

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury Internal Revenue Service

For Paperwork Reduction Act Notice, see the separate instructions. DAA

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.

07/01/10

06/30/11

03459 01/31/2012 2 19 PM Pg 5 OMB No 1545-0047 **2010** Open to Public Inspection

Α	For the	2010 ¹ cal	endar year, or tax year beginning 07/01/10 , and ending 06/30/11			
	Check if a	pplicable	C Name of organization AGRICULTURAL RESEARCH FOUNDATION		D Emplo	yer identification number
=			Doing Business As		93-	0400250
י וֱ	Name cha	ange		n/suite		one number
ا لــ	Initial retu	ım	100 STRAND AGRICULTURAL HALL, OSU			-737-3228
٦.	Terminate	ed l	Crty or town, state or country, and ZIP + 4			737 3220
=			CORVALLIS OR 97331-8521		C 0	20 660 962
===	Amended				G Gross rece	ipts 20,660,862
	Application	n pending	F Name and address of principal officer PHILLIP WALKER	(a) is this a gro	up return for a	affiliates? Yes X No
				(b) Are all aff	iliatee includ	led? Yes No
			SALEM OR 97304			st. (see instructions)
						in (add invaded addition)
		empt status	ADDICATE DISTRIBUTION ADDICATIONS OF THE			
	Websi			(c) Group ex		
		organization		formation 1	934	M State of legal domicile OR
	art i		ımmary			
	1 1	•	scribe the organization's mission or most significant activities:			
•	1	SEE	SCHEDULE O			
ည	1		·			
喜						
6	ł		· ·			
Š	2	Check thi	is box ▶ If the organization discontinued its operations or disposed of more than 25% of its	s net asset	S.	
G	3	Number o	of voting members of the governing body (Part VI, line 1a)		3	22
90 90	1		of independent voting members of the governing body (Part VI, line 1b)		4	22
Ë			, , , , , , , , , , , , , , , , , , , ,			3
⋛			nber of individuals employed in calendar year 2010 (Part V, line 2a)		5	
Activities & Governance	6	Total nun	nber of volunteers (estimate if necessary)		6	28
-	7a	Total unre	elated business revenue from Part VIII, column (C), line 12		7a	
	Ь	Net unrel	ated business taxable income from Form 990-T, line 34		7b	0
				Prior Year		Current Year
	8	Contribut	ions and grants (Part VIR)ne (DE VED	<u>6,672</u>	2,570	7,360,192
Revenue	9	Program	service revenue (Part VIII, line 2g)			
8		-	nt income (Part VIIS column (A), lines 3-41 end 700	797	,190	749,670
æ	11	Other rev	renue (Part VIII, commn (A), lines 5, 6d, 8c, 9c, 1062 and 11e)			
			enue – add lines 8 thr ough 11 (must equal Pan VIII, d olumn (A), line 12)	7 460	760	8,109,862
			nd similar amounts paid (Paris) (2) tines 1-3)	2,883		3,666,918
			· · · · · · · · · · · · · · · · · · ·	2,000	,,033	3,000,318
		-	paid to or for members (Part IX, column (A), line 4)		- 44 0	201 000
es	1		other compensation, employee benefits (Part IX, column (A), lines 5–10)	306	,419	301,280
sesued:			onal fundraising fees (Part IX, column (A), line 11e)			
	L		draising expenses (Part IX, column (D), line 25) ▶			
۵,	17	Other exp	penses (Part IX, column (A), lines 11a–11d, 11f–24f)	2,420		2,074,672
	18	Total exp	enses Add lines 13–17 (must equal Part IX, column (A), line 25)	5,610	,339	6,042,870
	19	Revenue	less expenses Subtract line 18 from line 12	1,859		2,066,992
28.0				inning of Curr		End of Year
Net Assets or Fund Balances	20	Total ass	ets (Part X, line 16)	18,655	,029	20,295,344
28 88	21	Total hab	ulties (Part X, line 26)		0	0
25	22	Net asset	ts or fund balances Subtract line 21 from line 20	18,655	,029	20,295,344
P	art II	Sig	gnature Block			
Ur	nder per	alties of p	enury, I declare that I have examined this return, including accompanying schedules and statements, and to the	e hest of my i	nowledne a	nd helief it is
			mplete Declaration of preparer (other than officer) is based on all information of which preparer has any knowle			. /
			Low Choknand		10	1/12
0 1.			grature of officer			- 2/ / X
Sig		l s	Y (יאדא מו		•
He	re	-	L.J. (KELVIN) KOONG EXECUTIV	E DIK	ECTOR	
			ype or print name and title			
		Print/Typ	pe preparer's name	Date	Check	IT PTIN
Paid	đ	HEATHE	ER L. MCGOWAN INCOMAN, CHA	01/31/	12 self-em	ployed P00092066
² 10	parer	Firm's na	ame JOHNSON MCGOWAN & ASSOCIATES LLP	Fi	m's EIN ▶	26-2957346
Jse	Only		200 CALAPOOIA ST. SW	- 1·		
		Firm's er	ddress ALBANY, OR 97321-2250	}	hone no	541-928-3354 \
Ma\	the IR		s this return with the preparer shown above? (see instructions)			X Yes No.

	n service expenses 🕨	5,678,048			
(Expenses \$		including grants of \$)	(Revenue \$)
4d Other program	n services. (Describe in Sc	chedule O.)			
••			•		
•	• •	•	•		•
•				•	•
				•	
	• •	• • • • • • • • • • • • • • • • • • • •		•	
•	•	• • • • • • • • • • • • • • • • • • • •	•		•
4c (Code) (Expenses \$. including gra	ants of \$.) (Revenue \$)
	· 		·		
•	•			•	
	•	•			
	•				
			•		
			•	•	••
4b (Code.) (Expenses \$	including gra	ants of \$) (Revenue \$)
•					
	•				•
		·			
UNIVERSI		TIORMI SCIENCES !	AT UKEGUN	STATE	
IN ALL BI	RANCHES OF NA	TURAL RESOURCES A	AND RELATE	D FIELDS FOR	
		UNDATION IS TO FA INGAGE EXPERIMENTA		RESEARCH	
4a (Code:) (Expenses \$	5,678,048 including gra		666,918) (Revenue \$	749,670)
others, the total	al expenses, and revenue,	, if any, for each program service in	eported.		
501(c)(3) and	501(c)(4) organizations ar	nd section 4947(a)(1) trusts are req	uired to report the a	amount of grants and allocations to	
	abe these changes on Sch exempt purpose achievement	edule O ents for each of the organization's	three larnest progra	m services by expenses. Section	
services?	-			· .	Yes X No
	ibe these new services on zation cease conducting, o	i Schedule O. or make significant changes in how	rit conducts, any pro	ogram	
prior Form 990		Sahadula O			Yes X No
2 Did the organi	zation undertake any signi	ificant program services during the	year which were no	ot listed on the	
	· ·	·			, .
1 Bnefly describe	e the organization's mission DULE O	on			
Ch	eck if Schedule O co	ontains a response to any o		Part III	X
		Service Accomplishment		0400200	Fage Z
Form 990 (2010) 🗚	GRICULTURAL I	RESEARCH FOUNDATI	ON 93-	·0 4 00250	Page 2

Form	1 990 (2010) AGRICULTURAL RESEARCH FOUNDATION 93-0400250		Р	age 3
P	art 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	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	X	<u> </u>
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	ļ	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	1	1]
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			1
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	l l	Į .	۱
	Part III	_ 5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	- 1	1	
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"	1.		
	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		İ	l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	<u> </u>	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			l
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"		}	
	complete Schedule D, Part IV	9	ļ	X
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	X	ļ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			ŧ
	VII, VIII, IX, or X as applicable		1	}
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		l	
	complete Schedule D, Part VI	11a	X	├
þ	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	- 1	1	Í
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	 	X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	- 1	1	l
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	<u> </u>	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			l
	reported in Part X, line 167 If "Yes," complete Schedule D, Part IX	11d		X
8	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	110	 	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	Ì		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	<u> </u>	X
12a	• • • • • • • • • • • • • • • • • • • •			
	Schedule D, Parts XI, XII, and XIII	12a	X	
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	 	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	1		
4-	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any		ļ	
40	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	 —	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			-
4=	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	├	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
46	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	 	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	1		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	⊢ −	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	1		
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	 	X
Þ	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some	1	l	1

Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

Form 990 (2010) AGRICULTURAL RESEARCH FOUNDATION 93-0400250
Part IV Checklist of Required Schedules (continued)

	•				Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		ļ			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States				}	
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	•		22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		ľ			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		1		l	**
	employees? If "Yes," complete Schedule J			23	\longrightarrow	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			- 1	1	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		İ			₩
	through 24d and complete Schedule K If "No," go to line 25		}	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		ŀ	24b		——
C	g			24.		
	to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			24c	-	
d 250	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	•	· }	24d		
25a	with a disqualified person during the year? If "Yes," complete Schedule L, Part I			25a	1	x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	•	ŀ	ZSa	$\neg \dashv$	
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?				Í	
	If "Yes," complete Schedule L, Part I			25b	1	x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or		Ì	200		<u> </u>
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II			26	}	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	•	ţ			
	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		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)			1		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		[28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		Ī			
	Schedule L, Part IV			28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	·	Ī			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		1	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		}			
	conservation contributions? If "Yes," complete Schedule M		1	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		1			
	Part I),	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		1	- 1	ł	
	complete Schedule N, Part II			32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				ĺ	
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I		,	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,]	77
	IV, and V, line 1		-	34		_ X _
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	•	}	35		X
а	Did the organization receive any payment from or engage in any transaction with a		ł	1	1	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,	□ v	X No		ĺ	
26	Part V, line 2 Section E01(c)(3) agranizations. Did the organization make any transfer to an exempt non chartable.	Yes	MO NO	1	1	
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			ا ءو	ļ	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		· · ·	36		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		1		- 1	
	Part VI			37	ļ	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		Ì		-	_=_
	19? Note. All Form 990 filers are required to complete Schedule O		Ţ	38	x	
	The state of the s					

