>205,445</b>				<b>11,289</b>	<b>186,321</b>			<b>1,518</b>

Land Amount  
Net Depreciable Cost

209,748

ST ADJ:

1,518

# 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.  
Española, NM 87532

**Jack Chatfiel**  
P.O. Box 226  
Mosquero, NM 87733

**Emery Chee**  
58 Cty. Rd. 5192  
Bloomfield, NM 87413

**Brad Christmas**  
PO Box 173  
Wagon Mound, NM 87752

**John Conniff**  
1500 Snow Rd.  
Las Cruces, NM 88005

**Cliff Copeland**  
859 Romero Road  
Nara Visa, NM 88430

**Caren Cowan**  
PO Box 7127  
Albuquerque, NM 87194

**Linda Davis**  
620 NM Hwy 58  
Cimarron, NM 87714

**Joe Delk**  
P.O. Box 879  
Mesilla Park, NM 88047

**Lewis Derrick**  
PO Box 441  
Artesia, NM 88211-0441

**Tracy Drummond**  
HC 62 Box 657  
Reserve, NM 87830

**Roy Farr**  
PO Box 1000  
Datil, NM 87821

**Sage Faulkner**  
PO Box 185  
Los Ojos, NM 87551

**Larry Foster**  
7633 N. Dona Ana Rd.  
Las Cruces, NM 88005

**Shane R. Goemmer**  
3148 HWY 42  
Willard, NM 87063

**Sid Goodloe**  
PO Box 598  
Capitan, NM 88316

**Jim Grider**  
PO Box 990  
Carrizozo, NM 88301

**Phil Harvey, Jr.**  
P.O. Box 40  
Mesilla, NM 88046

**Mike Hobbs**  
1115 Hwy 21  
Cimarron, NM 87715

**Heidi Humphries**  
P.O. Box 696  
Tucumcari, NM. 88401

**Jim Jackson**  
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

**Oliver (Sato) Lee**  
HC 66, Box 615  
Mountainair, NM 87036

**Innis Lewis**  
PO Box 611  
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  
Springer, NM 87747

**Tom Payne**  
PO Box 2187  
Roswell, NM 88020

**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

**Tom Sidwell**  
4290 Quay Road AR  
Tucumcari, NM 88401

**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

**Don Hofman (Abby) 1984-1985**

8096 State Hwy. 209  
Tucumcari, NM 88401

**Don L. (Bebo Lee**

PO Box 149  
Alamogordo, NM 88310

**Jimmy R. Bason**

St. Rt. 2 Box 88  
Hillsboro, NM 88042

**Bill Humphries**

4091 Quay Rd 52  
Tucumcari, NM 88401

**Bill King**

PO Box 564  
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

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

- 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.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

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

Table with 3 columns: Type or print, Name of exempt organization or other filer, Employer identification number (EIN) or Social security number (SSN). Includes details for NEW MEXICO CATTLE GROWERS ASSOC.

Enter the Return code for the return that this application is for (file a separate application for each return) 07

Table mapping Application Is For (e.g., Form 990 or Form 990-EZ) to Return Code and Application Is For (e.g., Form 990-T (corporation)) to Return Code.

The books are in the care of SHACEY SULLIVAN 2231 RIO GRANDE NW, NM 87104

Telephone No. 505-247-0584 FAX No.

- 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 for the whole group, check this box . If it is for part of the group, check this box and attach 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 until 11-15, 2013, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 2012 or
tax year beginning , 20 , and ending , 20 .

If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

Table for tax amounts: 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using 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.

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

Form **990-T**

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0687

**2012**

Department of the Treasury  
Internal Revenue Service

For calendar year 2012 or other tax year beginning \_\_\_\_\_, 2012, and  
ending \_\_\_\_\_, 20. **See separate instructions.**

Open to Public Inspection for  
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed	Print or Type	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number (Employees' trust, see instructions.)
		NEW MEXICO CATTLE GROWERS ASSOC	85-0056700
B Exempt under section <input checked="" type="checkbox"/> 501(c) (5) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		Number, street, and room or suite no. If a P.O. box, see instructions.	E Unrelated business activity codes (see instructions)
		PO BOX 7517	524114
		City or town, state, and ZIP code	
		ALBUQUERQUE, NM 87194-7517	
C Book value of all assets at end of year 493,765	F Group exemption number (See instructions)	G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

H Describe the organization's primary unrelated business activity. **▶**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . .  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. **▶**

J The books are in care of **▶ SHACEY SULLIVAN** Telephone number **▶ (505) 247-0584**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales <u>53,030</u>			
b	Less returns and allowances			
c	Balance <b>▶</b>	53,030		
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit. Subtract line 2 from line 1c	53,030		53,030
4a	Capital gain net income (attach Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c	Capital loss deduction for trusts			
5	Income (loss) from partnerships and S corporations (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (see instructions; attach statement)			
13	<b>Total.</b> Combine lines 3 through 12	53,030		53,030

**Part II Deductions Not Taken Elsewhere** (see instructions for limitations on deductions) (except for contributions, deductions must be directly connected with the unrelated business income)

14	Compensation of officers, directors, and trustees (Schedule K)			
15	Salaries and wages			25,750
16	Repairs and maintenance			827
17	Bad debts			
18	Interest (attach statement)			
19	Taxes and licenses			1,604
20	Charitable contributions (see instructions for limitation rules)			
21	Depreciation (attach Form 4562)	21	704	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		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)			
28	Other deductions (attach statement) <b>Statement #9</b>			43,100
29	<b>Total deductions.</b> Add lines 14 through 28			71,985
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			(18,955)
31	Net operating loss deduction (limited to the amount on line 30)			
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			(18,955)
33	Specific deduction (generally \$1,000, but see line 33 instructions for exceptions)			
34	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			(18,955)

Part III Tax Computation

35 Organizations Taxable as Corporations. (see instructions for tax computation) Controlled group members (sections 1561 and 1563) check here
a 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)
c Income tax on the amount on line 34
36 Trusts taxable at trust rates (see instructions for tax computation). Income tax on the amount on line 34 from:
37 Proxy tax. (see instructions)
38 Alternative minimum tax
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)
b Other credits (see instructions)
c General business credit. Attach Form 3800 (see instructions)
d Credit for prior year minimum tax (attach Form 8801 or 8827)
e Total credits. Add lines 40a through 40d
41 Subtract line 40e from line 39
42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach statement)
43 Total tax. Add lines 41 and 42
44a Payments: A 2011 overpayment credited to 2012
b 2012 estimated tax payments
c Tax deposited with Form 8868
d Foreign organizations: Tax paid or withheld at source (see instructions)
e Backup withholding (see instructions)
f Credit for small employer health insurance premiums (Attach Form 8941)
g Other credits and payments: Form 2439 Form 4136 Other
45 Total payments. Add lines 44a through 44g
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
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid
49 Enter the amount of line 48 you want: Credited to 2013 estimated tax Refunded

