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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 Open to Public Inspection

A F	or the	2010 calendar year, or tax year beginning NOV 1, 2010 and end	ding O	<u>CT 31, 2011</u>	
Вс	heck if pplicable	C Name of organization THE ARIZONA CATTLE INDUSTRY RESEARCH AN	ED.	D Employer identifi	cation number
	Address	S TRUCKETON HOURTON			
	Name change	Doing Business As		86-0	433131
	Initial return	E Telephone numbe	ır		
	Termin- ated	1401 N 241H 31		(602)275-5715
	Amende	City of town, state or country, and ZIP + 4		G Gross receipts \$	212,713.
L	Applica tion pending	PHOENIX, AZ 65006		H(a) Is this a group re	
	ponemi	F Name and address of principal officer.		for affiliates?	Yes X No
		SAME AS C ABOVE	T 507	H(b) Are all affiliates ind	
		mpt status X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or L	527		list. (see instructions)
		e: N/A organization: X Corporation Trust Association Other	I Vear	H(c) Group exemption 1 9 4 8	M State of legal domicile: AZ
		Summary	<u> L Toal (</u>	or iorniation 1940	VI State of legal doffficile. AZ
		Briefly describe the organization's mission or most significant activities: LIVEST	OCK	EDUCATION A	ND RESEARCH
Activities & Governance		IN THE CATTLE INDUSTRY WITHIN ARIZONA.			
rna	1 -	Check this box If the organization discontinued its operations or disposed	of more	than 25% of its net as	ssets
ove	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	21
<u>ග</u> න	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	21
es	5 7	otal number of individuals employed in calendar year 2010 (Part V, line 2a)		5	0
Ĭ	1	Total number of volunteers (estimate if necessary)		6	21
Act		otal unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	0.
	1 d	Net unrelated business taxable income from Form 990-T, line 34		7b_	0.
		Destablished and sends (Destablished Ab)		Prior Year 24,050.	Current Year 33,532.
ne	1	Contributions and grants (Part VIII, line 1h)	-	24,030.	33,332.
Revenue	9 F	Prog ram service revenue (Part VIII, lime 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		46,521.	48,078.
Re	10	Other evenue (Part VIII, column (A), lines 5, 4, and 70)		29,619.	19,973.
		Total evenue (Part VIII, Column (A), line 3, ou, oc, oc, oc, and Tre) Total evenue: addjlines 8 through (I) (must equal Part VIII, column (A), line 12)	<u> </u>	100,190.	101,583.
	13 (Grants and similar amounts paid (Page XX, column (A), lines 1-3)		0.	48,477.
		Benefits-paid_to-or-for-members-(Part (X, column (A), line 4)		0.	0.
s	15 5	Salaries, other compensation employee benefits (Part IX, column (A), lines 5-10)		0.	9,000.
nse		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b 7	Total fundraising expenses (Part IX, column (D), line 25)			
ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	L	13,145.	9,300.
	18 7	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		13,145.	66,777.
		Revenue less expenses Subtract line 18 from line 12		<u>87,045.</u>	34,806.
Sor	ŀ		Be	ginning of Current Year	End of Year
Sset	20 1	Total assets (Part X, line 16)	<u> </u>	1,473,750.	1,479,722.
Net Assets or Fund Balances	21 7	Total liabilities (Part X, line 26)	-	112,424.	105,354.
	<u>22 1</u> art	Net assets or fund balances Subtract line 21 from line 20 Signature Block		1,361,326.	1,374,368.
$\overline{}$		ties of perjury, I declare that I have examined this return, including accompanying schedules an	nd statem	ents, and to the hest of m	v knowledge and helief it is
	•	, and complete. Declaration of preparer (other than officer) is based on all information of which			y knowledge and belief, it is
1100	, 00/1000	Sant Borie	ргорагог	/-28-	12
Sig	n	Signature of officer		Date	
Her		Grant Boice, Assistant Tre	.450 r	· • •	
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check C	PTIN
Paid	:	MARK L. LANDY	W	self-employ	ed
	parer	Firm's name MILLER, ALLEN & Co., P. C.		Firm's EIN	
Use	Only	Firm's address 5333 N. 7TH STREET, SUITE 100			00 064 0000
		PHOENIX, AZ 85014-2804		Phone no. 6	02-264-3888
_		S discuss this return with the preparer shown above? (see instructions)	-		X Yes No
0320	01 02-22	LHA For Paperwork Reduction Act Notice, see the separate instructions	3.		Form 990 (2010)

4d Other program services. (Describe in Schedule O)
(Expenses \$ including grants of \$
4e Total program service expenses ▶ 48

) (Hevenue \$

48,477.

Form	990 (2010) EDUCATION FOUNDATION 86-0433	131	Р	age 3
Pai	t 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?	2	Х	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	<u> </u>	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III .	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10	Х	ļ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	l		32
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	444		Х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		- 22
•	the organization's separate or consolidated infarctal statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- ' ''		
	Schedule D, Parts XI, XII, and XIII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		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, 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 organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	_15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	1 !		