93-0400250 Page 5 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No 59 Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 16 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and X reportable gaming (gambling) winnings to prize winners? 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 X If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? X За If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3Ь 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)? If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? X If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? X If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c If "Yes." indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7**f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c Did the organization receive any payments for indoor tanning services during the tax year? X

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

		AGRICULTURAL RESEARCH FOUNDATION 93-0400250			P	age 6
Pa	art VI	Governance, Management, and Disclosure For each "Yes" response to lines 2				
	_	."No" response to line 8a, 8b, or 10b below, describe the circumstances, process	es, or changes i	n Scr	nedul	е
	Ţ	O. See instructions. Check if Schedule O contains a response to any question in this Part VI				X
500	tion A	Check if Schedule O contains a response to any question in this Part VI Governing Body and Management				<u> [A]</u>
<u> </u>	<u>, 11011 A</u>	. Governing body and management			Yes	No
1a	Enter t	he number of voting members of the governing body at the end of the tax year	1a 22		168	NO
b		he number of voting members included in line 1a, above, who are independent	1b 22			
2		y officer, director, trustee, or key employee have a family relationship or a business relationship with		1		
		ner officer, director, trustee, or key employee?		2		X
3	-	e organization delegate control over management duties customarily performed by or under the direct	•			
	superv	ision of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the	e organization make any significant changes to its governing documents since the prior Form 990 was filed?	•	4		X
5	Did the	organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Does t	he organization have members or stockholders?		6		X
7a	Does t	he organization have members, stockholders, or other persons who may elect one or more members		į .	Į	
		governing body?		7a		X
b		y decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8		e organization contemporaneously document the meetings held or written actions undertaken during				
	_	ar by the following:				
a	_	overning body?		8a	X	-
Þ		committee with authority to act on behalf of the governing body?		8b	A.	├
9		e any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at particular and addresses in Schedule O			İ	x
Sec		. Policies (This Section B requests information about policies not required by the Ir	nternal Revenue	Code	<u>'</u>	
<u> </u>	,,,O11 D	. To notes (Time decire) Brequeste information about policies not required by the n	Remai Nevenue	Cour	Yes	No
10a	Does t	he organization have local chapters, branches, or affiliates?		10a		X
b		," does the organization have written policies and procedures governing the activities of such		1		
		rs, affiliates, and branches to ensure their operations are consistent with those of the organization?	_	10b		1
11a	•	e organization provided a copy of this Form 990 to all members of its governing body before filing the	·			
	form?			11a	X	<u> </u>
b	Descri	be in Schedule O the process, if any, used by the organization to review this Form 990				
12a	Does t	he organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
þ	Are off	icers, directors or trustees, and key employees required to disclose annually interests that could give		1		
		conflicts?		12b	X	
С		he organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
		pe in Schedule O how this is done		12c	X	
13		he organization have a written whistleblower policy?	•	13	X	
14		he organization have a written document retention and destruction policy?	•	14	X	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
15		process for determining compensation of the following persons include a review and approval by				ŀ
_	•	ndent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? ganization's CEO, Executive Director, or top management official		4.5.	x	ŀ
a b		officers or key employees of the organization	•	15a 15b	X	_
D		" to line 15a or 15b, describe the process in Schedule O (See instructions)	•	130		
16a		e organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
		taxable entity during the year?		16a		X
b		" has the organization adopted a written policy or procedure requiring the organization to evaluate its	•			,
_		pation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the				
		zation's exempt status with respect to such arrangements?		16b	<u> </u>	
Sec		. Disclosure				
17	List the	e states with which a copy of this Form 990 is required to be filed OR				
18	Section	n 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	only) available			
	for pub	lic inspection. Indicate how you make these available. Check all that apply.				
	Ov	vn website 🔀 Another's website 🕱 Upon request				
19	Descril	be in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter	est policy,			
	and fin	ancial statements available to the public				

State the name, physical address, and telephone number of the person who possesses the books and records of the

AGRICULTURAL RESEARCH FOUNDATION

100 STRAND AGRICULTURAL HALL, OSU

20

organization 🕨

CORVALLIS

om 990 (2010)	AGRICULTURAL	RESEARCH	FOUNDATION
UIIII 330 (20 10)			T OUT TON

93-0400250

Page 7

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

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

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.

(A) Name and Title	(B) Average	Posi	tion (C) k ell 1	hat ap	intv)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) ARNOLD APPLEBY										
DIRECTOR	2.50	X		<u> </u>	<u> </u>			0	0	
(2) ROY ARNOLD		_								
DIRECTOR	1.00	X		<u> </u>	<u> </u>	\vdash		0	0	<u> </u>
(3) ROBERT BAILEY	1 00							ا		_
DIRECTOR	1.00	X		<u> </u>	-			0	0	
(4) LANE BORG	1 00	-						ام		
DIRECTOR (5) H. RONALD CAMERO	1.00	X		-	-	┤		0	0	
DIRECTOR	1.00	$ \mathbf{x} $						ol		_
(6) ROGER DETERING	1.00	╇		├~	-	\vdash			0	
DIRECTOR	1.00	x		İ				o	o	o
(7) ELLEN EGAN	1.00	+	_	-	┢	+		- 0		
DIRECTOR	1.00	x			1			ol	o	o
(8) STEVE ERICKSON		+=		┢	┢	\vdash				
DIRECTOR	1.00	X				l i		o	o	C
(9) RALPH FISHER				_	\vdash	1				
DIRECTOR	1.00	x			l	1		o	0	(
(10) PAT MALONE										
DIRECTOR	1.00	x				ļ l		o	0	ď
(11) DAYNA MANNION										
DIRECTOR	1.00	X		1	ļ			O	o	C
(12) KEN MESSERLE										
DIRECTOR	1.00	X	L	L	L		L	0	0	C
(13) STEVE PRICE		Π								
DIRECTOR	1.00	X	L	L	L	_		0	0	
(14) EDWIN STASTNY, J										
DIRECTOR	1.00	X		L	L			0	0	0
(15) RON HATHAWAY									 	
DIRECTOR	1.00	X	L_	L.				0	0	
(16) C.J. WEISER										
DIRECTOR	1.00	X	ı	1	ı	1		0	0	0

93	-0	40	02	50
33	-0	-	UZ	

Part VII Section A. Officers	, Directors, Trus	tees	, Ke	y Em	ploy	/005	, and	Highest Compensated E	mployees (continued)			
(A)	(B)	١ <u>.</u>		•	>)			(D)	(E)	١.	(F)	
Name and Title	Average hours per			chec				Reportable compensation	Reportable compensation from		stimated impount of	
•	week	Individuat trustee or director	Institutional trustee	Officer	Key employee	결절	Former	from	related		other	
	(describe hours for	를	Ė	ള	en en	Jest Sylvest	e	the organization	organizations (W-2/1099-MISC)		mpensation from the	
	related	Q	1 2	\	탕	88	1	(W-2/1099-MISC)	(14-2) 1033-141100)		ganization	
	organizations	K	2	ł	8	ஓ					nd related	
	in Schedule O)	*	8		l	Highest compensated employee				"	ganizations	
ST TO A DEMUT TELLT	<u> </u>	_	L	<u> </u>	_	8.	_			ļ		
(17) ELIZABETH LEVI DIRECTOR	1.00	X		ł	l			o	o	ł		0
(18) JEAN MCKINNEY	1.00	Ê	-	\vdash	\vdash	┢	\vdash			<u> </u>		
DIRECTOR	1.00	x						o	o			0
(19) LOGAN NORRIS		T										
DIRECTOR	1.00	X	<u> </u>					0	0			0
(20) BRENDA POWELL	1	_		ł	1	1	}			İ		_
DIRECTOR MUNICON	1.00	X	<u> </u>	├-	<u> </u>	-	ļ	0	0			0
(21) TERRY THOMPSON DIRECTOR	1.00	x	1	1	1	}	1	o	o	1		0
(22) CYNTHIA COX	1.00	╬	╁	╁	 	├─	╁╾		<u> </u>			
FINANCE MGR/EXEC DIR	40.00	}	l	x	l		l	79,000	o		32,3	123
(23) DOROTHY BEATON	1					1	┢	15/000				
EXEC DIRECTOR	40.00			X				61,323	0	1	17,3	38
(24) LARRY KASEBERG				Π								
PAST PRESIDENT	1.00	1	<u> </u>	X	<u>_</u>	<u> </u>		0	0	<u> </u>		0
(25) JOSH KVIDT	1.50	1	1		1	ĺ	1			Ì		_
SECRETARY/TR	1.50	┢┈	┝	X	_	┢	╀	0	0	 		0
(26) LANCE LYON VICE PRESIDENT	2.00	1		x	1	1	Ì	0	o			0
(27) PHILLIP WALKER	2.00	t	╁	1	╁	╆	┢╾		<u> </u>	 		
PRESIDENT	2.00	L		X	ļ 1		1	_0	o	l		0
(28)												
1b Sub-total	 	<u> </u>	<u> </u>	<u> </u>	L	<u> </u>	▶	140,323			49,6	61
c Total from continuation shee	ets to Part VII, S	ectio	n A				\blacktriangleright					
d Total (add lines 1b and 1c)							<u> </u>	140,323		<u> </u>	49,6	<u> 61</u>
2 Total number of individuals (in				hose	liste	ed at	oove) who received more than \$	5100,000 in			
reportable compensation from	the organization		<u> </u>								Yes	No
3 Did the organization list any fo	ormer officer, dire	ector	or tr	uste	e, ke	y en	nploy	ee, or highest compensate	d	Γ		
employee on line 1a? If "Yes,"										ļ.,	3	X
4 For any individual listed on line organization and related organ											1 [
individual		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ψ.υ	0,00	J: 11	10.	۰, ۰.			Ĺ	4	X_
5 Did any person listed on line 1									ndividual			
for services rendered to the or Section B. Independent Contractor		es,"	com	piete	Sch	edul	e J f	or such person			5	<u> </u>
Complete this table for your five		ensa	led II	ndep	ende	ent co	ontra	actors that received more th	an \$100,000 of			
compensation from the organic	zation.						_				(0)	
Name and	(A) business address						↓_	Descrip	(B) otion of services		(C) Compensatio	n
							1			1		
·							T			-	 -	
							↓_					
							T					
							┼-					
2 Total number of independent of		_						e listed above) who			S 1	,
received more than \$100,000	in compensation	tron	the	orga	iniza	tion	<u> </u>		0		Form 990 (2010
												