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2012 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country?
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?
3 Enter the amount of tax-exempt interest received or accrued during the tax year

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

1 Inventory at beginning of year
2 Purchases
3 Cost of labor
4a Additional section 263A costs (attach statement)
b Other costs (attach schedule)
5 Total. Add lines 1 through 4b
6 Inventory at end of year
7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2
8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply 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 knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer SECRETARY TREASURER Title
May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN
David A Rasmussen 06-04-2013 P00301171
Firm's name David A Rasmussen PC Firm's EIN 85-0407093
Firm's address 8708 Second Street NW Albuquerque NM 87114 Phone no. 505-878-0829

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

Table with 4 rows for property description (1-4).

2. Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3(a) Deductions directly connected with the income.

Total (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶

Schedule E - Unrelated Debt-Financed Income (see instructions)

Table with 5 main columns: 1. Description of debt-financed property, 2. Gross income from or allocable to debt-financed property, 3. Deductions directly connected with or allocable to debt-financed property, 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions.

Totals Total dividends-received deductions included in column 8 ▶

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table for Exempt Controlled Organizations with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income, 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5.

Table for Nonexempt Controlled Organizations with 5 columns: 7. Taxable Income, 8. Net unrelated income, 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10.

Totals Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).



**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> . . . . . ▶		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. 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	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)						
<b>Totals</b> . . . . . ▶		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.

**Schedule J - Advertising Income** (see instructions)

**Part I** Income From Periodicals Reported on a Consolidated Basis

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)						
<b>Totals</b> (carry to Part II, line (5)) . . . ▶						

**Part II** Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

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)						
<b>Totals from Part I</b>		Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).			Enter here and on page 1, Part II, line 27.
<b>Totals, Part II</b> (lines 1-5) . . . . . ▶						

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 . . . . . ▶			

**Federal Supporting Statements**

**2012** PG01

Name(s) as shown on return

FEIN

NEW MEXICO CATTLE GROWERS ASSOC

85-0056700

990-T, PART II, LINE 28

Statement #9

OTHER DEDUCTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
MEETING AND MEMBERSHIP	\$18,675
OFFICE	\$3,747
EQUIPMENT RENTAL	\$723
ENTERTAINMENT	\$617
INSURANCE	\$3,861
CONTRIBUTIONS	\$2,973
ADVERTISING	\$6,228
PROFESSIONAL FEES	\$2,166
DUES AND SUBSCRIPTIONS	\$323
TELEPHONE AND UTILITIES	\$1,307
TRAVEL AND AUTOMOTIVE	\$1,933
OUTSIDE SERVICES	\$547
	<hr/>
<b>TOTAL</b>	<b>\$43,100</b>
	<hr/>

FORM 990, SCHEDULE D, PART VI, LINE 1E

PG01  
STATEMENT #D1E

INVESTMENTS - OTHER

<u>DESCRIPTION OF INVESTMENT</u>	<u>COST/BASIS (INVESTMENT)</u>	<u>COST/BASIS (OTHER)</u>	<u>DEPR</u>	<u>BOOK VALUE</u>
FURNITURE & EQUIPMENT	<hr/> 0	<hr/> 85,979	<hr/> 78,784	<hr/> 7,195
TOTAL	<hr/> <hr/> 0	<hr/> <hr/> 85,979	<hr/> <hr/> 78,784	<hr/> <hr/> 7,195

990

Overflow Statement

2012  
Page 2

Name(s) as shown on return

FEIN

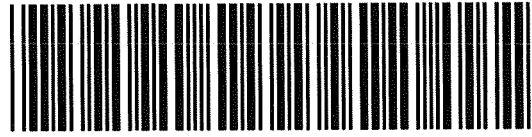
NEW MEXICO CATTLE GROWERS ASSOC

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  
PO BOX 7517

City, state and ZIP code  
ALBUQUERQUE NM 87194-7517

- Original Return
- Amended - RAR
- Amended - Capital Loss
- Amended - Other

FOR DEPARTMENT USE ONLY

1039 01 1  
Federal Employer Identification No. (Required)  
85-0056700

New Mexico CRS Identification No.  
01-504360-001

New Mexico Public  
Regulation Commission No.  
0311811

Tax Year Beginning  
01 12  
mm / yy

Tax Year Ending  
12 31  
mm / yy

Extended Due Date  
08 15 2013  
mm / dd / cyy

(505) 247-0584  
Taxpayer telephone number

**COMPLETE THE FOLLOWING:**

A. State of incorporation NEW MEXICO 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 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 corporation:  
 separate corporate entity  combination of unitary domestic corporations  federal consolidated group

F. Indicate method of accounting:  cash  accrual  other (specify) \_\_\_\_\_

G. If this is the corporation's final return, was the corporation:  
 dissolved  merged or reorganized  withdrawn date \_\_\_\_\_

H. Has this corporation's federal income tax liability changed for 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 Agent's Report, if applicable, to the New Mexico Taxation and Revenue Department.

I. If this return is a consolidated or combined return, complete the following information for each corporation in the consolidated or combined group. The total of Column 3 must equal line 19 of CIT-1, page 2, 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 Employer Identification Number	(3) Amount of quarterly, tentative or other payments to be applied to this return	(4) Enter \$50 for each corporation paying Franchise Tax
Totals			

J. FOR COMBINED FILERS ONLY:  
Is this combination the same as filed last year?  YES  NO If no, please list each corporation added to or eliminated from the combined group. Include each corporation's Federal Employer Identification Number. Attach a schedule if more space is needed.

K. If other than a corporation, enter your legal entity type (for example: LLC or partnership): \_\_\_\_\_

L.  Mark this box if your business activities were immune from 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 attach Schedule CIT-A.