Form **990** (2010)

20a

b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that

complete Schedule G, Part III

20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H

operate one or more hospitals must attach audited financial statements (see instructions)

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 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	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J .	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			·
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	00		х
07	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		Λ
27	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			21
20	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Х	
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
_	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	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 controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			7.7
0	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	_		v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	ı		
38	Note. All Form 990 filers are required to complete Schedule O	38	Х	

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	Check if Schedule O contains a response to any question in this Part V								
	The state of the s			T.,	<u>الل</u> ا				
4	Enter the number reported in Day 2 of Form 1006. Enter 0 of not applicable	1		Yes	No				
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 1 1b 0	1		1				
b	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 r		1						
С	(gambling) winnings to prize winners?	eportable garriing							
0-			1c		-				
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 0							
h	filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax retu		1						
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instruction		2b	 	-				
2-	Did the organization have unrelated business gross income of \$1,000 or more during the year?	15)]		v				
3a			3a 3b		X				
	 b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 								
44	financial account in a foreign country (such as a bank account, securities account, or other financial		4-		x				
h	If "Yes," enter the name of the foreign country	accounty	4a						
Ь	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial.	Accounts							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	Accounts.	5a		х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year.	action?	5a 5b		X				
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	iction.	5c						
C 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	ne organization solicit	الم		 				
oa	any contributions that were not tax deductible?	ic organization solicit	6a		x				
h	If "Yes," did the organization include with every solicitation an express statement that such contributions.	tions or aifts	- Oa						
	were not tax deductible?	ions of girls	6b						
7	Organizations that may receive deductible contributions under section 170(c).		-00						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the payor?	7a	x					
b	b If "Yes," did the organization notify the donor of the value of the goods or services provided?								
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required	7b	Х					
	to file Form 8282?	•	7c		х				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract?	7e		X				
f									
g	If the organization received a contribution of qualified intellectual property, did the organization file Fe	orm 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D	id the supporting							
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the organization make any taxable distributions under section 4966?		9a						
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b						
10	Section 501(c)(7) organizations. Enter	1 1			ł				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter	1 1							
а	Gross income from members or shareholders	11a			l				
b	Gross income from other sources (Do not net amounts due or paid to other sources against			. }					
	amounts due or received from them)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	l I	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
	Note. See the instructions for additional information the organization must report on Schedule O			ļ					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	l .a.		ĺ					
	organization is licensed to issue qualified health plans	13b							
C 140	Enter the amount of reserves on hand	13c	4.	$-\!\!-\!\!\!-\!\!\!\!-$	v				
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes " has it filed a Form 720 to report these payments? If "No " provide an evaluation in School."		14a		X				
<u>D</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul		14b	990 (2010				
			COLLI	J30 (,	2010)				

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

	Check if Schedule O contains a response to any question in this Part VI			\mathbf{X}			
Sec	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 21						
b	Enter the number of voting members included in line 1a, above, who are independent						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
	officer, director, trustee, or key employee?	2		_X_			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
	of officers, directors or trustees, or key employees to a management company or other person?	3_		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>X</u>			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		_X_			
6	Does the organization have members or stockholders?	6	<u>X</u> _				
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the						
_	governing body?	7a	X				
	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		<u> </u>			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
	by the following		v				
a	The governing body?	8a	X				
	Each committee with authority to act on behalf of the governing body?	8b	Λ				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X			
500	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	9					
<u> </u>	tion D. I onotee (mis decision briedpesis information about policies not required by the internal nevenue dode)		Yes	No			
10a	Does the organization have local chapters, branches, or affiliates?	10a		X			
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	754					
_	and branches to ensure their operations are consistent with those of the organization?	10b					
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		X			
b	De la Colonia de						
12a	2a Does the organization have a written conflict of interest policy? If "No," go to line 13						
b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise						
	to conflicts?						
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		Ī				
	ın Schedule O how this is done	12c					
13	Does the organization have a written whistleblower policy?	13		<u> </u>			
14	Does the organization have a written document retention and destruction policy?	14		<u> </u>			
15	Did the process for determining compensation of the following persons include a review and approval by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	<u> </u>				
b	Other officers or key employees of the organization	15b	Х				
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)		ł				
ıba	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	46-	Į	v			
	taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	16a		<u>X</u>			
D	In joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's						
	exempt status with respect to such arrangements?	16b					
Sec	tion C. Disclosure	100					
17	List the states with which a copy of this Form 990 is required to be filed ▶AZ						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (501(c)(3)s only) available	for					
•	public inspection. Indicate how you make these available. Check all that apply						
	Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and	nd fina	ncıal				
	statements available to the public.						
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	tion 🕨	•				
	THE FOUNDATION - 602-258-8568						
	1401 N 24TH ST., PHOENIX, AZ 85008						
		Form	990 (የቤተበር			

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Form 990 (2010) 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

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)	(B)			((C)			(D)	(E)	(F) Estimated	
Name and Title	Average			Pos	itior	ì		Reportable	Reportable		
	hours per	(check all that apply)					ly)	compensation	compensation	amount of	
	week	[:						from the	from related organizations	other	
	(describe hours for	0 di di				ated		organization	(W-2/1099-MISC)	compensation from the	
	related	astee	truste		, p	bens		(W-2/1099-MISC)	(** 2, , 55555)	organization	
	organizations	laal tr	tlonal) ploye	yee yee	_			and related	
	in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
BILL MCGIBBON	1 00							•		_	
PRESIDENT	1.00	X	-	X				0.	0.	0.	
PHIL CLIFTON	1 00										
DIRECTOR	1.00	X	ļ			<u> </u>		0.	0.	0.	
WALTER ARMER	1 00										
TREASURER	1.00	X		X		<u> </u>		0.	0.	0.	
JOHN MURPHY	0.00										
DIRECTOR	0.30	X						0.	0.	0.	
PATRICK BRAY	0.30	٠,,						_			
DIRECTOR/ACGA EXEC. VP	0.30	X				├	<u> </u>	0.	0.	0.	
STEVE BROPHY	0.30	3,						0			
DIRECTORACGA PAST PRESIDENT	0.30	X				<u> </u>	 -	0.	0.	0.	
REESE WOODLING	0.30	3,7						^	0		
DIRECTOR	0.30	X				├		0.	0.	0.	
MARIE PYEATT	0.20	.						0.	0.	0	
ASC PAST PRESIDENT	0.30	X			<u> </u>	├		U•	U.	0.	
LOUIS MAXCY	0.20							0.	0.	0	
DIRECTOR	0.30	X	-			├		0.	U.	0.	
CHUCK BACKUS	0.30	x						0.	0.	0.	
DIRECTOR	0.30	^				-	-	<u>U•</u>	U.	0.	
VICKI WILKINSON	0.30	x						0.	0.	0.	
DIRECTOR SANDY EASTLAKE	0.30	<u> </u>	-	<u> </u>	┝┈	┢	-	0.		0.	
DIRECTOR	0.30	X					ŀ	0.	0.	0.	
JOHN FOWLER	0.30	1			-			<u> </u>	- 0.		
VICE PRESIDENT	1.00	x		X			:	0.	0.	0.	
DENNIS MORONEY	2,00			**				<u> </u>	- 0.		
DIRECTOR	0.30	x						0.	0.	0.	
SUZANNE MENGES											
DIRECTOR	0.30	х						0.	0.	0.	
DOROTHY WEBB		<u> </u>	İ								
DIRECTOR	0.30	х						0.	0.	0.	
BILL BRAKE			l								
DIRECTOR	0.30	X	•					0.	0.	0.	
032007 12-21-10										Form 990 (2010)	