P	nt V	III Statement of Reve	nue					
••••		•			(A)	(B) Related or	(C)	(D) Revenue
		,	1.	,	Total revenue	exempt	Unrelated business	excluded from tax
				9		function revenue	revenue	under sections 512, 513, or 514
ts st	1a	Federated campaigns	1a		/			
Program Service Revenue Contributions, gifts, grants	ь	Membership dues	1b		7		,	
B,E	c	Fundraising events	1c				1	
aff.	d	Related organizations	1d		7	I	1	I
S,E		·	1e		┪	'	'	1
<u>S</u>	f	All other contributions, gifts, grants,			1	ľ		1
25	•	and similar amounts not included above	1f	7,360,19	2	,	,	
e di	١ ۾	Noncash contributions included in lines 1a		51,00				
g č	9		-11 .	31,00	ľ	Ţ.		
-	<u> </u>	Total. Add lines 1a-1f		10 0	7,360,192		ļ	
Ĕ				Busn. Cod	l e	1	1	#
ě	2a			 				
ė	ь			<u> </u>	 		<u> </u>	<u> </u>
ž	С						 	
န္တ	d			<u> </u>	 	<u> </u>		<u> </u>
텳	0			<u> </u>				
ē	f	All other program service rever	nue	L			<u> </u>	<u> </u>
	д						······································	
	3	Investment income (including of	dividend	s, interest,	1			
		and other similar amounts)		•	749,670)		749,670
	4	Income from investment of tax	-exempt	bond proceeds 🕨	_			
	5	Royalties						
		(i) Real		(ii) Personal				
	6a	Gross Rents			7		1	
	ь	Less rental exps			7		,	
	c	Rental inc or (loss)					1	,
	d	Net rental income or (loss)		<u> </u>	7		1	1
	7a	Gross amount from (i) Securities	3	(ii) Other				
		sales of assets other than inventory 12,551	,000		7			
	ь	Less cost or other			╡			
	_	basis & sales exps 12,551	.000			,	!	
	_	Gain or (loss)	' ' ' '		┪			1
	d				┪		1	†
		Gross income from fundraising ever	nte É					1
en.	va	(not including \$	""					
6		of contributions reported on line 1c)					1	-
Other Reven		See Part IV, line 18						
16	_		<u>_</u>		┥		1	
ğ		Less: direct expenses	b L	wonto -			1	1
		Net income or (loss) from fund		vents				1
	ya	Gross income from gaming activities					1	
	_	See Part IV, line 19	a -		-		1	
		Less direct expenses	_ Ե[_		<u> </u>	<u> </u>		
		Net income or (loss) from gam	ing activ	ities 🕨		ļ <u>.</u>		
	10a	Gross sales of inventory, less	1					
		returns and allowances	. a _		-		,	1
	b	Less cost of goods sold	ь				1 ,	· [
	<u> </u>	Net income or (loss) from sales	s of inve					
		Miscellaneous Revenue	·	Busn. Cod	le			
	11a					L	L	
	b	.,						
	С		-					
	d	All other revenue	•	. [1
	0	Total. Add lines 11a-11d		•	1			•
	12	Total revenue. See instruction	 S		8,109,862	2		749,670
							·	, , , , , , , , ,

Form 990 (2010) 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)

