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Department of the Treasury Internal Revenue Service

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)

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

OMB No 1545-0047

A Fo	r the	2009 ca	alendar yea	r, or tax year beginning 05	-01-2009 and ending 04-30-201	0		inspection
		pplicable	Please	C Name of organization SOUTHERN ARIZONA INTERN			D Employer id	dentification number
┌ Add	lress ch	nange	use IRS label or	ASSOCIATION INC	ATIONAL LIVESTOCK		86-01419	
┌ Nar	ne cha	nge	print or	Doing Business As			E Telephone i	number
┌ Init	ıal retu	rn	type. See Specific	Number and street (or P.O.)	oox if mail is not delivered to street addre	ss) Room/suite	(520) 792	-1060
┌ Ter			Instruc- tions.	PO BOX 1089		33) Room, saice	G Gross receipt	ts \$ 114,627
☐ Am		return n pending		City or town, state or countr TUCSON, AZ 857021089	,, and ZIP + 4			
			F Nan	L ne and address of principa	lofficer	H(a) Ic th	■ ıs a group retu	rn for
			TORSO	DRENSEN			is a group retu ites?	⊤Yes ∨ No
				X 1089)N,AZ 857021089				
				,			ll affiliates inclu	ided? Yes No
I Tax	x-exen	npt status	▽ 501(c)) (5) ◀ (insert no)	(a)(1) or		o, attach ans ip exemption n	
J W	ebsite	e:► http	p //www ext	nibitorslink com/index htm	l			
				ion Trust Association	Other 🕨	L Year of fo	rmation 1957	M State of legal domicile AZ
Pai	rt I							
	1			_	r most significant activities C ABOUT ISSUES IN THE LIVES	TOCKINDUS	STRY	
ဗိ								
Governance								
Ē.							_	
<u> </u>	2	Check	this box 🟲	if the organization disco	ntinued its operations or disposed	of more than	25% of its net	
	3	Number	r of voting r	nembers of the governing	body (Part VI, line 1a)			31
Activities &	4	Number	r of ındepen	ident voting members of th	ie governing body (Part VI, line 1t	o)	-	41
Ě	5	Total n	umber of en	nployees (Part V , line 2a)				5
ਓ	6	Total n	umber of vo	lunteers (estimate if nece	ssary)			616
∢	7a	Total gi	ross unrela	ted business revenue from	Part VIII, column (C), line 12		7	7a
	ь	Net unr	elated busi	ness taxable income from	Form 990-T, line 34		7	7b (
						Prio	r Year	Current Year
	8	Contri	butions and	d grants (Part VIII, line 1)	1)		89,344	85,000
₽	9	Progra	am service	revenue (Part VIII, line 2	3)		27,880	29,042
Reven	10				lines 3, 4, and 7d)		2,192	406
Ě	11	Other	revenue (P	art VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)		6,183	179
	12				st equal Part VIII, column (A), lin	e	125,599	114,627
	13				olumn (A), lines 1-3)		,	13,000
	14				olumn (A), line 4)			0
	15		-		nefits (Part IX, column (A), lines 5	5-		
Expenses		10)					36,600	39,749
€	16a				mn (A), line 11e)			0
Д	17			enses (Part IX, column (D), line	25) ▶0 11a-11d, 11f-24f)		79,351	70.043
	17						· · · · · · · · · · · · · · · · · · ·	78,043
	18				ual Part IX, column (A), line 25)		115,951	130,792
<u>መ</u>	19	Keven	ue iess exp	denses Subtract line 18 ff	om line 12	Beginning	9,648 g of Current	-16,165
Net Assets or Fund Balances		_					'ear	End of Year
88. B.a	20			t X, line 16)			119,179	102,667
2 m	21		•				1,190	843
	22				21 from line 20		117,989	101,824
Par	t II	_	ature Blo					
					nined this return, including accompanying on of preparer (other than officer) is base			
Sign		***				2010-	-11-30	
Here	2	Sign	ature of office	er		Date	·	
			SORENSEN E	EXECUTIVE DIRECTOR				
		F Type	or print nam	e and title			1	
De: 4		Preparer signature		Cowley CPA		Check if self-	Preparer's iden (see instruction	itifying number ns)
Paid Prepa	arer's	Firm's na	ame (or yours	s 👠 Regier Carr & Monroe LLP		empolyed 🕨 🦵		
Use (ıf self-er	nployed), and ZIP + 4	P	E01		EIN 🕨	
	_	auuress,	anu ZIF + 4	4801 E Broadway Blvd Ste	201		Phone no	(520) 624-8229
				Tucson, AZ 857113648				<u> </u>
Mayt	ne IR	S discus	s this retu	rn with the preparer showr	above? (see instructions)			▼ Yes