THE ARIZONA CATTLE INDUSTRY RESEARCH AND Form 990 (2010) 86-0433131 EDUCATION FOUNDATION Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (F) (A) (D) (E) Position Average Reportable Reportable Estimated Name and title (check all that apply) hours per compensation compensation amount of week from from related other (describe the organizations compensation hours for (W-2/1099-MISC) organization from the related (W-2/1099-MISC) organization organizations and related in Schedule organizations O) MARY JO RIDEOUT 0 0.30 | x0 0. DIRECTOR SCOTT SHILL 0.30 | x0 0 0. PAST PRESIDENT ACF/DIRECTO DWAYNE DOBSON 0.30 | x0 0 0. DIRECTOR RICHIE KENNEDY 0.30 | x0 0 0. DIRECTOR JUDY PROSSER 2.00 X 0 0 0. SECRETARY GRANT BOICE 9,000 0 4.00 X 0. ASSISTANT TREASURER/FINANC 9,000 0. 0. 1b Sub-total 0. 0 0. c Total from continuation sheets to Part VII, Section A 9.000. 0. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable 0 compensation from the organization Yes No Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on X line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person X Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from NONE the organization. (A) (B) (C) Name and business address Description of services Compensation

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

0

Form **990** (2010)

Form 990 (2010) EDUCATION Statement of Revenue EDUCATION FOUNDATION

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
9 9	1 2	Federated campaigns	1a					0.0,0.0
Contributions, gifts, grants and other similar amounts	b		1b					•
p.E	c		10			٠		
ıfts			1d					
2,5 B	d							
sin	e							
he ti	f	similar amounts not included abo		33,532.				
護	_			33,334.				
듯	g		s 1a-1f \$		33,532.			
	n	Total. Add lines 1a-1f		Business Code	33,334.			
	. -			Business Code				
į	2 a		<u> </u>					
ie g	b							<u> </u>
E S	C							<u></u>
Rea	d							
Program Service Revenue	e	All other program convector						
_	f	All other program service reve	enue	•			 	
-		Total. Add lines 2a-2f	duudondo untere					
	3	Investment income (including	i dividenas, intere		48,078.			40 070
		other similar amounts)			40,070.			48,078.
	4	Income from investment of ta	ix-exempt bong p	roceeds				
	5	Royalties	() D = -1	() D				
	۰.	Gross Rents	(i) Real 114,443.	(II) Personal				
ł	6 a		110,147.					
ļ	b	•	4,296.					
	C	• •	4,430.		4,296.	4,296.		
	d	, ,	() ()		4,290.	4,290.		
	/ a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	þ							
		and sales expenses						
		Gain or (loss)						
	d	` ,		•				
e l	в а	Gross income from fundraisin including \$	•					
Ver			of					
Other Reven		contributions reported on line	•	16,210.				
þe	L	Part IV, line 18 Less direct expenses	a b	983.				
ŏ		Net income or (loss) from fund	_	903.	15,227.			15,227.
		Gross income from gaming a	-		13,2210			13,441.
- 1	9 а	Part IV, line 19						
	h	Less direct expenses	a b					
		Net income or (loss) from gan			ļ			
Ì		Gross sales of inventory, less	-		-			
	10 a	and allowances						
	ь.	Less cost of goods sold	a b	-				
		Net income or (loss) from sale						
t	<u> </u>	Miscellaneous Revenu		Business Code				
ŀ	11 2	MISCELLANEOUS F		900099	450.	450.		
İ	b			700077	±30.	±30.		
	C			-				
	d	All other revenue						
	_	Total. Add lines 11a-11d	Į.		450.			
- 1	12	Total revenue. See instructions.			101,583.	4,746.	0.	63,305.
03200	9	. Clar 1010 il go. Odo illou dollollo.		<u>F.</u> .l		<u> </u>	U•	Form 990 (2010)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)								
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and								
	organizations in the U.S. See Part IV, line 21	24,477.	24,477.						
2	Grants and other assistance to individuals in								
	the U.S. See Part IV, line 22	24,000.	24,000.						
3	Grants and other assistance to governments,		ļ						
	organizations, and individuals outside the U.S.								
	See Part IV, lines 15 and 16				·				
4	Benefits paid to or for members								
5	Compensation of current officers, directors,								
	trustees, and key employees	9,000.		9,000.					
6	Compensation not included above, to disqualified	İ							
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)								
7	Other salanes and wages				· .				
8	Pension plan contributions (include section 401(k)			i					
	and section 403(b) employer contributions)								
9	Other employee benefits								
10	Payroll taxes								
11	Fees for services (non-employees)	·							
а	Management								
b	Legal								
С	Accounting	5,252.		5,252.					
d	Lobbying				··-				
е	Professional fundraising services. See Part IV, line 17				·				
f	Investment management fees								
g	Other			_	And Harrison .				
12	Advertising and promotion								
13	Office expenses								
14	Information technology			<u> </u>					
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 Payments to affiliates								
21	•	1,139.		1,139.					
22 23	Depreciation, depletion, and amortization Insurance	208.	 	208.					
23 24	Other expenses, Itemize expenses not covered	200.		200.					
24	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 0.)								
а	MISCELLANEOUS EXPENSES	2,701.		2,701.	,				
b									
С									
ď									
е									
f	All other expenses								
25	Total functional expenses. Add lines 1 through 24f	66,777.	48,477.	18,300.	0.				
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 campaign and fundraising solicitation								