26 Joint costs. Check here		All other organizations must	complete column (A) but are	not required to complete	columns (B), (C), and (D)	
1 Gants and other assistance to governments and opgraturations the U.S. See Part V, line 2 1 2 Grants and other assistance to individuals on the U.S. See Part V, line 2 2 3 Grants and other assistance to governments, organizations, and individuals cutside the U.S. See Part V, line 2 3 and 16 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation in disudied above, to dequaling persons (as defined under section 4656(f)(f) and persons (as defined under section 4656(f)(f) and persons (as defined under section 4656(f)(f) and persons (as defined under section 4656(f)(f) and persons (as defined under section 4656(f)(f) and section 405(f) employee contributions (blocks section 401(f) and section 405(f) employee benefits 5 4, 877 5 4, 877 5 4, 877 5 4, 877 5 4, 877 5 7 8 8 7 8 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8			(A) Total expenses	Program service	Management and	Fundraising
organizations in the U.S. See Part IV, Iline 21 Grants and other assistance to individuals in the U.S. See Part IV, Iline 21 Grants and other assistance to governments, organizations, and individuals cutside the U.S. See Part IV, Iline 15 and 16 Benefits part IV, Iline 17 Benefits pa				expenses	Acuerar exheuses	expenses
2 Garats and other assistance to individuals in the U.S. See Part IV, Inc. 22 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, times 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation or funded above, to dequalified persons (as defined under section 45560(f(1)) and persons (as defined under section 45560(f(1)) and persons (as defined under section 45560(f(1)) and persons (as defined under section 45560(f(1)) and persons (as defined under section 45560(f(1)) and persons (as defined under section 45560(f(1)) and persons (as defined under section 45560(f(1)) and section 40(9)) employer contributions (1) and section 40(9)) employer contributions (1) be Person services (non-employees). 3 Other employees benefits 5 4, 877 5 44, 877 5 44, 877 7 5 44, 877 7 16, 169 1 Fees for services (non-employees). 3 Management b Legal c Accounting d Lobbying Professional fundrasing services See Part IV, See 17 f Investment management fees Other Professional fundrasing services See Part IV, See 17 f Investment management fees Other Conferences, conventions, and meetings information technology Royaltes Conferences, conventions, and meetings information technology Interest Payments to affiliates Deprecation, depletion, and amortization Insurance Other sepsesse. Insurae expenses not covered above (List microlliances aspenses in fine 24 if If the 24 amount excess (10% of line25, culumn (A) amount, list the 24 amount excess (10% of line25, culumn (A) amount, list the 24 amount excess (10% of line 25, culumn (A) amount, list the 24 amount excess (10% of line 25, culumn (A) amount, list the 24 amount excess (10% of line 25, culumn (A) amount, list the 24 amount excess (10% of line 25, culumn (A) amount, list the 24 amount excess (10% of line 25, culumn (A) amount, list the 24 amount excess (10% of line 25, culumn (B) paint oscilor management (B) paint oscilor management (B) paint oscilor management (B)	1	-	3 666 918	3 666 919	1	·
the U S See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U S. See Part IV, lines 15 and 16 Benefits part or for members Compensation of current officers, officers, trustees, and key employees Compensation of current officers, officers, trustees, and key employees Compensation not included above, to dequalified persons desided above, to desided above, to d	•	,	3,000,310	3,000,910		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
3 Grants and other assistance to governments organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 4 Benefits pad to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees of the directors of t	-					,
organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits part to or for members Compensation of current officers, directors, trustess, and key employees Compensation tot included above, to dequalified persons (as defined under section 4589(ft)) and persons described in section 4589(c)(3)(8) Person plan contributions (include section of (1)), and section 401(x)	2	•				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
U.S. See Part IV, lines 15 and 16 Renefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation to finduced above, to dequalified persons (as defined under section 498/8(f)(f)) and persons desorbed in section 498/8(f)(f)) and persons desorbed in section 498/8(f)(f)) and persons desorbed in section 498/8(f)(f)) and section 40(f)) and section 40(f) and find an analysis and promotion 40(f) and section 40(f) and find an analysis and promotion 40(f) and section 40(f) and find an analysis and promotion 40(f) analysis and promotion 40(f) analysis and promotion 40(f) and 40(f	·	- 1		}	,	
4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to dequalified persons described in section 4698(c/Q)(8) 7 Other sales and wages 8 Pension plan contributions (include section 401(x) and persons described in section 4698(c/Q)(8) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-amployees) 12 Management 13 Legal 14 Lobbyring 15 Person of services (non-amployees) 16 Legal 16 Lobbyring 17 Investment management fees 18 Other 19 Advertising and promotion 19 Other semployee to entertainment expenses for any federal, state, or local public officials 19 Compensors (or or including section 401) 19 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Compensors, Inemize expenses on coverand above (Lst micellemose expenses line 24 if line 24 expenses on Schedule (D.) 20 RES PROVECT SALARITES/EXP 21 SERVICES 6 OTHER 22 Opensors 23 Total Minchanis sepenses not coverand above (Lst micellemose expenses line 24 if line 24 expenses on Schedule (D.) 24 RESPIRED SERVICES 6 OTHER 25 SERVICES 6 OTHER 26 SOPTIERS 6 MATERIALS 27 SOPTIERS 6 MATERIALS 28 JOHN SERVICES 6 OTHER 29 JOHN SERVICES 6 OTHER 29 JOHN SERVICES 6 OTHER 29 JOHN SERVICES 6 OTHER 20 Lother expenses on Schedule (D.) 30 RES PROVECT SALARITES/EXP 356, 550, 350, 395, 6, 155 360, 297, 123, 2, 380 4 And Contraction of the complete this fine conflict of the complete this fine conflict of the complete this fine conflict of the complete this fine conflict of the complete this fine conflict of the complete this fine conflict of the complete this fine conflict of the complete this fine conflict of the complete this fine conflict of the complete this fine conflict of the complete this fine conflict of the complete this fine conflict of the complete this fine conflict of the complete this fine conflict of the complete this fine conflict of the complete this fine conflict of the complete this fine conflict of the complete t		•		į		
5 Compensation of current officers, directors, trustees, and key employees Compensation fol included above, to disqualified persons (as defined under section 4556(N(1)) and persons discribed in section 4556(N(1)) and persons discribed in section 4556(N(1)) and persons discribed in section 4556(N(1)) and persons discribed in section 4556(N(1)) and section 40(N) employer contributions Person plan contributions (include section 401(N) and section 40(N) employer contributions Office remployee benefits 16,169 17 East for services (non-employees). 18 Management 19 Legal 10 Accounting 11 Fees for services (non-employees). 11 Fees for services (non-employees). 11 Fees for services (non-employees). 12 Advertising and promotion 13 Office expenses 140,323 14	4	·			······································	
trustess, and key employees Compensation not included above, to disqualifed persons (as defined under section 4566()(1)) and persons described in section 4566()(1)) and persons described in section 4566()(1)) and persons described in section 4566()(1)) and persons described in section 4568(()(3)(8)) Person plan contributions (include section 401(t)) and section 40(t) employer contributions) 9 Other employee benefits 54,877 54,877 10 Payroll taxes 116,169 1	•	· · · · · · · · · · · · · · · · · · ·				
6 Compensation not included above, to disqualified persons (as defined under social nd58((r))) and persons described an section 458((r))) and persons described an section 458((r))) and section 40(0) employer contributions) 7 Other salanes and wages 8 Pension plan contributions (include section 40(t)) and section 40(0) employer contributions) 9 Other employee benefits 10 Payvoll taxes 11 Fees for services (non-employees). 12 All payvoll taxes 13 Other all payvoll taxes 14 All payvoll taxes 15 All payvoll taxes 16 All payvoll taxes 16 All payvoll taxes 16 All payvoll taxes 16 All payvoll taxes 16 All payvoll taxes 16 All payvoll taxes 16 All payvoll taxes 16 All payvoll taxes 16 All payvoll taxes 16 All payvoll taxes 16 All payvoll taxes 16 All payvoll taxes 16 All payvoll taxes 17 Investment management fees 9 Other 19 All information technology 10 All information technology 10 All information technology 10 All payments of travel or entertainment expenses for any federal, state, or local public officials 10 Cocupancy 11 Travel 12 Payments of fravel or entertainment expenses for any federal, state, or local public officials 11 Payments of fravel or entertainment expenses for any federal, state, or local public officials 12 Depreciation, depletion, and amortization insurance 13 Office expenses. Itemze expenses not covered above (to intecellance) separate in line 24! If line 24! amount exceeds 10% of line 25, column (A) amount, state 24! expenses in Schedule (1) and All payments of the payments	•	· · · · · · · · · · · · · · · · · · ·	140,323		140,323	
persons (as defined unders section 4586(r)(1)) and persons described in section 4586(r)(3)(8) 7 Other safaries and wages 8 Persion plan contributions (include section 401(k) and section 40(k) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees). a Management b Legal c Accounting 9 Professional fundrasing services See Part IV, line 17 f Investment management fees 10 Other 10 Office expenses 11 Information technology 12 Adventising and promotion 13 Office expenses 14 Information technology 15 Royaltes 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Interest to affiliates 12 Payments to affiliates 12 Payments to affiliates 13 Depreciation, depletion, and amortization 13 Insurance 14 Other expenses tieraze expenses not covered above (List miscellaneous expenses in line 24 if line 24 amount exceeds 10% of line 25, column (A) amount, state 24 expenses on Schedule C) a RES PROJECT SALARIES/EXP b SERVICES & OTHER C SUPPLIES & MATERIALS 3 56, 550 3 50, 935 5, 678, 048 3 64, 822 9 58, 234 9 58, 23	6	* * *				
Persons described in section 4958(c)(3)(8) 7 Other salaries and wages 61,587 61,587 8 Person plan contributions (include section 401(k) and section 403(k) employer contributions 54,877 54,877 54,877 54,877 10 Payroll taxes 16,169 16,1		•	1			
Separation Sep						
and section 403(b) employer contributions) 28, 324 28, 324 10 Payroll taxes 11 Fees for services (non-employees). 3 Management 4 Legal 4 Lobbying 5 Professional fundrating services See Part IV, line 17 5 Investment management fees 9 Other 10 Office expenses 11 Information technology 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royaltes 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses in line 24f If line 24f amount exceeds (0% office 25, column (A) amount, list line 24f expenses on Schedule O.) 28 REP ROVIECT S OTHER 556, 827, 609, 610, 47, 217 29, 500 3 27, 123, 2, 380 6 All other expenses 5 Total functional expenses. Add lines 1 through 24f 6 All other expenses 5 Total functional expenses. Add lines 1 through 24f 6 All other expenses 5 Total functional expenses. Add lines 1 through 24f 6 All other expenses 5 Total functional expenses. Add lines 1 through 24f 6 John costs. Check here P Infollowing SOP 98, 26X SS 958-720, Complete this line only if the organization reported in column (B) joint costs from a combined educational	7	Other salaries and wages	61,587		61,587	
9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees). A Management b Legal c Accounting d Lobbying d Lobbying d Lobysing d Lo	8	-				
16		and section 403(b) employer contributions)				
These for services (non-employees). a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other 2 Advertising and promotion 3 Office expenses H Information technology 18 Royalties Cocupancy T Travel 6 Occupancy T Travel 7 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemze expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) a RES PROJECT SALARIES/EXP b SERVICES & OTHER C SUPPLIES & MATERIALS d EQUIPMENT 2 Septiment All other expenses Total functional expenses. Add lines 1 through 24f Joint costs. Check here \	9	Other employee benefits				
a Management b Legal c Accounting d Lobbying e Professional fundrasing services See Part IV, line 17 f Investment management fees g Other 12 Advertising and promotion 3 Office expenses 14 Information technology 15 Royalties 6 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Insurance 14 Other expenses itemize expenses not covered above (List miscellaneous expenses in line 24! If line 24! amount exceeds 10% of line 25, column (A) amount, list line 24 regenses on Schedule (.) a RES PROJECT SALARIES/EXP b SERVICES 6 OTHER c SUPPLIES 4 MATERIALS d EQUIPMENT 29, 500 3 50, 395 6, 155 d EQUIPMENT 29, 500 3 50, 395 6, 155 d EQUIPMENT 29, 500 3 50, 395 6, 155 d EQUIPMENT 29, 500 3 50, 395 6, 155 d EQUIPMENT 29, 500 3 50, 395 6, 155 d EQUIPMENT 29, 500 3 50, 395 6, 155 d EQUIPMENT 29, 500 3 50, 395 6, 155 d EQUIPMENT 29, 500 3 50, 395 6, 155 d EQUIPMENT 29, 500 3 50, 395 6, 155 d EQUIPMENT 29, 500 3 50, 395 6, 155 d EQUIPMENT 29, 500 3 50, 395 6, 155 d EQUIPMENT 29, 500 3 50, 395 6, 155 d EQUIPMENT 29, 500 3 50, 395 6, 155 d EQUIPMENT 29, 500 3 50, 395 6, 155 d EQUIPMENT 29, 500 3 50, 395 6, 155 d EQUIPMENT 29, 500 3 50, 395 6, 155 d EQUIPMENT 29, 500 3 50, 395 6, 155 d EQUIPMENT 5 5, 678, 048 364, 822 d Joint costs. Check here P 1 following SOP 98-2 (ACS 058-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational	10	Payroll taxes	16,169		16,169	
b Legal c Accounting d Lobbying e Professional fundrasing services See Part IV, line 17 f Investment management fees g Other 22 Advertising and promotion 33 Office expenses 44 Information technology 45 Royalties 66 Occupancy 7 Travel 68 A 465 65, 768 2, 697 88 Payments of travel or entertainment expenses for any federal, state, or local public officials 90 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Insurance 14 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24! If line 24! amount exceeds 10% of line 25, column (A) amount, list line 24 expenses on Schedule O) a RES PROJECT SALARIES/EXP b SERVICES & OTHER 5656, 827 609, 610 47, 217 c SUPPLIES & MATERIALS d EQUIPMENT 67 All other expenses 57 Total functional expenses. Add lines 1 through 24! 6 Joint costs. Check here P 1 following SOP 98-2 (ACS 058-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational	11	Fees for services (non-employees).				
c Accounting d Lobbying e Professonal fundrasing services See Part IV, line 17 f Investment management fees g Other 2 Advertising and promotion 3 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Insurance 14 Other expenses, itemize expenses in line 24 if line 24 amount exceeds 10% of line 25, column (A) amount, list line 24 expenses on Schedule O.) a RES PROJECT SALARIES/EXP b SERVICES 6 OTHER c SUPPLIES & MATERIALS d EQUIPMENT 29,503 27,123 2,380 6 All other expenses 25 Total functional expenses. Add lines 1 through 24f 6,042,870 5,678,048 364,822 6 Joint costs. Check here if following SOP 92-(ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational	а	Management				
d Lobbying Professional fundrasing services See Part IV, line 17 Investment management fees g Other 2 Advertising and promotion 3 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Insurance 14 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25 column (A) amount, list line 24f expenses on Schedule O.) a RES PROJECT SALARIES/EXP b SERVICES & OTHER c SUPPLIES & MATERIALS d EQUIPMENT 29,503 27,123 2,380 6 All other expenses 25 Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here } [If following SOP 99-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational	b	Legal				
e Professional fundraising services See Part IV, line 17 f Investment management fees g Other 2 Advertising and promotion 3 Office expenses 14 Information technology 15 Royalites 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 11 Payments to affiliates 20 Depreciation, depletion, and amortization 21 Insurance 22 Other expenses, ltemze expenses not covered above (List miscellaneous expenses in line 24f if line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) a RES PROJECT SALARIES/EXP b SERVICES & OTHER C SUPPLIES & MATERIALS 356,550 350,395 6,155 d EQUIPMENT 29,503 27,123 2,380 e f All other expenses 25 Total functional expenses. Add lines 1 through 24f 6,042,870 5,678,048 364,822	С	•				
f Investment management fees g Other Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 11 Interest 12 Payments to affiliates 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses, ltemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) a RES PROJECT SALARIES/EXP b SERVICES & OTHER c SUPPLIES & MATERIALS 356,550 350,395 6,155 d EQUIPMENT 29,503 27,123 2,380 e f All other expenses. 25 Total functional expenses. Add lines 1 through 24f column (B) joint costs from a combined educational	d					
g Other Advertising and promotion Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemze expenses not covered above (List miscellaneous expenses in line 24f if line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) RES PROJECT SALARIES/EXP SERVICES & OTHER SUPPLIES & MATERIALS G EQUIPMENT Politation of the organization reported in column (B) joint costs from a combined educational	0	-				
Advertising and promotion Office expenses Information technology Royalties Cocupancy Travel Repaired	f	-				
13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 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 21 Insurance 24 Other expenses. Itemize expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Seddule O.) 2 RES PROJECT SALARIES/EXP 3 SERVICES & OTHER 5 SERVICES & OTHER 5 SUPPLIES & MATERIALS 6 S66,827 609,610 47,217 5 SUPPLIES & MATERIALS 7 SOF,550 350,395 6,155 7 All other expenses. Add lines 1 through 24f 8 Joint costs. Check here If following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational		•				
Information technology Royalities Cocupancy Travel Repyments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Conferences, conventions Confer						
15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings Interest 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24! If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) a RES PROJECT SALARIES/EXP b SERVICES & OTHER c SUPPLIES & MATERIALS d EQUIPMENT c SUPPLIES & MATERIALS d EQUIPMENT e f All other expenses. Add lines 1 through 24f 5, 042, 870 5, 678, 048 364, 822 46, 042, 870 5, 678, 048 364, 822 6 Joint costs. Check here ▶ If following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational		•				
16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24! If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) 28 RES PROJECT SALARIES/EXP 29 SERVICES & OTHER 29 COTHER 30		· ,				
17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f if line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) RES PROJECT SALARIES/EXP SERVICES & OTHER C SUPPLIES & MATERIALS D EQUIPMENT EQUIPMENT PATERIALS All other expenses Total functional expenses. Add lines 1 through 24f Sor 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs. Check here in following (B) into costs from a combined educational		• •				
Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) RES PROJECT SALARIES/EXP SERVICES & OTHER SUPPLIES & MATERIALS DEPRECIATE SALARIES SA		•	68 465	65 768	2 697	
for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f expenses on Schedule O.) a RES PROJECT SALARIES/EXP b SERVICES & OTHER c SUPPLIES & MATERIALS d EQUIPMENT e f All other expenses 25 Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here J If following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational		• • • • • • • • • • • • • • • • • • • •	00,103	03,700	2,037	
19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) a RES PROJECT SALARIES/EXP b SERVICES & OTHER c SUPPLIES & MATERIALS d EQUIPMENT 29,503 27,123 2,380 6 f All other expenses 25 Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational		•				
20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount, list line 24f expenses on Schedule O.) a RES PROJECT SALARIES/EXP b SERVICES & OTHER c SUPPLIES & MATERIALS d EQUIPMENT e f All other expenses 25 Total functional expenses. Add lines 1 through 24f SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational	19	· ·				
21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) a RES PROJECT SALARIES/EXP b SERVICES & OTHER c SUPPLIES & MATERIALS d EQUIPMENT e f All other expenses 25 Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here ▶ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational		· · · · · · · · · · · · · · · · · · ·				
Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f lif line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) RES PROJECT SALARIES/EXP SERVICES & OTHER C SUPPLIES & MATERIALS D EQUIPMENT All other expenses Total functional expenses. Add lines 1 through 24f Joint costs. Check here J if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational		•				
23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) a RES PROJECT SALARIES/EXP 958,234 958,234 b SERVICES & OTHER 656,827 609,610 47,217 c SUPPLIES & MATERIALS 356,550 350,395 6,155 d EQUIPMENT 29,503 27,123 2,380 f All other expenses 25 Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational		•	5,093		5,093	
above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) a RES PROJECT SALARIES/EXP b SERVICES & OTHER c SUPPLIES & MATERIALS d EQUIPMENT e All other expenses 25 Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here ▶ ☐ If following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational	23	' '				
line 24f amount exceeds 10% of line 25, column	24	Other expenses. Itemize expenses not covered			· /	
(A) amount, list line 24f expenses on Schedule O.) a RES PROJECT SALARIES/EXP b SERVICES & OTHER c SUPPLIES & MATERIALS d EQUIPMENT e f All other expenses 25 Total functional expenses. Add lines 1 through 24f SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational		above (List miscellaneous expenses in line 24f If		1		
a RES PROJECT SALARIES/EXP b SERVICES & OTHER c SUPPLIES & MATERIALS d EQUIPMENT e f All other expenses 25 Total functional expenses. Add lines 1 through 24f SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational		•				
b SERVICES & OTHER c SUPPLIES & MATERIALS d EQUIPMENT e f All other expenses 25 Total functional expenses. Add lines 1 through 24f SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational		• • • • • • • • • • • • • • • • • • • •	<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
c SUPPLIES & MATERIALS d EQUIPMENT e f All other expenses 25 Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational	а					
d EQUIPMENT e f All other expenses 25 Total functional expenses. Add lines 1 through 24f 6,042,870 5,678,048 364,822 26 Joint costs. Check here ff following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational	b	•			47,217	
f All other expenses 25 Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational	C	•				
f All other expenses 25 Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational	d	EQUIPMENT	29,503	27,123	2,380	
25 Total functional expenses. Add lines 1 through 24f 6,042,870 5,678,048 364,822 26 Joint costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational	0		<u> </u>			
26 Joint costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational		, .	6 040 076	6 670 040		
SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational			6,042,870	5,678,048	364,822	0
CAMBRICA ROLLING ASSIST SUBLISHED 1	26	SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column				

