Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury

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

		2010 cale	ndar year, or tax year beginning October 1 , 2010, and ending		nber 30	, 20 11	
			C Name of organization Public Lands Council			r identification number	
		applicable:	Doing Business As			84-0583125	
_	Address	_	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	uite E Telephone number			
	Name ch		Number and sheet for the box in the same to the same t	50	,	303-771-3500	
	Initial retu		9785 Maroon Circle City or town, state or country, and ZIP + 4				
_	Terminat				G Gross re	ceipts \$ 218131	
	Amende		Centennial, CO 80112	117-3 1-43-6		or affiliates? Yes V No	
Ц	Applicati	ion pending	F Name and address of principal officer: Dustin Van Liew	TI(b) Arms	ni actoiitha il.	cluded? Yes No	
			1301 Pennsylvania Avenue, Ste 300, Washington, DC 20004 ☐ 501(c) (5) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527			list. (see instructions)	
<u> </u>		mpt status:	[] 301(c)(3) [E] 001(0)(0) 1 (model 10) [E]	_1	p exemption	·	
			w.publiclandscouncil.org			of legal domicile: CO	
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Corporation Trust Association Other Non Profit L Year of format	100: 1900	W State	or regal dofficine.	
1	art!	Sumn	nary		mmon his	inocc interact of	
	1	Briefly d	escribe the organization's mission or most significant activities: To pror	note the co	IIIIIIOII DUS	offication car of	
ø		livestoc	k industries with respect to grazing on federal lands.			***************************************	
ã	1		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			**********	
Ë						**********	
Activities & Governance	2	Check t	nis box 🕨 🗌 if the arganization discontinued its operations or disposed of more than 25%			•	
Ü	3	Number	of voting members of the governing body (Part VI, line 1a)		F		
3S E	4	Number	of independent voting members of the governing body (Part VI, line 1b)		. 4	3	
Ě	5	Total nu	mber of individuals employed in calendar year 2010 (Part V, line 2a)		. 5	2/part-time	
Ę	6	Total nu	mber of volunteers (estimate if necessary)		. 6		
•	7a	Total ur	related business revenue from Part VIII, column (C), line 12		. 7a		
	b	Net unr	elated business taxable income from Form 990-T, line 34		. 7b		
				Prior \	'ear	Current Year	
Revenue	8	Contrib	utions and grants (Part VIII, line 1h)		202248	214420	
	9		n service revenue (Part VIII, line 2g)				
9/6	10	Investm	ent income (Part VIII, column (A), lines 3, 4, and 7d)		3857	3711	
ă	11	Other r	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				
	12	Total re	venue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		206105	218131	
	13	Grants	and similar amounts paid (Part IX, column (A), lines 1–3)				
	14	Benefit	s paid to or for members (Part IX, column (A), line 4)				
u	45	Salaries	s, other compensation, employee benefits (Part IX, column (A), lines 5-10)		88220	95524	
Evnonces	16a	Profess	sional fundraising fees (Part IX, column (A), line 11e)				
ğ	b	Total fi	undraising expenses (Part IX, column (D), line 25) ▶				
ú	3 ₁₇	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		156660	92155	
	18	Total	xpenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		244880	187679	
	19	Reveni	ue less expenses. Subtract line 18 from line 12		(38775)	30452	
		1100011	10 1000 0Apontoos: 04011 401 1110 1011	Beginning of	Current Year	End of Year	
ts o	20 21	Total	ssets (Part X, line 16)		434456	483395	
888	20 21		abilities (Part X, line 26)			18487	
Zet.	22		sets or fund balances. Subtract line 21 from line 20		434456	46490	
	2011 E		ature Block				
鏖		a Sigi	ature block Figury, I declare that I have examined this return, including accompanying schedules and state	ements, and t	o the best of	my knowledge and belief, it	
1	unaer pei true, corre	naities of pe ect, and co	rgury, I declare that I have examined this return, including accompanying schedules and state nplete. Declaration of preparer (other than officer) is based on all information of which prepare	er has any kno	wledge,	· ·	
		1 2	Arreado Kilhando	····			
•	ian		ignature of officer /		Date 1		
	Sign Joro	1/1/1	11h 13 2016				
Here Brenda Richards, Secretary Treasurer 4//uch 13, 20							
_				Date	T	PTIN	
F	Paid	Prin	/Type preparer's name Preparer's signature		Check self-er	t if if in it is in i	
F	^{>} repai	rer 🖳	<u> </u>	Т			
	Jse O		's name 🕨		Firm's EIN ▶	-	
		Firm	's address >		Phone no.	mv	
M	Mav the	IRS disc	uss this return with the preparer shown above? (see instructions)			· · · L Yes L No	

orm 99	0 (2010)	Page 2
Part∫	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	· 🗆
1	Briefly describe the organization's mission: To promote the common business interest of livestock industries with respect to grazing on federal lands.	********
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	☑ No
4	If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. \$501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocate others, the total expenses, and revenue, if any, for each program service reported.	Section tions to
4a	(Code:) (Expenses \$187679 including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$.)
40	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 187679	

art	Checklist of Required Schedules	—т	V 1	
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	Yes	No
2 3	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	2	<u>.</u>	√
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		Y
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		/
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
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		✓
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.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		/
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	ļ	1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		V
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e 11f		√
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		1
	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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	↓	1
14 a		14a	<u> </u>	✓
b	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		1
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		✓
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		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		
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		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a		20 a	4	+✓
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	,	