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EDUCATION FOUNDATION

Part X	Balance Sheet			
•		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	5,921.	1	173,562
2	Savings and temporary cash investments	133,855.	2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	1,720.	4	2,609
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II		ı	
	of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instructions)		6	
Assets 2 8	Notes and loans receivable, net		7	
8 §	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10	a Land, buildings, and equipment cost or other			
	basis Complete Part VI of Schedule D 10a 835,786.			
	b Less accumulated depreciation 10b 431,902.	409,684.	10c	403,884 886,038
11	Investments - publicly traded securities	908,941.	11	886,038
12	Investments - other securities See Part IV, line 11		_12	
13	Investments · program-related See Part IV, line 11		13	
14	Intangible assets		14	***
15	Other assets. See Part IV, line 11	13,629.	15	13,629
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,473,750.	_16	1,479,722
17	Accounts payable and accrued expenses	24,262.	17	11,155
18	Grants payable	85,117.	18	94,199
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
ဖ္မ 21	Escrow or custodial account liability Complete Part IV of Schedule D		21	·
Clabilities 22	Payables to current and former officers, directors, trustees, key employees,			
룝	highest compensated employees, and disqualified persons. Complete Part II			
-	of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities Complete Part X of Schedule D	3,045.	25	0
26	Total liabilities. Add lines 17 through 25	112,424.	26	105,354
	Organizations that follow SFAS 117, check here X and complete			
Se	lines 27 through 29, and lines 33 and 34.	262 226		064 440
E 27	Unrestricted net assets	968,806.	_27	964,413
ਲ 28 ਹੈ	Temporarily restricted net assets	362,835.	28	380,270
g 29	· · · · · · · · · · · · · · · · · · ·	29,685.	29	29,685
로	Organizations that do not follow SFAS 117, check here			
ō	complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
ğ 31	Paid in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	Retained earnings, endowment, accumulated income, or other funds	1 261 221	32	4 254 265
33	Total net assets or fund balances	1,361,326.	33	1,374,368.
34	Total liabilities and net assets/fund balances	1,473,750.	34	1,479,722.

Form **990** (2010)

Form **990** (2010)

	om 950 (2010) EDUCATION FOUNDATION	00-04	33131	_ Pa	ge 12
F	Part XI Reconciliation of Net Assets				
_	Check if Schedule O contains a response to any question in this Part XI				X
	1 Total revenue (must equal Part VIII, column (A), line 12)	1	10	1,5	83.
2	2 Total expenses (must equal Part IX, column (A), line 25)	2	6	6,7	77.
;	3 Revenue less expenses Subtract line 2 from line 1	3	3	4,8	06.
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,36	$1,\bar{3}$	26.
	5 Other changes in net assets or fund balances (explain in Schedule O)	5	<2	$1,\overline{7}$	64.
_6	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	1,37	4,3	68.
F	Part XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
	1 Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedul	e O			
:	2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	<u> </u>
	b Were the organization's financial statements audited by an independent accountant?		2b		X
	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t	he 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 Sc	hedule O			
	d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued.	ed on a			
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
;	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	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 req	uired audit			
	or audits, explain why in Schedule O and describe any stens taken to undergo such audits		35		

SCHEDULE A

Department of the Treasury

(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

Internal Revenue Service Name of the organization THE ARIZONA CATTLE INDUSTRY RESEARCH AND EDUCATION FOUNDATION

Employer identification number 86-0433131

Pa	rt I	Reason	for Public Char	ity Status (All organi		ist comple	te this pai	rt) See ins	tructions		7 0433131
The	organ			because it is: (For lines							
1		A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170) (b)(1)(A)(i).		
2				0(b)(1)(A)(ii), (Attach So				-	•		
3				tal service organization	•		170(b)(1	(A)(iii).			
4				perated in conjunction)(Б)(1)(А)(і	iı). Enter ti	ne hospital's name.
		city, and sta		•						•	,
5		An organizat	ion operated for the	benefit of a college or u	niversity o	wned or or	perated by	y a govern	mental un	t describe	ed in
			(b)(1)(A)(iv), (Comple		•		•	, ,			
6				ent or governmental uni	t describe	d in sectio	n 170(b)(1)(A)(v).			
7				eives a substantial part					or from the	general p	ublic described in
		section 170(b)(1)(A)(vi). (Complete Part II)									
8				ection 170(b)(1)(A)(vi).	(Complete	Part II)					
9		-		eives (1) more than 33			rom contr	ibutions, n	nembershi	o fees, an	d gross receipts from
				nctions - subject to certa							-
				axable income (less sec	•	-	-				•
			509(a)(2). (Complete			,		-	., 9-		
10				erated exclusively to te	st for publ	ic safety. S	See sectio	on 509(a)(4	4).		
11	\mathbf{x}	_		perated exclusively for the	•	•			•	v out the r	ourposes of one or
				tions described in secti							·
				organization and compl				,		-/(-/-	
		a X Type		¬ -		e III - Fund		tegrated		d 🗀	Type III - Other
е	X	By checking	this box, I certify tha	t the organization is not			-	-	r more dis		• •
				nan one or more publicl		_					
f				ten determination from							````
			organization, check th			•					
g		Since Augus	t 17, 2006, has the o	rganization accepted ai	ny gift or c	ontribution	from any	of the foll	owing pers	sons?	
		(i) A perso	on who directly or ind	rectly controls, either a	lone or tog	ether with	persons of	described	ın (ıı) and (III) below,	Yes No
		the gov	erning body of the su	pported organization?							11g(i) X
		(ii) A family	member of a persor	described in (i) above?	•						11g(ii) X
		(iii) A 35%	controlled entity of a	person described in (i)	or (II) abov	e?					11g(iii) X
h		Provide the f	following information	about the supported or	ganızatıon	(s).					
(1)	Name	of supported	(ii) EIN	(iii) Type of	(iv) is the o	organization	(v) Did yo	u notify the	(vi) ls	the	(vii) Amount of
٧٠,		anization	(,	organization (described on lines 1-9		sted in your		tion in col.	organization (i) organiz	on in col. ed in the	support
				above or IRC section	governing	document?	(i) of you	r support?	U.S	.?	••
				(see instructions))	Yes	No	Yes	No	Yes	No	
		TTLE]	
<u>GR</u>	OWE:	<u>RS ASSC</u>	86-0002290	9	X		X		X		15,000.
					<u> </u>						
			_						ļ		
								<u> </u>	ļ. <u>.</u>		
Tota	ıl		<u> </u>	-		L.,			_	<u> </u>	15,000.
LHA	For P	aperwork Re	duction Act Notice,	see the Instructions f	or				Schedul	e A (Form	990 or 990-EZ) 2010