Page 11

Par	1 X	Balance Sheet	···	———			
	•				(A) Beginning of year		(B) End of year
·	1	Cash—non-interest bearing		ļ_		_1	1 040 655
- 3	2	Savings and temporary cash investments		-	4,121,864	_2	1,942,657
	3	Pledges and grants receivable, net		Ļ		_3	
- -	4	Accounts receivable, net		ļ.,		4	
	5	Receivables from current and former officers, directors, tr		į			
		employees, and highest compensated employees Comp	lete Part II of	•	:		
- 1		Schedule L		<u> </u>		5	
- 1 '	6	Receivables from other disqualified persons (as defined to		Į.	1		
ł		4958(f)(1)), persons described in section 4958(c)(3)(B), a	_	Į.		,	
ŀ		employers and sponsoring organizations of section 501(c	(9) voluntary	ŀ	;		
က္က	_	employees' beneficiary organizations (see instructions)		· •	·	_6	
Assets	7	Notes and loans receivable, net	}		7		
AS	8	Inventories for sale or use		<u></u>	 	8 9	
- 1	9	Prepaid expenses and deferred charges	1 1	· •		- 9	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
"	ua	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	72 719			
-	_	Less accumulated depreciation	10b	72,719 56,352	19,080	10c	16,367
1		Investments—publicly traded securities	[100]	30,332	14,514,085	11	18,336,320
- 1	2	Investments—other securities. See Part IV, line 11	ŀ	21/321/003	12	20,550,520	
1	3	Investments—program-related See Part IV, line 11	T T		13		
- 1	4	Intangible assets	ŀ		14		
- 1	5	Other assets See Part IV, line 11		Ì		15	
	6	Total assets. Add lines 1 through 15 (must equal line 34	1	ľ	18,655,029		20,295,344
-	7	Accounts payable and accrued expenses			17		
	8	Grants payable		ļ		18	
1	9	Deferred revenue				19	
2	20	Tax-exempt bond liabilities				20	
g 2	1	Escrow or custodial account liability. Complete Part IV of	Schedule D			21	
Liabilities	2	Payables to current and former officers, directors, trustee					
ੂ		employees, highest compensated employees, and disqui	alified persons.				
12		Complete Part II of Schedule L		Į		22	
2	:3	Secured mortgages and notes payable to unrelated third	parties			23	
2	4	Unsecured notes and loans payable to unrelated third pa	rties			24	
2	25	Other liabilities Complete Part X of Schedule D			··	25	
2	6	Total liabilities. Add lines 17 through 25 .			0	26	0
မွ		Organizations that follow SFAS 117, check here	and complete				
잍		lines 27 through 29, and lines 33 and 34.					
쯢 2	?7	Unrestricted net assets			1,432,836		927,558
20 2	28	Temporanly restricted net assets		ļ	16,324,020		18,464,613
일 2	9	Permanently restricted net assets			898,173	29	903,173
ፈ		Organizations that do not follow SFAS 117, check her	e ▶ ∐ and				
ㅎ		complete lines 30 through 34.					
ဋ္ဌ 3	0	Capital stock or trust principal, or current funds				30	
န္တို 3	11	Paid-in or capital surplus, or land, building, or equipment				31	<u> </u>
ž 3	2	Retained earnings, endowment, accumulated income, or	other funds		10 6EE 000	32	20 205 244
<u> </u>	13	Total net assets or fund balances			18,655,029		20,295,344
<u>~ 3</u>	4	Total liabilities and net assets/fund balances			18,655,029	34	20,295,344 50m 990 (2010)