Form 99	0 (2010)		F	age 4
Part	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	No ✓
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		·
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
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		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		•
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	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		· ✓
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>,</u>
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		1
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		1
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		1
35 a	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		✓
	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? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
38	Part VI	37		1
		100	 _	

Section 1996 Received Teach Te	Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V		, ,	
b Enter the number of Forms W-26 included in line 1s. Enter -0- if not applicable.				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 5 If at least one is reported on line 2a, did the organization line all required federal employment tax returns? 5 Did the organization lines ta and 2a is greater than 250, you may be required to e-file, (see instructions) 5 Did the organization lines unrelated business gross income of \$1,000 or more during the year? 5 If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 5 A At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. [See Instructions for filing requirements for Form TD F 60-22.1, Report of Foreign Bank and Financial Accounts. 5 Was the organization aparty to a prohibited tax shelfer transaction at any time during the tax year? 5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelfer transaction? 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solici any contributions but were not tax deductible? 7 Organizations but may receive deductible contributions under section 170(c). 8 Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organizations of the value of the goods or services provided? 9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file from 3822.7 1 If "Yes," indicate the number of Forms 8282 filed during the year 9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 3825.7 1 The organization received a	1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
a 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 3 to the sum of lines 2 and the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2 is greater than 250, you may be required to e-file, (see instructions) 3 bid the organization have unrelated business gross income of \$1,000 or more during the year? 4 at Atany 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, scurities account, or other financial account in a foreign country [such as a bank account, scurities account, or other financial accounts in a foreign country [such as a bank account, scurities account, or other financial accounts in a foreign country [such as a bank account, scurities account, or other financial accounts. 8 Was the organization at the foreign country. ► 8 se instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 8 Was the organization that was or is a party to a prohibited tax shelter transaction at any time during the tax year? 9 bid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at the organization and party to a prohibited tax shelter transaction at the organization and party contributions that were not tax deductible? 16 Pryss,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 16 Pryss,* did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible? 17 Organizations that may receive deductible contributions under section 170(c). 18 bid the organization shall the payor? 19 Organizations that the payor? 10 If "Yes,* did the organization notify the donor of the value	b				
Statements, filed for the calendar year ending with or within the year covered by this return 2	С		1c		
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file, clee instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 5a At any time during the claim of 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)? 5b If "Yes," enter the name of the foreign country. 5c See instructions for filing requirements for Form TD F 60-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shefter transaction at any time during the tax year? 5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction? 6c To Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions and seed the organization solicit any contributions that were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," did the organization include with every solicitation and express provided 7 or the payor? 7 Organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 8 If "Yes," did the organization notify the donor of the value of the goods or services provided for the payor? 9 If "Yes," findicate the number of Forms 8282? filed during the year 10 Id the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 11 If the organization neceive a	2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-rife. (see instructions) 3					
3a	b		2b	271297	
a 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, or other financial account). b If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to file 5 aor 5b, did the organization file Form 8886-T7 b 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? c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? d If "Yes," did the organization notify the donor of the value of the goods or services provided to the payor? b If "Yes," indicate the number of Forms 8282 filed during the year c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f If the organization receive any premiums, directly or indirectly, on a personal benefit contract? f If the organization receive any premiums, directly or indirectly, on a personal benefit contract? f If the organization receive any premiums, directly or indirectly, on a personal benefit contract? f If the organization receive any premiums, directly or indirectly, on a personal benefit contract? f If the organization receive any tunds, directly or indirectly, on a personal benefit contract? f If the organization receive any supermiums, directly or indirectly, on a personal benefit contract? f If the organization receive any premiums, directly or indirectly, on a personal benefit contract? f If the organization receive any partition of a do					
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over, a financial account in a foreign country (such as a bank account, securities account, or other financial account?? b If "Yes," enter the name of the foreign country. ▶ 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	b		3b		ļ
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See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 8 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 9 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 9 If "Yes" to line 5a or 5b, did the organization life Form 8886-T? 10 Des 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? 10 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 11 Organizations that may receive deductible contributions under section 170(c). 12 Did the organization steat may receive deductible contributions under section 170(c). 13 Did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 14 If "Yes," did the organization notify the donor of the value of the goods or services provided? 15 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 16 If "Yes," indicate the number of Forms 8282 filed during the year 17 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 17 If the organization deceive a contribution of qualified intelectual property, of the organization file Form 8289 serquired? 18 If the organization make a contribution of qualified intelectual property, of the organization file a Form 1098-0. 19 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, have excess business holdings at any time during the year? 19 Did the organization make any taxable distribution under section 4966? 20 Sponsoring organizations maintaining donor advised funds. 21 Did the organization organiz	b	if "Yes," enter the name of the foreign country: ▶			
b 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? a 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? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization notify the donor of the value of the goods or services provided? If "Yes," did the organization notify the donor of the value of the goods or services provided? If "Yes," did the organization notify the donor of the value of the goods or services provided? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 1098-C? Sonosoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations, bid the supporting organization, or a donor advised funds and section 509(a)(3) supporting organization, have excess business holdings at any time during the year? Sonosoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, have excess business holdings at any time during the year? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Section 501(c)(7) organizations. Enter: Gross income from members or shareholders Bid the organization incensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization insure report on Schedule O. Enter the amount of reserves the organization is required to main		See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
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organization solicit any contributions that were not tax deductible? b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a 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? 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 was required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year b Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file 9 as sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization the feath plans the province of the form 1041? 10 Did 10 Did 10 Did 10 Did 10 Did 10 Did 10	С		5c		
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b If "Yes," did the organization notify the donor of the value of the goods or services provided?	а		70		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	ь.			 	\ <u>'</u>
required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year			1.5		-
d If "Yes," indicate the number of Forms 8282 filed during the year	·		7c		1
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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? Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
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9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966?			8		
Did the organization make any taxable distributions under section 4966?	9				
b Did the organization make a distribution to a donor, donor advisor, or related person?			9a	100000000000000000000000000000000000000	
a Initiation fees and capital contributions included on Part VIII, line 12	b	•	9b		
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: a Gross income from members or shareholders	10	Section 501(c)(7) organizations. Enter:			
Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders	а	Initiation fees and capital contributions included on Part VIII, line 12			
a Gross income from members or shareholders	b				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11	1 1 1			
against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year .			4		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	D	against amounts due or received from them.)			
a is the organization licensed to issue qualified health plans in more than one state?			12a		
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	13				
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	а	· · · · · · · · · · · · · · · · · · ·	13a	<u> </u>	
the organization is licensed to issue qualified health plans					
c Enter the amount of reserves on hand	b	The country of the Property Lie Country of the Coun			
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 🗸	_		4		
			4.4		-
					+