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

TO PROMOTE AND EDUCATE THE PUBLIC ABOUT ISSUES IN THE LIVESTOCK INDUSTRY

2	_		rogram services during the year v		┌ Yes ┌ No
	If "Yes," describe	these new services on Schedu	le O		
3	-	on cease conducting, or make	significant changes in how it con	ducts, any program	┌ Yes ┌ No
	If "Yes," describe	these changes on Schedule O			
4	Section 501(c)(3) and 501(c)(4) organizations	each of the organization's three l and section 4947(a)(1) trusts ar venue, if any, for each program s	e required to report the am	•
	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	TO PROMOTE AND E	DUCATE THE PUBLIC ABOUT ISSUES 1	= = :	, , , ,	,
	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d		ervices (Describe in Schedule	· ·		
	(Expenses \$	ıncludıng	grants of \$) (Revenue \$)
4e	Total program se	ervice expenses►\$			

Part IV	Checklist	of Red	uired	Schedule

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		Νo
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		No
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ 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.			
	◆ 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.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part I	14b		No
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 U S? If "Yes," complete Schedule F, Part II	15		No
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 U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> " <i>Yes</i> ," <i>complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note, All Form 990 filers are required to complete Schedule O	38	Yes	

year

orm	990 (2009)			Page			
Par	t V Statements Regarding Other IRS Filings and Tax Compliance						
			Yes	No			
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable						
	1a 0						
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable						
_	1b 0						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		V				
-	gaming (gambling) winnings to prize winners?	1 c	Yes				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return						
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this						
	return?	3a		No			
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial						
	account)?	4a		No			
b	If "Yes," enter the name of the foreign country						
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No			
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c					
6a							
b	organization solicit any contributions that were not tax deductible?						
	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c					
d	If "Yes," indicate the number of Forms 8282 filed during the year						
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f					
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g					
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h					
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did	7					
_	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
	Did the organization make any taxable distributions under section 4966?	9a					
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter						
а	Initiation fees and capital contributions included on Part VIII, line 12 10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities						
11	Section 501(c)(12) organizations. Enter						
а	Gross income from members or shareholders						
ь	Gross income from other sources (Do not net amounts due or paid to other sources						
	against amounts due or received from them)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the						
	year 12b			1			

PO BOX 1089

(520) 792-1060

TUCSON, AZ 857021089

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management			
	etion A. Governing body and Planagement		Yes	No
			103	140
1a	Enter the number of voting members of the governing body 14	ļ		
b	Enter the number of voting members that are independent 14			
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?	2		Νο
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?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	7a		No.
ь	governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the	75		140
_	year by the following The government hady?	0-	Yes	
a	The governing body?	8a	res	N -
ь	Each committee with authority to act on behalf of the governing body?	8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
Re	venue Code.)		Yes	No
100	Does the organization have local chapters, branches, or affiliates?	10a	165	No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	104		NO
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form		Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		Νο
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		No
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	15a		No
	Other officers or key employees of the organization	15b		No
_	If "Yes" to line a or b, 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			
b	taxable entity during the year?	16a		Νο
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure		I	
17	List the States with which a copy of this Form 990 is required to be filed▶AZ			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply			
19	Own website 🔽 Another's website 🔽 Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of t	he orga	nızatıor	ı -
	The Organization			