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Form 990 or 990-EZ.

Pa	rt II Support Schedule for	Organizations	s Described in	n Sections 170)(b)(1)(A)(iv) aı	nd 170(b)(1)(A)(vi)			
	* (Complete only if you checke			_	on failed to qualify	y under Part II	If the organization			
_	fails to qualify under the tests	s listed below, plea	ase complete Part	: 111.)						
	ction A. Public Support			 	 	-				
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 201	0 (f) Total			
1	Gifts, grants, contributions, and									
	membership fees received (Do not									
	include any "unusual grants ")			ļ	-					
2	Tax revenues levied for the organ-					ļ				
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge				ļ					
4	Total. Add lines 1 through 3			<u> </u>	 					
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 shown on line 11,									
	column (f)									
	•			 						
	Public support. Subtract line 5 from line 4 ction B. Total Support	.1.	1	<u> </u>						
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(a) 201	0 (f) Total			
	Amounts from line 4	\ u ,2000	(8) 2001	(6) 2000	(4) 2000	(e) 2010 (f) Total				
8	Gross income from interest,						-			
Ū	dividends, payments received on			1						
	securities loans, rents, royalties			}						
	and income from similar sources									
9	Net income from unrelated business									
Ī	activities, whether or not the									
	business is regularly carried on	ļ								
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									
12	Gross receipts from related activities,	, etc (see instructi	ions)			12				
13	First five years. If the Form 990 is for	r the organization's	s first, second, th	ırd, fourth, or fifth t	ax year as a secti	on 501(c)(3)				
	organization, check this box and stor						▶□			
Sec	ction C. Computation of Publ	ic Support Pe	rcentage							
14	Public support percentage for 2010 (line 6, column (f) d	livided by line 11,	column (f))		14	%			
15	Public support percentage from 2009	3 Schedule A, Part	: II, line 14			15	%			
16a	33 1/3% support test - 2010. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or i	more, check t	his box and			
	stop here. The organization qualifies		=				▶			
b	33 1/3% support test - 2009. If the o	ŭ		•	l line 15 is 33 1/39	% or more, ch	eck this box			
	and stop here. The organization qualifies as a publicly supported organization									
17a	10% -facts-and-circumstances tes	-								
	and if the organization meets the "fac			•	· ·	art IV how the	organization			
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.									
b	10% -facts-and-circumstances tes	-								
	more, and if the organization meets the	ne "facts and circu	ımstances" test, d	check this box and	stop here. Expla	in in Part IV h	ow the			

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Schedule A.(Form 990 or 990 EZ) 2010 Part III | 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.)	

Se	ction A. Public Support	elow, picase com	piete i ait ii j				
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and		\			19/2010	(1)
	membership fees received. (Do not						
	include any "unusual grants ")				İ		
2	Gross receipts from admissions,						
-	merchandise sold or services per-						
	formed, 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 bus-						
_	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and				1		
	3 received from disqualified persons						
t	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)						
	ction B. Total Support		•	,	•	,	
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6					1-1	
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources	I					
	Unrelated business taxable income					-	
•	(less section 511 taxes) from businesses	I					
	acquired after June 30, 1975	I		İ		[
	,						
	: Add lines 10a and 10b Net income from unrelated business						
11	activities not included in line 10b,	I					
	whether or not the business is	I					
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital]	
	assets (Explain in Part IV)	<u> </u>					
13	Total support (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thu	rd, fourth, or fifth ta	ax year as a secti	on 501(c)(3) organız	ation,
	check this box and stop here						<u>▶</u>
Se	ction C. Computation of Publ	ic Support Pe	rcentage			`	
15	Public support percentage for 2010 (I	ine 8, column (f) d	ıvıded by lıne 13, d	column (f))		15	<u>%</u>
16	Public support percentage from 2009	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inves	stment Incom	e Percentage		 		
17	Investment income percentage for 20	10 (line 10c, colur	nn (f) divided by lii	ne 13, column (f))		17	%
18	Investment income percentage from 2	2009 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2010. If the	organization did r	ot check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	lifies as a publicly :	supported organiz	zation	
b	33 1/3% support tests - 2009. If the	-		•			ind
	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organization		_				
				,			

032023 12-21-10

Schedule A (Form 990 or 990-EZ) 2010

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.