orn	n 990 (2010) AGRICULTURAL RESEARCH FOUNDATION 93-0400250			Pag	ge 12	
Pa	art XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI		<u>·</u>		X	
1	Total revenue (must equal Part VIII, column (A), line 12)	111	8,10	09,1	862	
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,04			
3	Revenue less expenses Subtract line 2 from line 1	3	2,0			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18,6			
5	Other changes in net assets or fund balances (explain in Schedule O)	5		26,		
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	20,29	95,3	344	
Pâ	計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 X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_	
b	Were the organization's financial statements audited by an independent accountant?		2b	X		
C	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?		2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain in				: [
	Schedule O					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were					
	issued on a separate basis, consolidated basis, or both					
	X Separate basis					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		}	1		
	the Single Audit Act and OMB Circular A-133?		3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b	لــــا		
			Form	1 990	(2010)	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AGRICULTURAL RESEARCH FOUNDATION

Employer Identification number 93-0400250

P	art i	Reas	on for Public Charity	Status (All organizations	must c	omplete	e this p	oart.) S	See in	struct	ions.		
Γhe	orga	nization is not	a private foundation because	e it is (For lines 1 through 11, ch	neck only o	ne box)							
1		A church, cor	nvention of churches, or asso	ociation of churches described in	section	170(b)(1)	(A)(i).						
2	П	A school des	cribed in section 170(b)(1)(A	N)(ii). (Attach Schedule E)									
3	\sqcap	A hospital or	a cooperative hospital servic	e organization described in sec	tion 170(t)(1)(A)(ii	i).						
4				in conjunction with a hospital de				1)(A)(iii)). Enter	the hos	spital's name,		
	_	city, and state	9	•							•		
5	X	An organizati	on operated for the benefit o	f a college or university owned o	or operated	by a gov	/ernmen	tal unit d	describe	ed in			
	ر <u>ــــ</u>	_	b)(1)(A)(iv). (Complete Part I	•		, ,							
6		•	,, ,, ,, ,	overnmental unit described in se	ection 170	(b)(1)(A)(v).						
7	H			substantial part of its support from				m the a	eneral d	oublic			
	ш		section 170(b)(1)(A)(vi). (Co		4 5010			9	J., J.,	5450			
8				70(b)(1)(A)(vi). (Complete Part i	11.1								
9	H	_) more than 33 1/3% of its supp	•	ntribution	s memi	hershin i	fees ar	nd arnes	•		
•				pt functions—subject to certain						-	•		
				d unrelated business taxable inc									
), 1975 See section 509(a)(2).				nom bu	31110330	3			
10	\Box			exclusively to test for public safe									
11	H	•	•	exclusively for the benefit of, to p	.,			o cauri	out the				
• •	ш			ed organizations described in se						ection			
				ne type of supporting organization						000011			
		a Type		c Type III-Function		-	d	一 ·	e III–Ot	her			
8				anization is not controlled directi									
	iJ			r than one or more publicly supp									
		or section 50							00	, (, , , , ,			
f			• / • •	mination from the IRS that it is a	a Tvpe I. 1	vpe II. or	Type III	support	ina				
		organization, check this box											
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of the											
•		following per				•							
		(i) A persor	who directly or indirectly co	ntrols, either alone or together v	vith persor	ns describ	ed in (11)	and				Yes	No
			v, the governing body of the		•						11g(i)		
			member of a person describ	• •							11g(ii)		
		(iii) A 35% c	ontrolled entity of a person d	escribed in (i) or (ii) above?						•	119(11)		
h		Provide the f	ollowing information about th	ne supported organization(s)									
(i)	Name	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the d	organization	(v) Did	ou notify	(vI)	ls the	(vii) Am	ount of	
	org	anızatıon		(described on lines 1-9		sted in your		nization in	organizat		supp	(vii) Amount of support	
				above or IRC section (see instructions))	governing	document?		of your port?		zed in the S?			
					Yes	No	Yes	No	Yes	No			
A)			1										
					<u>.</u>	Ĺ			<u></u>				
B)								. —					
					 	!			<u> </u>	ļ			
C)					}	1			ł				
D)					┧	 		 -	 				
]	<u> </u>									
E)													
					 		 	-	 		<u> </u>		
Γota				,				Į.]] , [

(f) Total

(a) 2006

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶

93-0400250

(e) 2010

(d) 2009

Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

(c) 2008

(b) 2007

1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	6,332,314	6,780,913	6,507,329	6,672,570	7,360,192	33,653,318
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						<u>_</u>
3	The value of services or facilities furnished by a governmental unit to the organization without charge	12,000	12,000	12,000	12,000	12,000	60,000
4	Total. Add lines 1 through 3	6,344,314	6,792,913	6,519,329	6,684,570	7,372,192	33,713,318
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount	0,344,314	0,732,913	0,319,329	3,334,370	1/3/2/232	
	shown on line 11, column (f)						131,776
6	Public support. Subtract line 5 from line 4	<u> </u>	L		L		33,581,542
	tion B. Total Support	(a) 2006	(b) 2007 T	(=) 2009	(4) 2000	(a) 2040	(D. T-4-)
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	6,344,314	6,792,913	6,519,329	6,684,570	7,372,192	33,713,318
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	683,377	743,591	799,041	797,190	749,670	3,772,869
9	Net income from unrelated business activities, whether or not the business is regularly carried on						· · · · · · · · · · · · · · · · · · ·
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10				L		37,486,187
12	Gross receipts from related activities, etc.					. 12	
13	First five years. If the Form 990 is for the	-	second, third, fourt	h, or fifth tax year	as a section 501(c)	(3)	. —
	organization, check this box and stop here tion C. Computation of Public Su						
				(0)		Tall	22.508/
14	Public support percentage for 2010 (line 6,		-	(1))		15	89.58% 89.72%
15 46-	Public support percentage from 2009 Sche 33 1/3% support test—2010. If the organization			and line 14 is 22	1/3% or more, obey		89.1276
16a	box and stop here. The organization qualit				1/3 /6 Of More, Cite	A UIIS	▶ X
h	33 1/3% support test—2009. If the organization				is 33 1/3% or more		. •
•	check this box and stop here. The organiz						▶ □
17a	10%-facts-and-circumstances test—2010			-	or 16b, and line 14	IS	
	10% or more, and if the organization meets	_			•		
	Part IV how the organization meets the "fa-		•				
	organization		.		, , , , , , , , , , , , , , , , , , , ,		▶ □
ь	10%-facts-and-circumstances test—2009	9. If the organization	n did not check a b	ox on line 13, 16a,	16b, or 17a, and la	ne .	
	15 is 10% or more, and if the organization	-					
	Explain in Part IV how the organization me				•	cly	
	supported organization			•	•		▶ □
18	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	k this box and see		
	instructions				-	_	▶ □
		<u>_</u>					
					Scho	edule A (Form 990	or 990-EZ) 2010

93-0400250

Page 3

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support							
Caler	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010)	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge	L						
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
_	Add lines 7a and 7b							
8	Public support (Subtract line 7c from line 6)	,						
Sec	tion B. Total Support	E	.£	<u> </u>		. <u>t</u>	<u>L</u>	
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 201	0 1	(f) Total
9	Amounts from line 6			,.,		1		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
C	Add lines 10a and 10b					ļ	\rightarrow	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
13	Total support. (Add lines 9, 10c, 11, and 12)							
14	First five years. If the Form 990 is for the organization, check this box and stop here	-	, second, third, fou	rth, or fifth tax year	as a section 501(c)(3)		▶ □
Sec	tion C. Computation of Public Su		tage					
15	Public support percentage for 2010 (line 8,			n (f))			15	%
16	Public support percentage from 2009 Sche	• •	•			•	16	%
	tion D. Computation of Investme							
17	Investment income percentage for 2010 (li	ne 10c, column (f)	divided by line 13	, column (f))	·		17	%
18	Investment income percentage from 2009						18	%
19a	33 1/3% support tests—2010. If the organ							
	17 is not more than 33 1/3%, check this bo		_					▶ ∐
b	33 1/3% support tests—2009. If the organ						d	▶ □
20	line 18 is not more than 33 1/3%, check this		-	•		-		Z H
20	Private foundation. If the organization did	HOLCHECK S DOX (жиле 14, 19a, or	I SO, CRECK TRIS DOX	and see instruction	ns		