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. 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, or 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 the organization did not compensate any current or former officer, director, trustee or key employee										
(A) Name and Title	(B) A verage hours	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	per week	Individual trustee or director	Highest compensated employee Key employee Officer Institutional Trustee Individual trustee			Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Ed Konrath President	1 00	Х						О	0	0
Sherry Buzzard Vice President	1 00	Х						0	0	0
Dan Benedict Treasurer	1 00	Х						0	0	0
Jimmy Wojcik secretary	1 00	Х						0	0	0
Diane Bales Board Member	1 00	Х						О	0	0
Cassandra Keith Board Member	1 00	Х						0	0	0
Jimmy Crosby Board Member	1 00	Х						0	0	0
Lance Fite Board Member	1 00	Х						0	0	0
John Hunt Board Member	1 00	Х						0	0	0
Sandy Mcdonald Board Member	1 00	Х						0	0	0
Dennis Hotel Board Member	1 00	Х						0	0	0
Candy Cooley board Member	1 00	Х						0	0	0
Dick Cardew Board Member	1 00	X						0	0	0
Angel Peraza board Member	1 00	X						0	0	0
TOR SORENSEN EXEC DIRECTOR	40 00			х				27,000	0	0

Forr	n 990 (2009)			Page 8
1b	Total	0		0
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in 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? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		No
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		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
S	ection 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			
	(A) Name and business address (B) Description of services		(C Compe	
		\pm		
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization >0			2 (2000)
			.orm 99 1	0 (2009)

Form 99								Page 9
Part V	/	Statement o	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
##	1a	Federated cam	paigns 1a					
Contributions, gifts, grants and other similar amounts	ь	Membership du	es 1b					
₽Σ	c	Fundraising eve	ents 1c					
£ #	d	Related organiz	zations 1d					
S E	e	Government grants	s (contributions) 1e	85,000				
<u>S</u>	f	All other contribution	ons, gifts, grants, and 1f			İ		i
	_	sımılar amounts no	ot included above ibutions included in					
# T T	g							
<u>S</u> #	h		s 1a-1f	▶	85,000			
				Business Code				
III e	2a	Entry fee		900,099	24,937	24,937		
Program Serwce Revenue	ь	Membership dues		900,099	4,005	4,005		
a E	_ c	Sponsors income		900,099	100	100		
r M C	d			300,033	100	100		
3g	_ _ e							
ran L	,	All other progra	am service revenue					
Ď	'	All other progre	ani service revenue					
	g	Total. Add lines	s 2a-2f		29,042			
	3		ome (including dividen		40.5			40.5
			ar amounts)	F	406			406
	4		stment of tax-exempt bond	proceeds				
	5	Royalties	(1) Page	(u) Baraanal				
	6a	Gross Rents	(ı) Real	(II) Personal				
	ь	Less rental						
		expenses Rental income						
	C	or (loss)						
	d	Net rental inco	me or (loss)					
	7a	Gross amount from sales of assets other than inventory	(I) Securities	(II) O ther				
	Ь	Less cost or other basis and sales expenses						
	С	Gain or (loss)		<u> </u>				
	d 8a		ss)	· · · · · · · ·				
enne	J Ga	events (not inc \$	rom fundraising luding s reported on line 1c)					
Other Revenue			ne 18					
ťħé	ь		penses b					
0	С		(loss) from fundraising	events 🟲				
	9a	Gross income f See Part IV, lin	rom gaming activities ne 19 a					
	b c		penses b (loss) from gaming acti	vities				
	10a	Gross sales of returns and allo						
	ь	Less cost of a	oods sold b					
	c		(loss) from sales of inve	entory 🟲				
		Miscellaneous		Business Code				
	11a	Miscellaneous	ıncome	900,099	179	179		
	ь							
	c		_					
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d		179			
	12	Total revenue.	See Instructions .	•	114,627	29,221	0	406
					11 1,027	27,221		100

	Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must other organizations must complete column (A) but are not required to c		ns (B), (C), and		
	ot include amounts reported on lines 6b, o, 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 U.S. See Part IV, line 21	13,000			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	,			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	27,000			
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	9,600			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	3,149			
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting	7,652			
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	2,858			
12	Advertising and promotion	3,895			
13	Office expenses	2,222			
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	6,506			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	290			
23	Insurance	15,320			
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	AWARDS	10,586			
b	ground rental	8,210			
c	Judges	5,972			
d	MISCELLANEOUS	5,697			
е	PREMIUMS	3,090			
f	All other expenses	5,745			
25	Total functional expenses. Add lines 1 through 24f	130,792			
26	Joint costs. Check here ▶ ┌ If following SOP 98-2				
	Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet (B) (A) End of vear Beginning of year 1.283 2.414 1 Cash—non-interest-bearing 1 70.869 94.274 2 2 42,500 3 3 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 3.430 4,481 9 9 39.989 10a Land, buildings, and equipment cost or other basis Complete Part 10a VI of Schedule D 10b 38.806 492 1.183 b Less accumulated depreciation 10c 11 11 12 Investments—other securities See Part IV, line 11 12 13 13 Investments—program-related See Part IV, line 11 . . 14 14 605 315 15 15 119,179 16 16 102,667 Total assets. Add lines 1 through 15 (must equal line 34) . . . 1,190 17 843 17 Accounts payable and accrued expenses 18 18 19 19 20 20 Liabilities 21 21 Escrow or custodial account liability $Complete\ Part\ IV\ of\ Schedule\ D$. . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 1,190 26 843 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. Unrestricted net assets 117.989 101.824 27 27 28 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here 📂 🥅 and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets Paid-in or capital surplus, or land, building or equipment fund 31 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 117,989 33 Total net assets or fund balances 33 101,824 34 Total liabilities and net assets/fund balances 119,179 102,667 34

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Yes	
b	Were the organization's financial statements audited by an independent accountant?	2b		Νo
c	If "Yes," to 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	2c		No
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 consolidated basis, separate basis, or both			
	Separate basis Consolidated basis 🔽 Both consolidated and separated 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?	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

SOL		e organization IZONA INTERNATIONAL LIVESTOCK INC		Ī -	Employer identification number						
	rt I	Organizations Maintaining Donor Ac Organization answered "Yes" to Form 99			-0141934 s or Accounts. Complete If th						
		organization answered Tes to Form 55	(a) Donor advised funds	(b) Fund	ds and other accou	nts				
L	Total nu	ımber at end of year									
2	Aggrega	ate contributions to (during year)									
3	Aggrega	ate grants from (during year)									
1	Aggrega	ate value at end of year									
5		organization inform all donors and donor advirus re the organization's property, subject to the o		or advise	∍d	√Yes	┌ No				
5	used on	organization inform all grantees, donors, and ily for charitable purposes and not for the ben issible private benefit?		may be		☐ Yes	┌ No				
Pa	rt III (Conservation Easements. Complete	ıf the organızatıon answered "Yes" to	Form	990,	Part IV, line 7.					
L 2	Pre Pro	e(s) of conservation easements held by the oreservation of land for public use (e g , recreating tection of natural habitat eservation of open space te lines 2a-2d if the organization held a qualicated as to day of the tax year	on or pleasure) Preservation of an I Preservation of cer	tified hi	storic	structure	a				
		· · · · · · · · · · · · · · · · · · ·				Held at the End of	the Year				
а	Total r	number of conservation easements			2a						
b	Total	acreage restricted by conservation easement	s		2b						
c	Numbe	er of conservation easements on a certified hi	storic structure included in (a)		2c						
d	Numbe	er of conservation easements included in (c) a	acquired after 8/17/06		2d						
3	Number	of conservation easements modified, transfe	rred, released, extinguished, or terminated	」 by the	orgar	nization during					
	the taxa	able year 🕨		·	_	_					
1	Number	r of states where property subject to conserva	stion easement is located be								
5	Does th	ne organization have a written policy regarding ment of the conservation easements it holds?	the periodic monitoring, inspection, violat	tions, ai	nd	☐ Yes	┌ No				
5	Staff or	volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the y	year ►							
7	A mount	of expenses incurred in monitoring, inspectin	ng, and enforcing easements during the yea	ar ► \$							
3		ach conservation easement reported on line 2 (4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sect	ion		☐ Yes	┌ No				
•	balance	XIV, describe how the organization reports co s sheet, and include, if applicable, the text of t anization's accounting for conservation easem	he footnote to the organization's financial :	•		•					
ar		Organizations Maintaining Collectio Complete if the organization answered "		or Othe	er Si	milar Assets.					
La	art, hist	rganization elected, as permitted under SFAS corical treasures, or other similar assets held , in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	h ın furtl							
b	hıstorıc	rganization elected, as permitted under SFAS al treasures, or other similar assets held for p the following amounts relating to these items	public exhibition, education, or research in								
	(i) Reve	enues included in Form 990, Part VIII, line 1			Þ	- \$					
	(ii) _{Ass}	ets included in Form 990, Part X			>	\$					
2	If the o	rganization received or held works of art, histo g amounts required to be reported under SFAS	•	r fınancı		•					