**REFUND EXPRESS!!** HAVE YOUR REFUND DIRECTLY DEPOSITED. SEE INSTRUCTIONS AND FILL IN 1, 2, 3 AND 4.

1. Routing number: \_\_\_\_\_

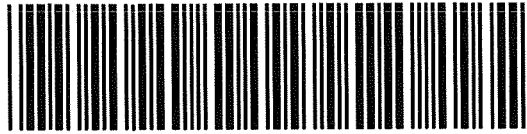
2. Account number: \_\_\_\_\_

3. Type: Checking  Savings   
Enter "X" Enter "X"

4. REQUIRED: WILL THIS REFUND GO TO OR THROUGH AN ACCOUNT LOCATED OUTSIDE THE UNITED STATES? If yes, you may not use this refund delivery option. See instructions.  
YES  NO  You must answer this question.

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

1

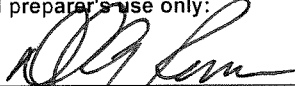


Federal Employer Identification Number (FEIN)  
 85-0056700

1. Taxable income before federal NOL & special deductions (From federal 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 Mexico 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
10. Income tax computation - tax on the amount on line 9 (See tax table on page 4 of instructions) .....	10	
11. New Mexico percentage (Enter 100% OR percentage from line 5 of CIT-C.) .....	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 (From CIT-CR, line 20) .....	13	
14. Net income tax (Subtract line 13 from line 12; Cannot be negative) .....	14	
15. 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 or overpayments applied to 2013. Also see instructions for line 19.).....	17	
18. Subtotal (Add lines 16 and 17).....	18	50
19. Total Payments: <input type="checkbox"/> quarterly <input type="checkbox"/> extension <input type="checkbox"/> applied from prior year .....	19	
Mark this box if using method 4 to calculate penalty and interest on underpayment of estimated tax; (Attach RPD-41287)..... <input type="checkbox"/>		
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. Amount of overpayment to be applied to 2013 liability (Not more than line 27).....	27a	
27b. Amount of overpayment to be refunded (Subtract line 27a from line 27).....	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) .....	30	

**Taxpayer's signature**  
 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 officer \_\_\_\_\_ Date \_\_\_\_\_  
**TREASURER** (505) 247-0584  
 Title Contact phone number  
 Taxpayer's E-mail address \_\_\_\_\_

**Paid preparer's use only:**  
  
 Signature of preparer if other than employee of the taxpayer Date **6-4-13**  
 NM CRS Identification number 02-220137-008  
 FEIN 85-0407093  
 PTIN P00301171  
 Preparer's phone number (505) 878-0829

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



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

OMB No. 1545-1709

▶ **File a separate application for each return.**

- 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](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

*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.*

Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>NEW MEXICO CATTLE GROWERS' ASSOCIATION</b>	Employer identification number (EIN) or <input checked="" type="checkbox"/> <b>85-0056700</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>P.O. BOX 7517</b>	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ALBUQUERQUE, NM 87194-7517</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	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	12

**TROY SAUBLE**

- The books are in the care of ▶ **2231 RIO GRANDE BLVD NW - ALBUQUERQUE, NM 87104**  
Telephone No. ▶ **505-247-0584** FAX No. ▶ \_\_\_\_\_
- 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 for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2012**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2011** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final 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 nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**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.

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

Form **8868** (Rev. 1-2012)

**Return of Organization Exempt From Income Tax**

**2011**

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2011 calendar year, or tax year beginning** and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b>		<b>D Employer identification number</b>
	NEW MEXICO CATTLE GROWERS' ASSOCIATION		85-0056700
	Doing Business As		<b>E Telephone number</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	505-247-0584
	P.O. BOX 7517		<b>G Gross receipts \$</b>
City or town, state or country, and ZIP + 4		404,393.	
ALBUQUERQUE, NM 87194-7517		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>F Name and address of principal officer:</b> SHACEY SULLIVAN		<b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
2231 RIO GRANDE NE, ALBUQUERQUE, NM 87104		If "No," attach a list. (see instructions)	
<b>I Tax-exempt status:</b> <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)( 5 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J Website:</b> NMAGRICULTURE.ORG			
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L Year of formation:</b> 1964 <b>M State of legal domicile:</b> NM	
<b>H(c) Group exemption number</b>			

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>TO PROMOTE &amp; PROTECT THE CATTLE INDUSTRY IN NEW MEXICO BY PROVIDING A UNIFIED VOICE ON ISSUES OF</b>	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a) ..... 82
	4	Number of independent voting members of the governing body (Part VI, line 1b) ..... 82
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a) ..... 7
	6	Total number of volunteers (estimate if necessary) ..... 0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 ..... 55,826.
	7b	Net unrelated business taxable income from Form 990-T, line 34 ..... <10,607.>
<b>Revenue</b>	<b>8 Contributions and grants (Part VIII, line 1h) ..... 163,208. 157,475.</b>	
	<b>9 Program service revenue (Part VIII, line 2g) ..... 164,961. 178,595.</b>	
	<b>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... 284. 170.</b>	
	<b>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... 65,315. 68,153.</b>	
	<b>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... 393,768. 404,393.</b>	
<b>Expenses</b>	<b>13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... 0. 0.</b>	
	<b>14 Benefits paid to or for members (Part IX, column (A), line 4) ..... 0. 0.</b>	
	<b>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... 165,655. 116,974.</b>	
	<b>16a Professional fundraising fees (Part IX, column (A), line 11e) ..... 0. 0.</b>	
	<b>b Total fundraising expenses (Part IX, column (D), line 25) ..... 0.</b>	
	<b>17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... 280,492. 328,352.</b>	
	<b>18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... 446,147. 445,326.</b>	
<b>19 Revenue less expenses. Subtract line 18 from line 12 ..... &lt;52,379.&gt; &lt;40,933.&gt;</b>		
<b>Net Assets or Fund Balances</b>	<b>20 Total assets (Part X, line 16) ..... Beginning of Current Year 521,623. End of Year 482,236.</b>	
	<b>21 Total liabilities (Part X, line 26) ..... 2,603. 4,149.</b>	
	<b>22 Net assets or fund balances. Subtract line 21 from line 20 ..... 519,020. 478,087.</b>	

**Part II Signature Block**

Under penalties of perjury, 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 officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer		Date
	SHACEY SULLIVAN, SECRETARY-TREASURER		
Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
	DAVID A. RASMUSSEN		06/01/12
	Firm's name	Firm's EIN	Check <input type="checkbox"/> if self-employed PTIN
DAVID A. RASMUSSEN, PC	85-0407093	P00301171	
Firm's address	8708 SECOND STREET NW		Phone no. (505) 878-0829
ALBUQUERQUE, NM 87114			