2010
Open to Public Inspection

Name of the organization

THE ARIZONA CATTLE INDUSTRY RESEARCH AND EDUCATION FOUNDATION

 $\begin{array}{c} \text{Employer identification number} \\ 86-0433131 \end{array}$

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	•	Yes No
6	Did the organization inform all grantees, donors, and donor a		e used only
-	for charitable purposes and not for the benefit of the donor of	•	•
	impermissible private benefit?	, , , ,	Yes No
Par		ganization answered "Yes" to Form 990,	
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or		storically important land area
	Protection of natural habitat	· 🗂	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
_	day of the tax year.		
	,,,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic sti	ructure included in (a)	2c
d		• •	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	
	year ▶	,	3
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
_	violations, and enforcement of the conservation easements	* *	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements of	during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and		· · · · · · · · · · · · · · · · · · ·
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?	•	Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for
	conservation easements		
Par	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (As	SC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furthera	ance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descr	ibes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	ublic service, provide the following amounts
	relating to these items:		•
	(i) Revenues included in Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	
_	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1	•	▶ \$
b	Assets included in Form 990, Part X		► \$ ► \$
-	•		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051

Schedule D (Form 990) 2010

by

(i) unrelated organizations

(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
 Describe in Part XIV the intended uses of the organization's endowment funds

	Yes	_No
3a(i)		X
3a(ii)		X
3b		

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		391,839.		391,839
b Buildings		399,668.	387,623.	12,045
c Leasehold improvements		3,900.	3,900.	0
d Equipment		10,751.	10,751.	0.
e Other		29,628.	29,628.	0.
Total. Add lines 1a through 1e (Column (d) mus	t equal Form 990, Part X, colur	nn (B), line 10(c))	•	403,884.

Schedule D (Form 990) 2010

Part VIII Investments - Other Securities.	See Form 990, Part X, line	12		
(a) Description of security or category (including name of security)	(b) Book value	С	(c) Method of valu ost or end-of-year ma	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)			···	
(B)			*	
(C)				
(D)				
(E) (F)				
(G)				
(H)				
(1)		,	····	
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	>			····
Part VIII Investments - Program Related		13		
(a) Description of investment type	(b) Book value		(c) Method of valuost or end-of-year ma	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
<u>(8)</u> <u>(9)</u>		· · · · · · · · · · · · · · · · · · ·	<u></u>	
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)	>			
Part IX Other Assets. See Form 990, Part X,				
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)		- 		
(7)				
(8)			·	
(9)	·		-	
(10)			<u> </u>	
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part				
(a) December of lighting	1 A, III le 25	(b) Amount	T	
(1) Federal income taxes		(5)	-	
(2)			7	
(3)				
(4)			7	
(5)			7	
(6)				
(7)				
(8)			_	
(9)			_	
(10)			_	
(11)			_	
Total. (Column (b) must equal Form 990, Part X, col (B) FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote. FIN 48 (ASC 740)	line 25)	ements that reports the cross	nization's liability for upcorts	in fax positions under
2. FIN 48 (ASC 740)	organization o manda sta	onto that reports the drya		an positions under

Schedule D (Form 990) 2010

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Open To Public

Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions THE ARIZONA CATTLE INDUSTRY RESEARCH AND

Inspection Employer identification number

EDUCATI	ON FOUNDATION				<u> 86-0433</u>	131
Part I Fundraising Activities required to complete this par	Complete if the organization answ t.	ered "	Yes" to	o Form 990, Part IV, I	ine 17 Form 990-E2	I filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	e Solicita f Solicita g Special or oral agreement with any individual cart VII) or entity in connection with prividuals or entities (fundraisers) purs	tion of tion of fundra (inclu profess	non-g gover alsing ding o	overnment grants rnment grants events fficers, directors, true fundraising services?	stees or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have c	Did raiser sustody atrol of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
					:	
	7777	<u> </u>				
			ļ			
				-		
Total			•			
3 List all states in which the organization	on is registered or licensed to solicit	contrit	outions	s or has been notified	d it is exempt from re	egistration
or licensing.						
				 		
LHA Paperwork Reduction Act Notice,	see the Instructions for Form 990	or 990)-EZ.		Schedule G (Forn	n 990 or 990-EZ) 2010

THE ARIZONA CATTLE INDUSTRY RESEARCH AND

		e G (Form 990 or 990 EZ) 2010 EDUCAT				-0433131 Page 2
Pa	ırt l	•				
		of fundraising event contributions and gr				pts greater than \$5,000
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			FUND RASING		NONE	(add col (a) through
			- AUCTION	((4-4-1	col (c))
en n			(event type)	(event type)	(total number)	
Revenue			15 010			1.5 0.10
æ	1	Gross receipts	16,210.			16,210.
	2	Less: Charitable contributions				
			16 010			16 010
	3	Gross income (line 1 minus line 2)	16,210.			16,210.
	4	Cash prizes				
					İ	
es	5	Noncash prizes				
ens						
a Xi	6	Rent/facility costs			<u> </u>	-
Direct Expenses						
Öre	7	Food and beverages				
_						}
	8	Entertainment				
	9	Other direct expenses	983.	<u> </u>		983.
	10	Direct expense summary Add lines 4 through				(983)
De	11 irt l	Net income summary Combine line 3, column		000 B. + W. L 10 -		15,227.
P	II L		answered "Yes" to Form	990, Part IV, line 19, c	r reported more than	
		\$15,000 on Form 990-EZ, line 6a	T	# > D. II da b = 5 4 4		
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue				Diligo/progressive biligo	<u>' </u>	cor (a) through cor (c))
æ						
_	1	Gross revenue				···
98	2	Cash prizes				-
Expenses						
Ϋ́	3	Noncash prizes		· · · · · · · · · · · · · · · · · ·		
ect [
Dire	4	Rent/facility costs				
_						
	5	Other direct expenses	 		·	
			Yes %	Yes %		
	6	Volunteer labor	No No	No No	No No	
	_				_	
	7	Direct expense summary Add lines 2 through	n 5 in column (d)		•	(
_	8	Net gaming income summary Combine line 1	, column d, and line /		_	
_						
		ter the state(s) in which the organization opera	-			
		he organization licensed to operate gaming ac				Yes No
b	If "	No," explain				
		 				