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	IIII Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tı</u>	reasur	es, or O	<u>the</u>	<u>r Similar</u>	Asset	S (co	ntınued)
	Using the organization's accession and other items (check all that apply)	r records, check an	y of th	ne fol	lowing	that are	a sıgnıfıca	nt us	se of its coll	ection		
а	Public exhibition		d	Γ	Loan	orexch	ange progra	ams				
b	Scholarly research		e	Γ	O the	r						
c	Preservation for future generations											
	Provide a description of the organization's co Part XIV	ollections and expla	ıın hov	w the	y furthe	er the or	ganızatıon'	's ex	empt purpos	se in		
	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ılar	┌	es	┌ No
Part	Part IV, line 9, or reported an an						nization ar	ารพ	ered "Yes"	to Fo	m 99	90,
	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	ediary	for c	ontribu	utions or	other asse	ets n	ot	┌ ʏ	es	┌ No
b	If "Yes," explain why in Part XIV and comple	te the following tab	le				Г			A mour	nt	
c	Beginning balance							1c				
d	Additions during the year							1d				
	Distributions during the year							1e				
f	Ending balance						_	1f				
2a	Did the organization include an amount on Fo	orm 990. Part X. lin	e 21?				<u> </u>			Гу	es	☐ No
	If "Yes," explain the arrangement in Part XIV									, -		,
Par			n ans	were	ed "Ye	s" to F	orm 990.	Part	t IV. line 1	0.		
		(a)Current Year) Prior `			Years Back		hree Years Ba		our Ye	ears Back
1a	Beginning of year balance											
b	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment 🕨											
c	Term endowment 🕨											
	Are there endowment funds not in the posses organization by	ssion of the organiz	ation	thata	are held	d and ad	mınıstered	for t	the 	Г	Yes	No
	(i) unrelated organizations								<u> </u>	3a(i)		
	(ii) related organizations								🖺	Ba(ii)		
	If "Yes" to 3a(II), are the related organization	·						•		3b		
4 Part	Describe in Part XIV the intended uses of the VI Investments—Land, Buildings					100 Da	rt V lino	1.0				
e i i	Threstments—Land, buildings	o, anu Equipme	11 t. 5			•						
	Description of investment				a) Cost o sıs (ınve	or other estment)	(b)Cost or o		(c) Depreci	ation	(d) Bo	ook value
1 a L	and											
	uildings		•									
	uildings		•									
c Le	easehold improvements		•				39	,989		38,806		1,183
c L d E e O	easehold improvements		•					,989	•	38,806		1,183

(a) Description of security or category	(b) Book value	(c) Method	l of valuation
(including name of security)	(b)book value	Cost or end-of-	year market value
Financial derivatives and other financial products			
Closely-held equity interests			
otal. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Se		<u> </u>	
			l of valuation
(a) Description of investment type	(b) Book value		year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) 🕨			
Part IX Other Assets. See Form 990, Part X, I (a) Descr			(b) Book value
(a) Descri	iption		(b) book value
「otal. (Column (b) should equal Form 990, Part X, col.(B) line	15.)		
Part X Other Liabilities. See Form 990, Part			
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
		1	
		1	
		1	
		1	
		-	
		_	
		_	
	1	_	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	<u> </u>		