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION



Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: TO PROMOTE & PROTECT THE CATTLE INDUSTRY IN NEW MEXICO BY PROVIDING A UNIFIED VOICE ON ISSUES OF ECONOMIC IMPORTANCE TO THR CATTLE INDUSTRY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) ANNUAL & QUARTERLY TRADE ASSOCIATION MEETINGS ARE PROVIDED FOR MEMBERSHIP INPUT RELATED TO THE CATTLE INDUSTRY. BENEFITS ALL MEMBERS

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) REPRESENTATION FOR MEMBERSHIP AT VARIOUS EDUCATIONAL AND PLANNING MEETINGS ATHE REGIONAL & NATIONAL LEVEL AS WELL AS STATE LEGISLATURE. BENEFITS ALL MEMBERS

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) TRADE ASSOCIATION OFFICE MAINTAINED SO THAT ACTIVITIES CAN BE COORDINATED, COMMUNICATIONS PROVIDED TO MEMBERS, & INSURANCE PROGRAM CAN BE PROVIDED. BENFITS ALL MEMBERS

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		X
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		
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? <i>If "Yes," complete Schedule C, Part III</i>	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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 assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i> .....		
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? <i>If "Yes," complete Schedule L, Part II</i> .....		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? <i>If "Yes," complete Schedule L, Part III</i> .....		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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		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? <i>If "Yes," complete Schedule R, Part I</i> .....		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, sub-questions (1a-14b), Yes, and No. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8899, Form 1098-C, Form 8282, Form 4966, Form 720, and Form 702.

**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
1a	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.		
1a	82		
b	Enter the number of voting members included in line 1a, above, who are independent		
1b	82		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	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?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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		X

**Section 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?		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?	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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?	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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	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 arrangement with a taxable entity during the year?		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			

**Section 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
- 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**  
**2231 RIO GRANDE BLVD NW, ALBUQUERQUE, NM 87104**

**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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SEE ATTACHED LISTING	0.00							0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes sub-totals for lines 1b, 1c, and 1d.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. The first row contains the word 'NONE' under column (A).

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b	157,475.				
	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: \$						
	h	<b>Total.</b> Add lines 1a-1f		157,475.				
Program Service Revenue	2 a	<b>CONVENTIONS &amp; MEETINGS</b>	Business Code 900099	148,110.	148,110.			
	b	<b>LEGAL &amp; ENVIRONMENTAL</b>	900099	25,011.	25,011.			
	c	<b>FEEDER PROGRAM</b>	900099	2,999.	2,999.			
	d	<b>THEFT REWARD PROGRAM</b>	900099	2,075.	2,075.			
	e	<b>ALLIED INDUSTRIES</b>	900099	400.	400.			
	f	All other program service revenue						
	g	<b>Total.</b> Add lines 2a-2f		178,595.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		170.	170.			
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	10,411.				
		Less: rental expenses	(ii) Personal					
		c Rental income or (loss)		10,411.				
		d Net rental income or (loss)			10,411.		10,411.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities					
		Less: cost or other basis and sales expenses	(ii) Other					
		c Gain or (loss)						
		d Net gain or (loss)						
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		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					
Less: direct expenses		b						
c Net income or (loss) from gaming activities								
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a	<b>INSURANCE CONSULT FEE</b>	561000	46,854.		46,854.			
b	<b>ADMIN FEES</b>	541800	8,972.		8,972.			
c	<b>MISCELLANEOUS</b>	900099	1,916.	1,916.				
d	All other revenue							
e	<b>Total.</b> Add lines 11a-11d			57,742.				
12	<b>Total revenue.</b> See instructions.			404,393.	180,681.	55,826.	10,411.	



**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  X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to 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				
10 Payroll taxes	8,945.			
11 Fees for services (non-employees):				
a Management				
b Legal	48,000.			
c Accounting	4,280.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	10,265.			
13 Office expenses	10,510.			
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	6,509.			
18 Payments of travel or entertainment expenses 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 O.)				
a <b>INSURANCE</b>	23,044.			
b <b>LEGISLATIVE</b>	13,950.			
c <b>AWARDS &amp; SCHOLARSHIPS</b>	11,040.			
d <b>MEETING &amp; MEMBERSHIP</b>	8,004.			
e All other expenses <b>SEE SCH O</b>	60,803.			
25 <b>Total functional expenses.</b> Add lines 1 through 24e	445,326.			
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	106,544.	1	112,060.
	2	Savings and temporary cash investments	354,872.	2	329,884.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	25,805.	4	6,111.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	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)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1,429.	9	1,029.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	208,184.		
	10b	Less: accumulated depreciation	175,032.		
			32,973.	10c	33,152.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15		
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	521,623.	16	482,236.	
Liabilities	17	Accounts payable and accrued expenses	2,603.	17	4,149.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	2,603.	26	4,149.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	519,020.	27	478,087.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	519,020.	33	478,087.	
34	<b>Total liabilities and net assets/fund balances</b>	521,623.	34	482,236.	

**Part 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)	1	404,393.
2	Total expenses (must equal Part IX, column (A), line 25)	2	445,326.
3	Revenue less expenses. Subtract line 2 from line 1	3	<40,933.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	519,020.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	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	478,087.

**Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?	X	
2b	Were the organization's financial statements audited by an independent accountant?		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		X
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?		X
3b	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 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

**2011**

Name of the organization

Employer identification number

NEW MEXICO CATTLE GROWERS ' ASSOCIATION

85-0056700

Organization type (check 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 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).

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)

Name of organization  <b>NEW MEXICO CATTLE GROWERS' ASSOCIATION</b>	Employer identification number  <b>85-0056700</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<u>VARIOUS-ALL UNDER \$5,000 INDIVIDUALLY</u> <u>PO BOX 7517</u> <u>ALBUQUERQUE, NM 871947517</u>	\$ _____ 0.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	<u>VARIOUS DUES</u> <u>PO BOX 7517</u> <u>ALBUQUERQUE, NM 871947517</u>	\$ _____ 157,475.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization  <b>NEW MEXICO CATTLE GROWERS' ASSOCIATION</b>	Employer identification number  <b>85-0056700</b>
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**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
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization  <b>NEW MEXICO CATTLE GROWERS' ASSOCIATION</b>	Employer identification number  <b>85-0056700</b>
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**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**SCHEDULE C**  
(Form 990 or 990-EZ)

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2011**

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ Attach to Form 990 or Form 990-EZ.

▶ **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.