	_		_ 			
		ere any of the organization's gaming licenses re	•	_	•	└── Yes └── No
b	ıf "	Yes," explain				
	_					
	_					
0330	B3 0.	I-13-11			Schedule G (Fo	rm 990 or 990-EZ) 2010

THE ARIZONA CATTLE INDUSTRY RESEARCH AND Schedule G.(Form 990 or 990-EZ) 2010 EDUCATION FOUNDATION 86-0433131 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes 13 Indicate the percentage of gaming activity operated in a The organization's facility 13a b An outside facility 13b 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records Address > 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party > \$ c If "Yes," enter name and address of the third party Name > Address > Gaming manager information Name > Gaming manager compensation ▶ \$ _____ Description of services provided ___ Director/officer Employee Independent contractor 17 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to Yes No retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$ Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

032083 01-13-11

		Employ	
Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ➤ Attach to Form 990.	Name of the organization THE ARIZONA CATTLE INDUSTRY RESEARCH AND EDUCATION FOUNDATION	Part I General Information on Grants and Assistance
SCHEDULE I (Form 990)	Department of the Treasury internal Revenue Service	e of the organizal	t General
SCHI (Forn	Departi Internal	Name	Par

		•
OMB No 1545-0047	2010	Open to Public

%

yer identification number 86-0433131 Inspection X Yes 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?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for mon	toring the use of grant	funds in the United	d States			
=	Governments an	d Organizations in the	• United States. C	omplete if the orga	anization answered "Y	'es" to Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000 Check thi	s box if no one recipien	it received more th	an \$5,000 Part II	can be duplicated if a	additional space is nee	ded •
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARIZONA CATTLE GROWERS ASSOCIATION, INC 1401 N 24TH ST - PHOENIX, AZ 85008	86-0002290	501(c)(5)	15,000,	0			PRODUCTION OF EDUCATIONAL ARTICLES IN THE ARIZONA CATTLE GROWERS ASSOCIATION'S MONTHLY
7 2 2	74-2652689	THE UNIVERSITY OF	7 AZ 5 500.	0			LIVESTOCK JUDGING TEAM TRAVEL EXPENSES (\$3,000) AND COSTS TO DOCUMENT RANGE PLANTS (\$2,500)
			}				
 2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations 	nd government or s	rganizations					
_	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2010)

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

THE ARIZONA CATTLE INDUSTRY RESEARCH AND

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed EDUCATION FOUNDATION Schedule I (Form 990) (2010) Part III

Page 2

86-0433131

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance 0 24,000 (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance SCHOLARSHIPS

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information SCHEDULE I, PART I, LINE 2: SCHOLARSHIP RECIPIENTS MUST DOCUMENT CLASSES ENROLLED PRIOR TO DISBURSEMENT OF FUNDS

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

ARIZONA CATTLE GROWERS ASSOCIATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PRODUCTION OF EDUCATIONAL ARTICLES

IN THE ARIZONA CATTLE GROWERS ASSOCIATION'S MONTHLY MAGAZINE.

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

2010

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE ARIZONA CATTLE INDUSTRY RESEARCH AND

Employer identification number

Part I Excess Benefit		ions (secti	on 501(c)(3) and section on Form 990, Part IV,				V Jupo 40) Т	
1 (a) Name of dis			On Form 990, Fait IV,	(b) Description			<u>v, iii le 40</u>	<i>.</i>	(c) Cor	
									Yes	No
									-	
0.5.				-						
2 Enter the amount of tax imp section 4958	osea on the	organization	i managers or disqualif	ied persons during the	e year un	der	> \$			
3 Enter the amount of tax, if a	ny, on line 2,	above, reim	bursed by the organiza	ation			> \$			
Part II Loans to and/o										
(a) Name of interested person and purpose	(b) Loan	wered "Yes" to or from nization?	on Form 990, Part IV, (c) Original principal amount	(d) Balance due	(e)	/, line 38) In ault?	(f) App	oroved ard or outtee?	(g) W agreei	
· · · · · · · · · · · · · · · · · · ·	То	From	ļ.		Yes	No	Yes	No	Yes	No
							ļ			
										.=
					ļ					
						<u> </u>				
					ļ	i				
		1	▶ \$		_		<u> </u>		ļ	
	stance Be	nefiting l	nterested Person	s.	<u> </u>		1		<u>}</u>	
Complete if the orga	anization ans	wered "Yes'	on Form 990, Part IV,	line 27						
(a) Name of interested	person		(b) Relationship between the or	een interested person ganization	and			ount an assistan	d type of	
						- 				
										
	· · · - · · ·					-				
		-								

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

Schedule L (Form 990 or 990-EZ) 2010

THE ARIZONA CATTLE INDUSTRY RESEARCH AND EDUCATION FOUNDATION

86-0433131

Schedule L (Form 990 or 990-EZ) 2010 Part IV Business Transactions In	volving Interes	ted Pers	ons.			 		Page :
Complete if the organization answ				-		T	1 (a) Ch	2222
(a) Name of interested person	(b) Relations person a	thip between the crganic contract contract the crganic contract contract contract contract co		ted	(c) Amount of transaction	(d) Description of transaction	(e) Sha organia rever	aring o zation' nues?
							Yes	No
OOROTHY WEBB	DOROTHY	WEBB	IS A	<u> B</u>	17,805	THE SON OF	-	X
				\dashv			 -	
				\dashv				<u> </u>
							-	
							 - -	
Part V Supplemental Information	n							<u> </u>
Complete this part to provide add	litional information f	or respons	es to que	stions	on Schedule L (see	instructions)		
SCH L, PART IV, BUSINES	C MDANCACT	PIACT	TNTIOT	.37TN	IC TNTEDECT	TED PERSONS:		
CH L, PART IV, BUSINES	5 INMISACI	TONS	114401	1 A TT	NG INTERES	ELD FERSONS.		
A) NAME OF PERSON: DOR	OTHY WEBB							
(B) RELATIONSHIP BETWEE	N TNTERFCT	'אם ראי	RGOM	ΔΝΤ	ORGANIZAT	PTON•		
(b) REDATIONSHIT BETWEEN	IV IIVIDRODI		IND OIL	7111	OROZHVIZI	10111		
DOROTHY WEBB IS A BOARD	MEMBER OF	THE	ORGAN	II Z <i>P</i>	ATION.			
(D) DESCRIPTION OF TRANS	SACTION: T	HE SO	и Ог	тнь	TOTRECTOR	LEASES OFFI	CE	
(b) bederiffied of field	D21C11O11. 1	.1111 00.	., OI	1 111	DIMECION	DELIBER OF T		
SPACE OWNED BY THE FOUN	DATION.							
			-		·			-
								