Ident if ier

Return Reference Explanation

'ar	t XII Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ts	
	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
	Total expenses (Form 990, Part IX, column (A), line 25)	2	
	Excess or (deficit) for the year Subtract line 2 from line 1	3	
	Net unrealized gains (losses) on investments	4	
	Donated services and use of facilities	5	
	Investment expenses	6	
		7	
	Prior period adjustments	8	
	Other (Describe in Part XIV)	<u> </u>	+
	Total adjustments (net) Add lines 4 - 8	9	1
	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	<u> </u>
ī	Reconciliation of Revenue per Audited Financial Statements With Revenue per		eturn
	Total revenue, gains, and other support per audited financial statements	1	
	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
	Net unrealized gains on investments		
	Donated services and use of facilities		
	Recoveries of prior year grants		
	Other (Describe in Part XIV)		
	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	
	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
t	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
	Total expenses and losses per audited financial statements	1	
	A mounts included on line 1 but not on Form 990, Part IX, line 25		
	Donated services and use of facilities		
	Prior year adjustments		
	Losses reported on Form 990, Part IX, line 25 2c		
	Other (Describe in Part XIV)		
	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIV) 4b		
	Add lines 4a and 4b	4c	
	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part 1, line 10)		

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Schedule I (Form 990)

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

OMB No 1545-0047

2009

DLN: 93493343001120

pen to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Attach to Form 990

Employer identification number

86-0141934

SOUTHERN ARIZONA INTERNATIONAL LIVESTOCK	
ASSOCIATION INC	

Part I General Information on Grants and Assistance

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Name and address of (e) A mount of non-(f) Method of **(b)** EIN (c) IRC Code section (d) A mount of cash (g) Description of (h) Purpose of grant organization ıf applıcable grant cash valuation non-cash assistance orassistance or government (book, FMV, appraisal, assistance other) 860550744 501(c)(3) 13,000 Scholarship Southern Arizona Livestock Industry Research and distribution Education Foundation IncPO BOX 1089 TUCSON, AZ 857021089

Enter tota	I number of	section	501(c)(3) and	government	organizations
------------	-------------	---------	-------	----------	------------	---------------

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 The only donation the organization made is to Southern Arizona Livestock Industry Research and Education Foundation Inc THE PROCEDURES FOR MONITORING USE OF GRANT FUNDS IN US ARE NOT APPLICABLE TO THE ORGANIZATION

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DLN: 93493343001120

OMB No 1545-0047

2009

Open to Public Inspection

SCHEDULE 0

Department of the Treasury
Internal Revenue Service

(Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

Name of the organization
SOUTHERN ARIZONA INTERNATIONAL LIVESTOCK
ASSOCIATION INC

Employer identification number

86-0141934

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 8b		The organization has no other committees with authority to act on behalf of the governing body
Form 990, Part VI, Section B, line 11		A draft of form 990 and related schedules will be sent to each board member for review before filing
Form 990, Part VI, Section C, line 19		The organization makes its governing documents and financial statements available to the public upon request

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

Cat No 51056K

Schedule O (Form 990) 2009

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DLN: 93493343001120

2009

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Department of the Treasury

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990.
 ► See separate instructions.

Internal Revenue Service

Name of the organization
SOUTHERN ARIZONA INTERNATIONAL LIVESTOCK
ASSOCIATION INC

Employer identification number

86-0141934

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

Name, address, and EIN of disregarded entity

(b) Primary activity (c)
Legal domicile (state
or foreign country)

(d) Total income (e) End-of-year assets **(f)** Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a)
Name, address, and EIN of related organization

(b)
Primary activity

(c) Legal domicile (state or foreign country) (d) Exempt Code section

Public charity status (if section 501(c)(3))

(f)
Direct controlling
entity

Southern Arizona Livestock Industry Research and Education Foundation Inc

PO BOX 1089

TUCSON, AZ 857021089 86-0550744 To support Southern Arizona International Livestock Association, Inc

ΑZ

501(c)(3)

170(b)(1)(A)(VIII) N/A

(j)

General or

managing

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990,	Part IV, line	34
	because it had one or more related organizations treated as a partnership during the tax year.)		