Name of organization <b>NEW MEXICO CATTLE GROWERS' ASSOCIATION</b>	Employer identification number <b>85-0056700</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year? .....  Yes  No
- 5 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.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.



**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**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)).**

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....		X
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....		X
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? .....		X

**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."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	157,475.
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	<b>2a</b>	13,950.
<b>b</b> Carryover from last year .....	<b>2b</b>	9,248.
<b>c</b> Total .....	<b>2c</b>	23,198.
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>	
<b>4</b> 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? .....	<b>4</b>	23,198.
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**Part IV 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; and Part II-B, line 1. Also, complete this part for any additional information.

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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

2011

Open to Public Inspection

Name of the organization NEW MEXICO CATTLE GROWERS' ASSOCIATION Employer identification number 85-0056700

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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? (Yes/No), 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? (Yes/No)

Part II Conservation Easements. 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), Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure. 2 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. Table: Held at the End of the Tax Year. Rows: 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 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? (Yes/No). 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year. 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year. 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No). 9 In Part XIV, 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.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

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 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 XIV, 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 \$ (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 gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X \$

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 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):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar 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, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_ %
  - b Permanent endowment \_\_\_\_\_ %
  - c 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 held and administered for the organization by:
- |   | Yes    | No |
|---|--------|----|
| (i) unrelated organizations   | 3a(i)  |    |
| (ii) related organizations  | 3a(ii) |    |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,303.		4,303.
b Buildings		119,466.	99,420.	20,046.
c Leasehold improvements				
d Equipment				
e Other		84,415.	75,612.	8,803.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				<b>33,152.</b>

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other (A-I).

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Rows numbered 1 through 10.

Part IX Other Assets. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1 through 10.

Part X Other Liabilities. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes Federal income taxes, followed by rows 2 through 11.

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

FIN 48 (ASC 740) Footnote. In Part XIV, 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).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	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	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

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:	
a	Net unrealized gains on investments	2a
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV.)	2d
e	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:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b
c	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5

**Part XIII Reconciliation of Expenses per Audited Financial Statements 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:	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIV.)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b
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

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

**2011**  
Open to Public  
Inspection

Name of the organization

NEW MEXICO CATTLE GROWERS' ASSOCIATION

Employer identification number

85-0056700

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

Name of the organization NEW MEXICO CATTLE GROWERS' ASSOCIATION	Employer identification number 85-0056700
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FORM 990, PART VI, SECTION B, LINE 15: SALARY INFORMATION IS REVIEWED BY  
THE BOARD ON AN ANNUAL BASIS FROM INFORMATION DEVIRED FROM WITHIN THE  
INDUSTRY.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS ARE AVAILABLE  
UPON A QUALIFIED REQUEST.

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

CONTRIBUTIONS:

TOTAL EXPENSES 7,467.

POSTAGE:

TOTAL EXPENSES 7,380.

PRINTING:

TOTAL EXPENSES 7,333.

PROPERTY TAXES:

TOTAL EXPENSES 5,218.

TELEPHONE:

TOTAL EXPENSES 5,082.

ON LINE SERVICES:

TOTAL EXPENSES 4,599.

UTILITIES:

TOTAL EXPENSES 4,480.



Name of the organization NEW MEXICO CATTLE GROWERS' ASSOCIATION	Employer identification number 85-0056700
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**EQUIPMENT RENTAL:**

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**TOTAL EXPENSES** 4,360.

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**CONTRACT LABOR:**

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**TOTAL EXPENSES** 4,150.

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**ENTERTAINMENT:**

---

**TOTAL EXPENSES** 3,648.

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**REPAIRS & MAINTENANCE:**

---

**TOTAL EXPENSES** 3,123.

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**DUES & SUBSCRIPTIONS:**

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**TOTAL EXPENSES** 1,910.

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**AUTOMOTIVE:**

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**TOTAL EXPENSES** 1,361.

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**TAXES GROSS RECEIPTS:**

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**TOTAL EXPENSES** 666.

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**WOOL GROWERS, NMFLC & RESALE:**

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**TOTAL EXPENSES** 26.

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**TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A** 60,803.

2011 DEPRECIATION AND AMORTIZATION REPORT  
FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	OTHER											
1	TABLE 62-E-72	080175SL		10.0016		272.			272.	245.		0.
2	COFFEE TABLE	080175SL		10.0016		103.			103.	90.		0.
3	LAND 2231 RIO GRANDE NW	020174L		.000		4,303.			4,303.	0.		0.
4	BUILDING 2231 RIO GRANDE	020174SL		20.0016		21,000.			21,000.	21,000.		0.
5	ELECTRICAL WORK	120674SL		10.0016		485.			485.	485.		0.
6	MEMBERSHIP SOFTWARE	103098200DB		5.0016		1,640.			1,640.	1,640.		0.
7	2 END TABLES -A124	080175SL		10.0016		74.			74.	70.		0.
8	15 CAPTAIN CHAIRS 2922	080175SL		10.0016		729.			729.	655.		0.
9	REFRIGERATOR	081275SL		10.0016		279.			279.	250.		0.
10	RANGE	081275SL		10.0016		432.			432.	390.		0.
11	BRONZE LOGOS	081275SL		10.0016		250.			250.	225.		0.
12	CABINETS	091875SL		10.0016		1,539.			1,539.	1,385.		0.
13	CABINETS	101075SL		10.0016		930.			930.	840.		0.
14	IBM SELECTRIC	083180SL		10.0016		533.			533.	480.		0.
15	IBM MAG CARD TYPEWRITER	123180SL		10.0016		7,946.			7,946.	7,151.		0.
16	FILE CABINET	073181SL		5.0016		710.			710.	710.		0.
17	FILE CABINET	073182PRE		5.0016		741.			741.	741.		0.