				,				
								
	-							
			 ~					- <u></u> -
								
		<u>.</u>						

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

THE ARIZONA CATTLE INDUSTRY RESEARCH AND EDUCATION FOUNDATION

Employer identification number 86-0433131

FORM 990, PART VI, SECTION A, LINE 6: THE VOTING MEMBERS OF THE
ORGANIZATION ARE THE MEMBERS OF THE BOARD OF DIRECTORS OF THE ARIZONA
CATTLE GROWERS ASSOCIATION, AN ARIZONA NONPROFIT CORPORATION, REFERRED TO
AS THE "MEMBERS" OR "MEMBERSHIP." THE "MEMBERSHIP" HAS THE RIGHT TO
PARTICIPATE IN THE ORGANIZATION'S GOVERNANCE AND ELECTS 18 OF THE 21
MEMBERS OF THE ORGANIZATION'S BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION A, LINE 7A: THE "MEMBERS' OR "MEMBERSHIP"
ELECTS 18 OF THE 21 MEMBERS OF THE ORGANIZATION'S BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS PREPARED BY A CPA FIRM
AND IS REVIEWED BY THE ASSISTANT TREASURER.
FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION ESTABLISHES THE
COMPENSATION OF THE OFFICER THROUGH APPROVAL OF THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION C, LINE 19: NO DOCUMENTS AVAILABLE TO THE
PUBLIC.
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:
NET UNREALIZED LOSSES ON INVESTMENTS: -21,764.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Open to Public, OMB No 1545-0047 2010

Inspection

(g) Section 512(b)(13) controlled Schedule R (Form 990) 2010 Employer identification number ž × Direct controlling Yes 86-0433131 entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year) Direct controlling entity End-of-year assets status (if section 501(c)(3)) <u>e</u> Public charity Total income Exempt Code ਉ section 501(C)(5) ▶ See separate instructions. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or Legal domicile (state or foreign country) foreign country) THE ARIZONA CATTLE INDUSTRY RESEARCH AND ARIZONA ▲ Attach to Form 990. TO EDUCATE AND PROMOTE INFORMATION REGARDING Primary activity Primary activity CATTLE GROWERS AND EDUCATION FOUNDATION ARIZONA CATTLE GROWERS ASSOCIATION, INC. 86-0002290, 1401 N 24TH ST, PHOENIX, AZ Name, address, and EIN Name, address, and EIN of related organization of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service Part II Part 85008

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

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	nt income nrelated, n tax under 12-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? (SS) Yes No	(j) (k) General or Percentage managing ownership
						:					
Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	anizations Taxable a	s a Corpo g the tax)	ration or Trust (Co ear.)	omplete if the	organizatio	n answered "Yes"	to Form 990, Pa	rt IV, line 34	because it had	d one or mo	re related
(a) Name, address, and EIN of related organization	7 -		(b) Primary activity		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income		(g) Share of end-of-year assets	(h) Percentage ownership
					:						
								•			
									-		
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Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				\	Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more re	elated organizations listed	in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a	×
b Gift, grant, or capital contribution to other organization(s)				\$	×
c Gift, grant, or capital contribution from other organization(s)				 -	-
d Loans or loan guarantees to or for other organization(s)				5	×
e Loans or loan guarantees by other organization(s)				- 1	×
f Sale of assets to other organization(s)				=	×
g Purchase of assets from other organization(s)				19	×
h Exchange of assets				ŧ	×
i Lease of facilities, equipment, or other assets to other organization(s)				;=	×
i Lease of facilities, equipment, or other assets from other organization(s)				F	×
k Performance of services or membership or fundraising solicitations for other organization(s)	ıızatıon(s)			¥	×
I Performance of services or membership or fundraising solicitations by other organization(s)	ızatıon(s)			=	×
m Sharing of facilities, equipment, mailing lists, or other assets				Ę	×
n Sharing of paid employees				ţ	×
 Reimbursement paid to other organization for expenses 				9	×
p Reimbursement paid by other organization for expenses				10	×
 q Other transfer of cash or property to other organization(s) r Other transfer of cash or property from other organization(s) 				₽ +	××
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	ns line, including covered	relationships and transaction thresholds		
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved		
(1)					
6					
(4)					
(5)					
(6)					
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EDUCATION FOUNDATION Schedule R (Form 990) 2010 Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

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

	Ē	General or managing partner?	S No	 	 	 	 				_				-		 -				 	
			1 - 1					1		 	+	 		 				_		 <u> </u>	 	
	(6)	Code V-UBI amount in box 20	(Form 1065)							 												
		Dispropor- tionate allocations?										 										
		Share of end-of- year assets					 		-:			 -		 					 -			
	ලි	Are all partners section 501(c)(3) organizations?	Yes No		 																 	
sdins		sign																				
delication delication investiment partifers	(q)	Primary activity																				
mar was not a related organization over instructions regarding excussion of certain investment partities in pa	(a)	Name, address, and EIN of entity																				

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