Schedule A (Form 990 or 990-EZ) 2010 AGRICULTURAL RESEARCH FOUNDATION

93-0400250

Page 4

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10;
Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See 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, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name	of the or	ganization		Employe	r identification number
7.0	CDTCII	LTURAL RESEARCH FOUNDATION		93-0	400250
	art i	Organizations Maintaining Donor Advise organization answered "Yes" to Form 990,	ed Funds or Other Similar Funds or Ac		
			(a) Donor advised funds	(b)	Funds and other accounts
1	Total nu	mber at end of year			
2	Aggrega	te contributions to (during year)			
3	Aggrega	te grants from (during year)			
4	Aggrega	te value at end of year			
5	Did the	organization inform all donors and donor advisors in writing	ng that the assets held in donor advised		
	funds ar	e the organization's property, subject to the organization'	's exclusive legal control?		Yes No
6	Did the	organization inform all grantees, donors, and donor advis	ors in writing that grant funds can be used		
	only for	charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose		
	conferrir	g impermissible private benefit?			Yes No
Pa	ert II	Conservation Easements. Complete if the	e organization answered "Yes" to Form	1990, F	art IV, line 7.
1	Purpose	(s) of conservation easements held by the organization (check all that apply).		
	Pres	servation of land for public use (e.g., recreation or educat	tion) Preservation of an historically impe	ortant land	d area
	Prot	ection of natural habitat	Preservation of a certified historic	structure	
	Pres	servation of open space			
2	•	e lines 2a through 2d if the organization held a qualified	conservation contribution in the form of a conserva	ation	
	easeme	nt on the last day of the tax year			
					Held at the End of the Tax Year
а		mber of conservation easements		_2a	
b		reage restricted by conservation easements		2b	
C		of conservation easements on a certified historic structu	* *	2c	
d		of conservation easements included in (c) acquired after	r 8/17/06, and not on a		
		structure listed in the National Register		2d	
3		of conservation easements modified, transferred, releas	ed, extinguished, or terminated by the organization	n during ti	ne
	tax year		ant to leasted N		
4		of states where property subject to conservation easeme			
5		e organization have a written policy regarding the periodi s, and enforcement of the conservation easements it hol			Yes No
e		s, and emoleciment of the conservation easements it not a volunteer hours devoted to monitoring, inspecting, and		_	res No
6	Stan and	a volumeer mours devoted to morntoning, inspecting, and	emorcing conservation easements during the year	1	
7	Amount	of expenses incurred in monitoring, inspecting, and enfo	reing consequation easements during the year		
•	▶ \$	or expenses mounted in monitoring, inspecting, and emo	roing conservation easements during the year		
R	•	ch conservation easement reported on line 2(d) above s	atisfy the requirements of section 170(h)(4)(R)		
•		ection 170(h)(4)(B)(ii)?			Yes No
9	٠,,	(IV, describe how the organization reports conservation	easements in its revenue and expense statement	and	
		sheet, and include, if applicable, the text of the footnote	·		
		ition's accounting for conservation easements.			
Ps	ert III	Organizations Maintaining Collections of Complete if the organization answered "Y		imilar /	Assets.
1a	If the ord	ganization elected, as permitted under SFAS 116 (ASC 9	958), not to report in its revenue statement and bal	ance she	et
	-	art, historical treasures, or other similar assets held for			
	public se	ervice, provide, in Part XIV, the text of the footnote to its	financial statements that describes these items.		
b	If the org	ganization elected, as permitted under SFAS 116 (ASC 9	958), to report in its revenue statement and balance	e sheet	
	works of	art, historical treasures, or other similar assets held for	public exhibition, education, or research in furthers	ance of	
	public se	ervice, provide the following amounts relating to these ite	ems.		
	(i) Rev	enues included in Form 990, Part VIII, line 1		•	\$
	(ii) Asse	ets included in Form 990, Part X	•	•	\$
2	If the org	ganization received or held works of art, historical treasur	res, or other similar assets for financial gain, provide	de the	
	following	amounts required to be reported under SFAS 116 (ASC	2 958) relating to these items.		
а	Revenue	es included in Form 990, Part VIII, line 1		•	\$
		ncluded in Form 990, Part X		•	\$
For F	Paperwor	k Reduction Act Notice, see the Instructions for Form	1 990.		Schedule D (Form 990) 2010

Sche	dule D (Form 990) 2010 AGRICULTUR	AL RESEARCH I	FOUNDATION	93-040	0250	Page 2
Pa	rt III Organizations Maintaining (Collections of Art, F	listorical Treas	ures, or Other Si	imilar Assets	(continued)
3	Using the organization's acquisition, accession, collection items (check all that apply):	and other records, check	any of the following	that are a significant u	ise of its	
а	Public exhibition	d Loan o	r exchange programs			
ь	Scholarly research	e Other	oxonlange program.	•		
c	Preservation for future generations			•	•	
4	Provide a description of the organization's colle	ctions and explain how the	ev further the organiz	ration's evennt numo	se in Part	
7	XIV.	ctions and explain now the	ey futtier the organia	ation's exempt purpo	Se air ait	
5	During the year, did the organization solicit or re	eceive donations of art. his	storical treasures, or	other similar		
	assets to be sold to raise funds rather than to be					Yes No
Pa	rt IV Escrow and Custodial Arrai				es" to Form 9	
	line 9, or reported an amoun					,
1a	Is the organization an agent, trustee, custodian			assets not		
	included on Form 990, Part X?	,,,,,,,,				Yes No
b	If "Yes," explain the arrangement in Part XIV an	d complete the following t	able [.]			
	•					Amount
С	Beginning balance				1c	
d	Additions during the year				10	
•	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amount on Form	n 990, Part X, line 21?			<u> </u>	Yes No
	If "Yes," explain the arrangement in Part XIV.	,		•		
	et V Endowment Funds. Comple	te if organization ar	swered "Yes" to	Form 990, Part	IV, line 10.	
		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	980,060	972,121	950,077		
b	Contributions	6,200	5,100	6,850		
С	Net investment earnings, gains, and					
	losses	40,606	46,038	51,222		
d	Grants or scholarships				-	
9	Other expenditures for facilities and					
	programs	37,712	43,199	36,028		
f	Administrative expenses					
g	End of year balance	989,154	980,060	972,121		
2	Provide the estimated percentage of the year e	nd balance held as				
а	Board designated or quasi-endowment ▶	%				
b	Permanent endowment ▶ 91.31 %					
C	Term endowment ► 8.69 %					
3a	Are there endowment funds not in the possessi	on of the organization tha	t are held and admin	istered for the		
	organization by.					Yes No
	(i) unrelated organizations					3a(i) X
	(ii) related organizations					3a(ii) X
b	If "Yes" to 3a(ii), are the related organizations li	sted as required on Sched	dule R?			3b
4	Describe in Part XIV the intended uses of the o	rganization's endowment	funds			
Pa	rt VI Land, Buildings, and Equip	ment. See Form 99	Part X, line 1	0.		
	Description of investment	(a) Cost or other basis	(b) Cost or other	basis (c) Accur	mulated	(d) Book value
	 	(investment)	(other)	deprec	ation	
1a	Land			Ź		
b	Buildings					
c	Leasehold improvements	15,683			15,683	
d	Equipment	57,03	5		40,669	16,367
	Other .					
Total	. Add lines 1a through 1e. (Column (d) must equ	ial Form 990, Part X, colu	mn (B), line 10(c))		.	16,367

Schedule D (F	om 990) 2010 AGRICULTURAL RESEARCI	H FOUNDATION	93-0400250	Page 3
Part VII	Investments-Other Securities. See Form 9	90, Part X, line 12.		
	. (a) Description of security or category	(b) Book value	(c) Method of v	
	(including name of security)		Cost or end-of-year	market value
(1) Financial (•		<u></u>	
(2) Closely-he	eld equity interests		<u> </u>	
(3) Other				
(A) .				
(B)				
. (C)		<u> </u>		
(D)				
(E)		 	 	
(F)			<u> </u>	
(G)				
(H) .			 	
(1)	#\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
	· · · · · · · · · · · · · · · · · · ·	DOO Dort V line 12		
Part VIII	Investments—Program Related. See Form 9		(a) Method of	
	(a) Description of investment type	(b) Book value	(c) Method of Cost or end-of-year	
			 	
(2)			 	
(3)				
(4)			 	
(5)	· · · · · · · · · · · · · · · · · · ·		 	
(6)	· · · · · · · · · · · · · · · · · · ·		 	
(7)				-
(8)				
(10)		 	 	
	n (b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. See Form 990, Part X, line 15		<u></u>	<u></u>
	(a) Description	·		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)			_	
(6)				
(7)				
(8)				
(9)				
(10)				
	n (b) must equal Form 990, Part X, col (B) line 15)		<u> </u>	
Part X	Other Liabilities. See Form 990, Part X, line			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1.	(a) Description of liability	(b) Amount		
	income taxes		- [
(2)			-	
(3)				
(4)			┪	v
(5)			-	
(6)			- ` 、	
(7)			-	
(8)			Ⅎ ΄	
(9)			┥ 、	
(10) (11)		- 	-	.`
	n (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>	† ,	
	C 740) Footnote. In Part XIV, provide the text of the footnote	<u>- </u>	al statements that records the	
	liability for uncertain tax positions under FIN 48 (ASC 740)	are organization 5 midilo	a. statements that reports the	
	100 170)			

Sche	edule D (Form 990) 2010 AGRICULTURAL RESEARCH FOUNDATION 93-0400250)	Page 4
	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statement	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,109,862
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,042,870
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	2,066,992
4	Net unrealized gains (losses) on investments	4	-426,677
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	-426,677
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	1,640,315
P	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	urn	
1	Total revenue, gains, and other support per audited financial statements	1	7,683,185
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
а	Net unrealized gains on investments 2a -426, 677		
b	Donated services and use of facilities 2b		
C	Recovenes of prior year grants 2c		
d	Other (Describe in Part XIV.)		
ө	Add lines 2a through 2d	2е_	-426,677
3	Subtract line 2e from line 1	3	8,109,862
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV)	- 1	
c	Add lines 4a and 4b	4c	
_ 5		5	8,109,862
P	art XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per R	etur	n
1	Total expenses and losses per audited financial statements	1	6,042,870
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a		
þ	Prior year adjustments 2b		
C	Other losses 2c 2c		
đ	Other (Describe in Part XIV)		
0	Add lines 2a through 2d	2ө	
3	Subtract line 2e from line 1	3	6,042,870
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 1	
b	Other (Describe in Part XIV)	- 1	
C	Add lines 4a and 4b	4c	
=	Total expenses, Add lines 2 and 4s. (This must equal Form 000, Part I line 19.)	_	6 042 870

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.