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
18	SHELVES	033184	PRE	5.00	16	362.			362.	362.		0.
19	PICTURE FRAMING COMPUTER & LASER	100187200	DB	7.00	17	591.			591.	591.		0.
20	PRINTER	040590200	DB	5.00	17	3,582.			3,582.	3,582.		0.
21	TV-VCR	050190200	DB	7.00	17	564.			564.	564.		0.
22	MEMBERSHIP FILE CABINET	041591200	DB	7.00	17	186.			186.	186.		0.
23	2 STORAGE CABINETS	053191200	DB	7.00	17	177.			177.	177.		0.
24	OAK FILE CABINET	113091200	DB	7.00	17	130.			130.	130.		0.
25	OFFICE CHAIR	121091200	DB	7.00	17	368.			368.	368.		0.
26	SPEED DIAL OMNIFAX CUTTER	080592200	DB	7.00	17	1,395.			1,395.	1,395.		0.
27	COMPUTER	122392200	DB	5.00	17	1,336.			1,336.	1,336.		0.
28	LASERJET PRINTER	072293200	DB	5.00	17	1,566.			1,566.	1,566.		0.
29	DESK	103193200	DB	5.00	17	278.			278.	278.		0.
30	COMPUTER EQUIPMENT	111593200	DB	5.00	17	4,020.			4,020.	4,020.		0.
31	POSTER DISPLAYS	010195200	DB	5.00	17	2,445.			2,445.	2,445.		0.
32	SCANNER	083095200	DB	5.00	17	1,023.			1,023.	1,023.		0.
33	COLOR PRINTER	110196200	DB	5.00	17	227.			227.	227.		0.
34	EQUIPMENT	030197200	DB	5.00	17	1,949.			1,949.	1,949.		0.
35	DELL COMPUTER	110197200	DB	5.00	17	2,855.			2,855.	2,855.		0.

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
36	COMPUTER, LAPTOP	071500	200DB	5.00	17	3,840.			3,840.	3,840.		0.
37	FOLDING DISPLAY	071500	200DB	5.00	17	368.			368.	368.		0.
38	RICOH COPIER	081500	200DB	5.00	17	3,592.			3,592.	3,592.		0.
39	COMPUTER- SANDIA	090600	200DB	5.00	17	1,356.			1,356.	1,356.		0.
40	LAPTOP COMPUTER	033102	200DB	5.00	17	2,058.		617.	1,441.	1,441.		0.
41	DELL NOTEBOOK COMPUTER	072303	200DB	5.00	17	1,600.		800.	800.	800.		0.
42	TELEPHONE SYSTEM REPLACEMENT	093003	200DB	5.00	16	7,073.			7,073.	6,868.		0.
43	FAX MACHINE	121803	SL	5.00	16	333.			333.	333.		0.
44	COPIER	061504	SL	6.00	16	3,598.			3,598.	3,598.		0.
45	DELL COMPUTER	071504	SL	5.00	16	2,798.			2,798.	2,798.		0.
46	TELEPHONE CC	101505	200DB	5.00	16	656.			656.	600.		0.
47	LAPTOP COMPUTER	083106	200DB	5.00	17	1,941.			1,941.	1,830.		112.
48	BUILDING ADDITION & IMPROVEMENT	010175	SL	30.00	16	22,325.			22,325.	22,325.		0.
49	LANDSCAPING	091675	SL	30.00	16	1,645.			1,645.	1,645.		0.
50	BLDG ADDITION & IMPROVEMENT	010176	SL	30.00	16	1,303.			1,303.	1,303.		0.
51	LANDSCAPING	033176	SL	30.00	16	384.			384.	384.		0.
52	OFFICE WALL	061379	SL	5.00	16	410.			410.	410.		0.
53	LANDSCAPING	122179	SL	30.00	16	417.			417.	417.		0.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
54	SCREEN DOORS	043080SL		30.00	16	224.			224.	220.		0.
55	BACK PORCH RESTUCCO & SANDBLASTING	091980SL		30.00	16	458.			458.	454.		0.
56	SANDBLASTING	092980SL		30.00	16	1,421.			1,421.	1,410.		0.
57	INSULATION	103181PRE		5.00	16	1,014.			1,014.	1,014.		0.
58	PORCH	113081PRE		15.00	16	1,813.			1,813.	1,813.		0.
59	OFFICE FLOOR	053082PRE		15.00	16	1,593.			1,593.	1,590.		0.
60	ELECTRICAL	070183PRE		15.00	16	505.			505.	505.		0.
61	WALLS OUTSIDE	080183PRE		15.00	16	961.			961.	956.		0.
62	WALLS - INSIDE	090183PRE		15.00	16	178.			178.	178.		0.
63	WALLS INSIDE	110183PRE		15.00	16	366.			366.	366.		0.
64	MISC IMPROVEMENTS	013184PRE		15.00	16	1,393.			1,393.	1,393.		0.
65	PAINTING & REPAIRS	033184PRE		15.00	16	2,142.			2,142.	2,142.		0.
66	SIGN	030187PRE		15.00	16	502.			502.	502.		0.
67	METAL DOORS	030187PRE		15.00	16	577.			577.	577.		0.
68	OFFICE IMPROVEMENTS	040187PRE		15.00	16	787.			787.	787.		0.
69	BURGLAR ALARM	040187PRE		15.00	16	929.			929.	929.		0.
70	MINI BLINDS	040187PRE		15.00	16	337.			337.	337.		0.
71	SMOKE ALARM	050187PRE		15.00	16	404.			404.	404.		0.

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

(D) - Asset disposed

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
72	FIRE BOX	100187	PRE	15.00	16	776.			776.	776.		0.
73	NEW VENTING FOR AC PAVING - PARKING	041392	PRE	15.00	16	3,566.			3,566.	3,566.		0.
74	LOT	051493	PRE	15.00	16	2,681.			2,681.	2,655.		0.
75	DRAINAGE WORK PAVING - PARKING	051293	150DB	5.00	16	4,918.			4,918.	4,773.		0.
76	LOT	060193	PRE	15.00	16	6,076.			6,076.	6,018.		0.
77	SECURITY ALARM	042999	SL	39.00	17	1,000.			1,000.	1,000.		0.
78	NEW ROOF (LONE MTN CONTR)	052199	SL	39.00	17	9,703.		1,202.	9,703.	2,892.		249.
79	REMODEL FRONT BUILDING	101500	SL	39.00	17	10,000.			10,000.	2,618.		256.
80	HVAC UNIT (BACK)	051502	200DB	10.00	17	4,005.		1,202.	2,803.	2,225.		386.
81	HVAC UNIT (FRONT)	101502	200DB	10.00	17	4,005.		1,202.	2,803.	2,169.		423.
82	LANDSCAPE	081904	150DB	15.00	17	5,771.		2,886.	2,885.			383.
83	DELL POWEREDGE 840 SERVER	042308	200DB	5.00	17	3,570.			3,570.	2,606.		406.
84	DELL LATITUDE NOTEBOOK	122408	200DB	5.00	17	2,562.			2,562.	1,686.		350.
85	DESKS & CHAIRS	020909	200DB	7.00	17	1,353.			1,353.	525.		237.
86	OFFICE FURNITURE	020909	200DB	7.00	17	1,260.			1,260.	488.		220.
87	MOBILE STORAGE UNIT	060809	SL	15.00	17	3,390.			3,390.	339.		226.
88	DELL NOTEBOOK	110209	200DB	5.00	17	1,092.			1,092.	568.		210.
89	2007 OFFICE	050210	SL	3.00	17	447.			447.	75.		149.