(a) Name, address, and EIN of related organization **(b)** Primary activity (c)
Legal
domicile
(state or
foreign
country)

al (d)
cile Direct controlling
or entity
gn

(e)
Predominant income
(related, unrelated,
excluded from tax
under sections 512514)

(f) Share of total income (g) Share of end-of-year assets (h)
Disproprtionate
allocations? ai

(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)

hedule K-1 partner? form 1065)

Yes No

Yes

No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a)
Name, address, and EIN of related organization

(b) Primary activity (c) Legal domicile (state or foreign country) (d) Direct controlling entity (e)
Type of entity
(C corp, S corp,
or trust)

(f) Share of total income

(g) Share of end-of-year assets (h) Percentage ownership

(3)

(4)

(5)

(6)

Part V	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990,	Part IV, line 34, 35, or 36.)			
Note	e. Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No
1 During	the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in P	arts II-IV?			
a Rece	eipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		No
b Gift,	, grant, or capital contribution to other organization(s)		1b	Yes	
c Gıft,	grant, or capital contribution from other organization(s)		1 c		No
d Loar	ns or loan guarantees to or for other organization(s)		1d		No
e Loar	ns or loan guarantees by other organization(s)		1e		No
f Sale	e of assets to other organization(s)		1f		No
g Purc	chase of assets from other organization(s)		1 g		No
h Excl	hange of assets		1h		No
i Leas	e of facilities, equipment, or other assets to other organization(s)		1i		No
j Leas	se of facilities, equipment, or other assets from other organization(s)		1j		No
k Perfo	formance of services or membership or fundraising solicitations for other organization(s)		1k		No
I Perfo	ormance of services or membership or fundraising solicitations by other organization(s)		11		No
m Shar	rıng of facılıtıes, equipment, mailing lists, or other assets		1m		No
n Shar	ring of paid employees		1 n		No
o Reim	mbursement paid to other organization for expenses		10		No
p Reim	mbursement paid by other organization for expenses		1р		No
q Othe	er transfer of cash or property to other organization(s)		1q		No
r Othe	er transfer of cash or property from other organization(s)		1r		No
	e answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered re	elationships and transaction threshold	s		
	(a) Name of other organization	(b) Transaction type(a-r)	(Amount	c) ınvolve	ed .
(1) Southern	n Arizona Livestock Industry Research and Education Foundation Inc	В		13	3,00
(1) See Addı (2)	itional Data Table				-

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a)
Name, address, and EIN of entity

(b) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

Depreciation and Amortization

(Including Information on Listed Property)

DLN: 93493343001120

OMB No 1545-0172

Department of the Treasury

Form 4562

See separate instructions.

Attach to your tax return.

Seauence No **67**

Internal Revenue Service Name(s) shown on return Business or activity to which this form relates Identifying number SOUTHERN ARIZONA INTERNATIONAL LIVESTOCK 86-0141934 Form 990 Page 10 ASSOCIATION INC 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. 250,000 1 Maximum amount See the instructions for a higher limit for certain businesses 2 2 Total cost of section 179 property placed in service (see instructions) . . . 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 800.000 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 (b) Cost (business use (a) Description of property (c) Elected cost only) 6 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 9 Tentative deduction Enter the smaller of line 5 or line 8 . . 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 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 15 290 **16** Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2009 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation vear placed in 1 (business/investment (e) Convention (f) Method property period service use only—see instructions) 19a 3-year property **b** 5-year property c 7 - vear property **d** 10-year property **e** 15-year property **f** 20-year property g 25-year property 25 yrs S/L 27 5 yrs MM S/L h Residential rental property 27 5 yrs MMS/L MMS/L i Nonresidential real property ΜМ S/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L MMS/L c 40-year 40 yrs **Summary** (see instructions) 21 Listed property Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 290 and on the appropriate lines of your return $\mbox{Partnerships}$ and \mbox{S} corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Part V
Listed Property (Include automobiles, certain other vehicles, cellular telephones, 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,