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS
THE ORGANIZATION'S ENDOWMENT FUNDS CONSIST OF SIX DIFFERENT FUNDS
ESTABLISHED FOR VARIOUS SCHOLARSHIPS, AWARDS, AND GRADUATE STUDENT
SUPPORT AND STIPENDS.

Part XIV Supplemental Information

Part XIV Supplemental Information (continued)

13459 01/31/2012 2 19 PM I	ខ្ល
3459 01/31/2012 2 1	å
13459 01/31/2012 2 19	₹
13459 01/31/2012	
13459 01/31/201	
3459 (5
3459 (ğ
3459 (Š
ষ্ট	Ξ.
~	\$
	~

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

► Attach to Form 990.

OMB No 1545-0047 2010

Open to Public Inspéction

Name of the	Name of the organization					Employer	Employer identification number	Per	
17.0	AGRICOLTURAL RESEARCH FOUNDATION	KCH FOUND	N.T.TON			93-04	93-0400250		1
רשת	General Information on Grants and Assistance	d Assistance							1
1 Does	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	he amount of the gr nce? mitoring the use of c	ants or assis	stance, the grantees' e	sligibility for the grants o	or assistance, and	٠	X Yes	ş
70	Grants and Other Assistance to Governments and Form 990 Part IV line 21 for any recipient that rec	overnments ar	id Organi ceived m	zations in the Un	d Organizations in the United States. Complete if the organization answered "Yes" to seived more than \$5,000. Check this box if no one recipient received more than \$5,000.	plete if the org	anization ans	1 Organizations in the United States. Complete if the organization answered "Yes" to eived more than \$5,000. Check this box if no one recipient received more than \$5,000.	
	can be duplicated if additional space is needed	e is needed						•	
~	(a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
(1) OREGON B308 KE	STATE UNIVERSITY RR ADMINISTRATION							RSRCH SALARY SUPPORT	Ħ
(2)	LIS OR 97331	48-12/8340	ĝ	3,000,918					1
				,					ì
(6)	·								1
(4)									
(2)									1
(9)									
(8)									
(6)									
2 Enter	Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations	organizations						H A	

Schedule I (Form 990) (2010)

For Paperwork Reduction Act Notice, see the Instructions for Form 990. $^{\rm DAA}$

Part III

3	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, (f) Description of non-cash assistance FMV, appraisal, other)
-						
2						
က						
4						
5						
9						
2						
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	plete this part to pro	vide the information	required in Part I, lin	e 2, and any other addition	nal information.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

ALL RESEARCH COMMODITY COMMISSION FUNDING IS ACCOUNTED FOR IN RESTRICTED

ONLY RESEARCH RELATED COSTS ARE ALLOWED TO BE EXPENDED FROM ACCOUNTS.

RESEARCH GRANTS. PERIODIC PROGRESS REPORTS ARE REQUIRED TO BE SUBMITTED TO

COMMODITY COMMISSIONS.

Schedule I (Form 990) (2010)

2010

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990.

Inspection
Employer identification number

		JRAL F	ESEARCH FOUN	DATION		93-04002	250		
P	irt Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	ı	(d) Method of determin noncash contribution a	-		
1	Art—Works of art	<u> </u>	<u> </u>						
2	Art—Historical treasures								
3	Art—Fractional interests								
4	Books and publications								_
5	Clothing and household								
•	goods			İ					
6	Cars and other vehicles	ļ	<u> </u>						
7	Boats and planes	<u> </u>		· · · · · · · · · · · · · · · · · · ·					
8	Intellectual property	<u> </u>	ļ						
9	Securities—Publicly traded	X	6	51,002	BROKER	PROVIDED	MKT	VAL	UE
10	Securities—Closely held stock								
11	Securities—Partnership, LLC, or trust interests								
12	Securities—Miscellaneous								
13	Qualified conservation								
	contribution—Historic	1	}						
	structures			<u></u>	L				
14	Qualified conservation								
	contribution—Other	<u> </u>							
15	Real estate Residential								
16	Real estate—Commercial								
17	Real estate—Other .				<u></u>				_
18	Collectibles	<u> </u>							
19	Food inventory								
20	Drugs and medical supplies	<u> </u>							
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens	<u></u>							
24	Archeological artifacts	<u> </u>							
25	Other ► (<u> </u>							
26	Other ►(<u> </u>	 						
27	Other ► (
28	Other ()	<u> </u>			 				
29	Number of Forms 8283 received by the	_	-		00				
	which the organization completed Fo)IIII 0203, I	Part IV, Donee Acknowle	ogement	29			Yes	No
30a	During the year, did the organization	receive h	v contribution any propor	hy reported in Bort I. lines 1	28 that		[163	NO
şva	it must hold for at least three years fi								
	used for exempt purposes for the en			in, and which is not required	J to be		200	1	x
b	If "Yes," describe the arrangement in	-	g penou :	,			30a		
31	Does the organization have a gift ac		policy that requires the re-	wow of any non-standard					
31	contributions?	ocpiance p	oncy man requires the re	view of any non-standard			1		x
32a	Does the organization hire or use thi	rd nartice	or related organizations t	n solicit process or sell so	ncach	•	31		 ^
JÆG	contributions?	ia haines (or related organizations t	o soudit, process, or sell no	nud3H		335	x	
	If "Yes," describe in Part II	•	•	•		•	32a	-	
23	If the organization did not report an a	amount in a	column (c) for a tune of a	ronarty for which column (c) is charlad				
33	describe in Part II	arrivulit (II (column (c) for a type of p	roperty for which column (a	, is checked,				
	Geschipe in Fall ii							<u> </u>	Ь

Schedule M (Form 990) (2010) AGRICULTURAL RESEARCH FOUNDATION

93-0400250

Page 2

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

PART I, LINE 32B - THIRD PARTY USED TO PROCESS NONCASH CONTRIBUTIONS
THE ONLY NON-CASH CONTRIBUTIONS THAT ARE ACCEPTED BY THE FOUNDATION ARE
PUBLICLY TRADED SECURITIES. THE PUBLICLY TRADED SECURITIES RECEIVED ARE
IMMEDIATELY SOLD BY THE FOUNDATION'S INDEPENDENT INVESTMENT REPRESENTATIVE.

OMB No 1545-0047

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.

2010
Open to Public Inspection

Name of the organization

AGRICULTURAL RESEARCH FOUNDATION

Employer identification number

93-0400250

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES

THE MISSION IS TO ENCOURAGE, FACILITATE, AID AND ENGAGE IN SCIENTIFIC

INVESTIGATION, RESEARCH EXPERIMENTATION, AND TO SUPPORT EDUCATIONAL

TRAINING ACTIVITIES RELATED TO NATURAL RESOURCES THROUGHOUT THE STATE OF

OREGON

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND/OR THE FINANCE
MANAGER, THE EXECUTIVE COMMITTEE, AND THE AUDIT COMMITTEE PRIOR TO BEING
FILED WITH THE IRS. A COPY OF THE FORM 990 IS PROVIDED TO ALL MEMBERS OF
THE BOARD AFTER THE EXECUTIVE COMMITTEE AND AUDIT COMMITTEE HAVE REVIEWED
THE FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

ANNUAL QUESTIONNAIRE IS COMPLETED BY ALL BOARD MEMBERS AND STAFF AND

REVIEWED FOR POTENTIAL PROBLEMS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

BOARD OF DIRECTORS REVIEWS PERFORMANCE AND DETERMINES COMPENSATION PACKAGES

FOR EXECUTIVE DIRECTOR AND FINANCE MANAGER

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THE ORGANIZATION HAS ONLY THREE EMPLOYEES, INCLUDING THE EXECUTIVE

DIRECTOR AND FINANCE MANAGER (AS DISCUSSED IN LINE 15A). THE SALARY FOR

ALL EMPLOYEES IS DISCUSSED AND APPROVED BY THE BOARD.

Name of the organization

AGRICULTURAL RESEARCH FOUNDATION

Employer identification number 93-0400250

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC VIA THE ORGANIZATION'S WEBSITE. THE ORGANIZATION PRINTS 1,200 COPIES OF THEIR ANNUAL REPORT AND MAILS TO 1,100 RECIPIENTS INCLUDING STAKEHOLDERS, DONORS, RESEARCHERS, AND THE PUBLIC. THE ARTICLES OF INCORPORATION AND BYLAWS ARE FILED WITH THE STATE OF OREGON. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S OFFICE.

FORM 990, PART XI, LINE 5 - OTHER CHANGES IN NET ASSETS EXPLANATION OTHER CHANGES IN NET ASSETS IN THE AMOUNT OF \$(426,677) CONSIST OF UNREALIZED LOSSES ON INVESTMENTS INCURRED DURING THE YEAR.