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

(D) - Asset disposed

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
90	DELL OPTIPLEX 380	050210SL		5.00	17	765.			765.	77.		153.
91	POWEREDGE T310	071611200DB		5.00	19B	4,922.			4,922.			984.
	* 990 PAGE 10 TOTAL OTHER					208,183.		6,707.	201,476.	163,952.	0.	4,744.
	* GRAND TOTAL 990 PAGE 10 DEPR					208,183.		6,707.	201,476.	163,952.	0.	4,744.

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

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

▶ **File a separate application for each return.**

- 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](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

*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.*

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>NEW MEXICO CATTLE GROWERS' ASSOCIATION</b>	Employer identification number (EIN) or <input checked="" type="checkbox"/> <b>85-0056700</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>P.O. BOX 7517</b>	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ALBUQUERQUE, NM 87194-7517</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) 07

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	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	12

**TROY SAUBLE**

- The books are in the care of ▶ **2231 RIO GRANDE BLVD NW - ALBUQUERQUE, NM 87104**  
 Telephone No. ▶ **505-247-0584** FAX No. ▶ \_\_\_\_\_
- 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 for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **NOVEMBER 15, 2012**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year **2011** or  
 ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final 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 nonrefundable credits. See instructions.	<b>3a</b>	\$	1,029.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	1,029.
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**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 Business Income Tax Return**  
(and proxy tax under section 6033(e))

**2011**

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

For calendar year 2011 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input type="checkbox"/> 501(c) ( )  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input checked="" type="checkbox"/> 529(a)</p> <p><b>C</b> Book value of all assets at end of year <b>482,236.</b></p>	<p><b>Print or Type</b></p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>NEW MEXICO CATTLE GROWERS' ASSOCIATION</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>P.O. BOX 7517</b></p> <p>City or town, state, and ZIP code  <b>ALBUQUERQUE, NM 87194-7517</b></p> <p><b>F</b> Group exemption number (See instructions.) ▶ _____</p> <p><b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.) <b>85-0056700</b></p> <p><b>E</b> Unrelated business activity codes (See instructions.) <b>524114</b></p>
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**H** Describe the organization's primary unrelated business activity. ▶ **ADMINISTRATIVE FEES**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation. ▶ \_\_\_\_\_

**J** The books are in care of ▶ **SHACEY SULLIVAN** Telephone number ▶ **505-247-0584**

		(A) Income	(B) Expenses	(C) Net
<b>Part I Unrelated Trade or Business Income</b>				
<b>1a</b> Gross receipts or sales <b>55,826.</b>				
<b>b</b> Less returns and allowances <b>c</b> Balance ▶	<b>1c</b>	<b>55,826.</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>2</b>			
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>	<b>55,826.</b>		<b>55,826.</b>
<b>4a</b> Capital gain net income (attach Schedule D)	<b>4a</b>			
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>			
<b>c</b> Capital loss deduction for trusts	<b>4c</b>			
<b>5</b> Income (loss) from partnerships and S corporations (attach statement)	<b>5</b>			
<b>6</b> Rent income (Schedule C)	<b>6</b>			
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b>			
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	<b>8</b>			
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>			
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b>			
<b>11</b> Advertising income (Schedule J)	<b>11</b>			
<b>12</b> Other income (See instructions; attach schedule.)	<b>12</b>			
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b>	<b>55,826.</b>		<b>55,826.</b>

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>			
<b>15</b> Salaries and wages	<b>15</b>			<b>23,295.</b>
<b>16</b> Repairs and maintenance	<b>16</b>			<b>519.</b>
<b>17</b> Bad debts	<b>17</b>			
<b>18</b> Interest (attach schedule)	<b>18</b>			
<b>19</b> Taxes and licenses	<b>19</b>			<b>1,449.</b>
<b>20</b> Charitable contributions (See instructions for limitation rules.)	<b>20</b>			
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>		<b>712.</b>	
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>			<b>712.</b>
<b>23</b> Depletion	<b>23</b>			
<b>24</b> Contributions to deferred compensation plans	<b>24</b>			
<b>25</b> Employee benefit programs	<b>25</b>			
<b>26</b> Excess exempt expenses (Schedule I)	<b>26</b>			
<b>27</b> Excess readership costs (Schedule J)	<b>27</b>			
<b>28</b> Other deductions (attach schedule) <b>SEE STATEMENT 1</b>	<b>28</b>			<b>40,458.</b>
<b>29 Total deductions.</b> Add lines 14 through 28	<b>29</b>			<b>66,433.</b>
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>			<b>&lt;10,607.&gt;</b>
<b>31</b> Net operating loss deduction (limited to the amount on line 30)	<b>31</b>			<b>0.</b>
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	<b>32</b>			<b>&lt;10,607.&gt;</b>
<b>33</b> Specific deduction (Generally \$1,000, but see instructions for exceptions.)	<b>33</b>			<b>1,000.</b>
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	<b>34</b>			<b>&lt;10,607.&gt;</b>

**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: <b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ <b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ <b>c</b> Income tax on the amount on line 34	<b>35c</b>	0.
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	<b>36</b>	
<b>37 Proxy tax.</b> See instructions	<b>37</b>	
<b>38 Alternative minimum tax</b>	<b>38</b>	
<b>39 Total.</b> Add lines 37 and 38 to line 35c or 36, whichever applies	<b>39</b>	0.