compl	ete only	24a, 24b, colui	mns (a) thro	ugh (c)	of Sec	ction	A, al	ll of .	Sectioi	n B, a	nd Se	ction (C if ap	oplicat	ile.
Section A—Deprec																
24a Do you have evidenc	e to support	the business/investi	ment use	claime	d? ┌ Yes	. ⊢ _{No}			24b If	"Yes," ı	s the ev	/ idence	written?		sГNo)
										1						
(a) Type of property (list Distorbicles first)	(b) Pate placed II service	(c) Business/ In investment use percentage	(d) Cost or ot basıs	ther	(busines	(e) deprecia s/investr e only)	- 11	(f) Recove period		(g) Method/ conventio		(h Deprec deduc	ation/		(i) Elected section 1 cost	
25Special depreciation allow 50% in a qualified busine			olaced in s	service (during the	tax year	and u	sed mo	re tha	in 25						
26 Property used more	•	•	ıness u:	s e							- 1					
		%														
		%									_					
	orless in a		ssuse													
		%							S/L	-						
		%							S/L]		
20 0 dd		%	7 5-4			21			S/L		_			+-		
28 Add amounts in col		_				ne 21,	page .	1 .	•		8		20	+		
29 Add amounts in col	umn (I), IIr				mation	·	· ·	• Va	· biol	•			29			
Complete this section f	or vehicle:										r relat	ed per	son			
f you provided vehicles to y	our employe	es, first answer the q	uestions	ın Sectio	on C to see	ıf you n	neet ar	exce	otion t	o comple	ting this	section	for thos			
30 Total business/inve		-	the _	-	a) icle 1	V e hı	•	V	(c) ehic		V e h i	d) cle 4	V ehı	-	V e hı	f) cle 6
31 Total commuting m	ıles drıven	during the year	. -													
32 Total other persona	ıl(noncomr	muting) miles driv	en													
33 Total miles driven o	during the	year Add lines 3	。													
through 32			· _													
34 Was the vehicle ava	aılable for	personal use		Yes	No	Yes	No	Ye	es	No	Yes	No	Yes	No	Yes	No
during off-duty houi	rs? .													<u> </u>		<u> </u>
35 Was the vehicle use owner or related pe	rson?	· · · · ·	5%													
36 Is another vehicle a	avaılable f	or personal use?														
Section Answer these questions 5% owners or related p	s to detern										-				not moi	re tha
37 Do you maintain a vemployees?		•	t prohib	ıts all	personal •	use of	vehic	les,ı	nclud	ling cor	nmutir	ig, by y	our •	Y	es	No
38 Do you maintain a vemployees? See the																
39 Do you treat all use	ofvehicle	s by employees a	as perso	nal us	e? .											
40 Do you provide mor vehicles, and retain	e than five	vehicles to your	•			rmatio	n fron	n your	r emp	loyees	about	the us	e of the	e 🗀		
41 Do you meet the red			· Ified aut	 tomobı	le demor	- nstratio	n use	? (Se	e ins	tructio	ns)		· 		-+	
Note: If your answe	r to 37, 38	3, 39, 40, or 41 is	s "Yes,"	do no	t comple	te Sect	ion B	for th	ne co	vered v	ehicle:	S				
Part VI Amortiz		<u> </u>													I	
		(b)		(0	-)			(d)		(e	:)			(f)		
(a)		Date		A mort	-			ode		A morti			A mo	rtızatı	on for	
Description of co	STS	amortization begins		amo	unt		se	ction		perio percei			t	hıs yea	ar	
42 A mortization of cos	ts that be		2009 ta:	x year	(see ins	truction	ns)				<u> </u>					
43 A mortization of cos	ts that be	gan before your 2	009 tax	year						•	43					

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

44

Additional Data

Software ID:

Software Version:

EIN: 86-0141934

Name: SOUTHERN ARIZONA INTERNATIONAL LIVESTOCK

ASSOCIATION INC

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
A WA RDS	10,586			
ground rental	8,210			
Judges	5,972			
MISCELLANEOUS	5,697			
PREMIUMS	3,090			