**Part IV Tax and Payments**

<b>40a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>40a</b>		<b>40e</b>	
<b>b</b> Other credits (see instructions)	<b>40b</b>			
<b>c</b> General business credit. Attach Form 3800	<b>40c</b>			
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>40d</b>			
<b>e Total credits.</b> Add lines 40a through 40d				
<b>41</b> Subtract line 40e from line 39			<b>41</b>	0.
<b>42</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)			<b>42</b>	
<b>43 Total tax.</b> Add lines 41 and 42			<b>43</b>	0.
<b>44a</b> Payments: A 2010 overpayment credited to 2011	<b>44a</b>	1,029.	<b>45</b>	1,029.
<b>b</b> 2011 estimated tax payments	<b>44b</b>			
<b>c</b> Tax deposited with Form 8868	<b>44c</b>			
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)	<b>44d</b>			
<b>e</b> Backup withholding (see instructions)	<b>44e</b>			
<b>f</b> Credit for small employer health insurance premiums (Attach Form 8941)	<b>44f</b>			
<b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	<b>44g</b>			
<b>45 Total payments.</b> Add lines 44a through 44g			<b>45</b>	1,029.
<b>46</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>			<b>46</b>	
<b>47 Tax due.</b> If line 45 is less than the total of lines 43 and 46, enter amount owed			<b>47</b>	
<b>48 Overpayment.</b> If line 45 is larger than the total of lines 43 and 46, enter amount overpaid			<b>48</b>	1,029.
<b>49</b> Enter the amount of line 48 you want: Credited to 2012 estimated tax 1,029. Refunded			<b>49</b>	0.

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

<b>1</b> At any time during the 2011 calendar year, did the organization have an interest in or a signature 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 _____	Yes	No
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____		

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **N/A**

<b>1</b> Inventory at beginning of year	<b>1</b>		<b>6</b> Inventory at end of year	<b>6</b>	
<b>2</b> Purchases	<b>2</b>		<b>7</b> Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	<b>7</b>	
<b>3</b> Cost of labor	<b>3</b>		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
<b>4a</b> Additional section 263A costs	<b>4a</b>				
<b>b</b> Other costs (attach schedule)	<b>4b</b>				X
<b>5</b> Total. Add lines 1 through 4b	<b>5</b>				

Under penalties of perjury, 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) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer \_\_\_\_\_ Date \_\_\_\_\_  
 SECRETARY-TREASURER \_\_\_\_\_ Title \_\_\_\_\_  
 May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**  
 Print/Type preparer's name: DAVID A. RASMUSSEN  
 Preparer's signature: *[Signature]*  
 Date: 06/01/12  
 Check  if self-employed  
 PTIN: P00301171  
 Firm's name: DAVID A. RASMUSSEN, PC  
 Firm's address: 8708 SECOND STREET NW, ALBUQUERQUE, NM 87114  
 Firm's EIN: 85-0407093  
 Phone no.: (505) 878-0829

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.**  
**(b) Total deductions.** Enter here and on page 1, Part I, line 6, column (B) **0.**

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b>			0.	0.
<b>Total dividends-received deductions</b> included in column 8			0.	0.

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations					
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
<b>Totals</b>			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	0.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals		0.		0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**

(see instructions)

1. 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	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)						
Totals		0.	0.			0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

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))		0.	0.			0.

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

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)						
(5) Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)		0.	0.			0.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

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FORM 990-T OTHER DEDUCTIONS STATEMENT 1

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

# Underpayment of Estimated Tax by Corporations

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions.  
▶ Attach to the corporation's tax return.

FORM **990-T**

**2011**

Name <b>NEW MEXICO CATTLE GROWERS' ASSOCIATION</b>	Employer identification number <b>85-0056700</b>
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**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

<b>Part I Required Annual Payment</b>			
1 Total tax (see instructions) .....		1	
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....	2a	2d	
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method .....	2b		
c Credit for federal tax paid on fuels (see instructions) .....	2c		
d <b>Total.</b> Add lines 2a through 2c .....			
3 Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty .....		3	
4 Enter the tax shown on the corporation's 2010 income tax return (see instructions). <b>Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5</b> .....		4	
5 <b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....		5	

**Part II Reasons for Filing** - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty (see instructions).

- 6  The corporation is using the adjusted seasonal installment method.
- 7  The corporation is using the annualized income installment method.
- 8  The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

**Part III Figuring the Underpayment**

		(a)	(b)	(c)	(d)
9 <b>Installment due dates.</b> 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 corporation's tax year .....	9				
10 <b>Required installments.</b> 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. ....	10				
11 Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15 .....	11				
<b>Complete lines 12 through 18 of one column before going to the next column.</b>					
12 Enter amount, if any, from line 18 of the preceding column .....	12				
13 Add lines 11 and 12 .....	13				
14 Add amounts on lines 16 and 17 of the preceding column .....	14				
15 Subtract line 14 from line 13. If zero or less, enter -0- .....	15				
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....	16				
17 <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 .....	17				
18 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....	18				

**Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.**

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
19 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			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2011 and before 7/1/2011	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 4\%}{365}$	22	\$	\$	\$
23 Number of days on line 20 after 06/30/2011 and before 10/1/2011	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 4\%}{365}$	24	\$	\$	\$
25 Number of days on line 20 after 9/30/2011 and before 1/1/2012	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\%}{365}$	26	\$	\$	\$
27 Number of days on line 20 after 12/31/2011 and before 4/1/2012	27			
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\%}{366}$	28	\$	\$	\$
29 Number of days on line 20 after 3/31/2012 and before 7/1/2012	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{366}$	30	\$	\$	\$
31 Number of days on line 20 after 6/30/2012 and before 10/01/2012	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{366}$	32	\$	\$	\$
33 Number of days on line 20 after 9/30/2012 and before 1/1/2013	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{366}$	34	\$	\$	\$
35 Number of days on line 20 after 12/31/2012 and before 2/16/2013	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	36	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$
38 <b>Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120; line 33; or the comparable line for other income tax returns	38	\$		0.

\* 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](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.

**Depreciation and Amortization** 990  
 (Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return <b>NEW MEXICO CATTLE GROWERS' ASSOCIATION</b>	Business or activity to which this form relates <b>FORM 990 PAGE 10</b>	Identifying number <b>85-0056700</b>
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**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions) .....	1	500,000.
2 Total cost of section 179 property placed in service (see instructions) .....	2	
3 Threshold cost of section 179 property before reduction in limitation .....	3	2,000,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions .....	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29 .....	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 .....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8 .....	9	
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 .....	12	
13 Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12 .....	▶ 13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II 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 the tax year .....	14	
15 Property subject to section 168(f)(1) election .....	15	
16 Other depreciation (including ACRS) .....	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2011 .....	17	3,760.
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 .....	▶ <input type="checkbox"/>	

**Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		4,922.	5 YRS.	HY	200DB	984.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System**

20a Class life						
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

**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. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. ....	22	4,744.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .....	23	



Part V

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

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows 25-29.

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 6 columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Includes rows 30-36.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

Table with 2 columns: Yes, No. Includes rows 37-41.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.