Part \				
	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change O. See instructions.	s in s	Scrie	quie
	Check if Schedule O contains a response to any question in this Part VI			1
Section	on A. Governing Body and Management			
	77.71 2017.11.13 2007 61.00 11.	T	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3			
	Enter the number of voting members included in line 1a, above, who are independent . 1b 3			
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	owananiwi kara	√
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		√
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		√
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		√
6	Does the organization have members or stockholders?	6		✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	✓	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	✓	3079230091300009
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
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		✓
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.)	
		····	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	✓	
b	If "Yes," does the organization have written policies and procedures governing the activities of such			
	chapters, affiliates, 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?			
h	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	٧	
b 12a	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a		✓
_	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	120		•
b	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		<u> </u>
14	Does the organization have a written document retention and destruction policy?	14	a radio la	√
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		√ _
b	Other officers or key employees of the organization	15b	Helen Marie	✓
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	40-		
	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its	16a		Y
b	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure	100		L
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s onl	y) ava	ilable
	for public inspection. Indicate how you make these available. Check all that apply.	•		
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of	of inte	rest p	olicy,
	and financial 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: ► American Sheep Industry Association (303-771-3500)			
	9785 Maroon Circle, Suite 360, Centennial, CO 80112			

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated E	mployees,	
	and Independent Contractors		
	Check if Schedule O contains a response to any question in this Part VII	[

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

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

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

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

Check this box if neither the organization nor	any related	d orga	aniz	atio	n co	ompe	nsa	ited any curren	t officer, director	, or trustee.
(A)	(B)	(B) (C)						(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Individual tr or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) John Falen POB 132, Orovada, NV 89425	P/T			1				**************************************		
(2) Brice Lee						····	 			
940 County Road #119, Hesperus, CO 81326	P/T			1						
(3) Brenda Richards										
8935 Whiskey Mtn Road, Murphy, ID 83650	P/T			✓						
(4)										
(5)										1.0000000000000000000000000000000000000
(6)	-	<u> </u>		·····				1.000		
(7)										
(8)										
<u>(9)</u>										
(10)	*		 							
(11)	-									
(12)	*									
(13)	_									
(14)	-									
(15)	-				***************************************					
(16)										

Part	VII Section A. Officers, Directors, Trus	tees, Key I	Emplo	yee			Highe	est	Compensated	Employees	(continu	
	(A)	(A) (B) (C) (D) (E)					1 ''	(F)				
	Name and title	Average hours per week (describe hours for related organizations in Schedule O)	Individual tn or director	nstitutional trustee	Officer	Key employee	Highest compensated at employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportabl compensation related organizatio (W-2/1099-M	from ns	Estimated amount of other compensation from the organization and related organizations
(17)												
(18)												
(19)												
(20)								-				
(21)												
(22)												
(23)						ļ						
(24)												
(25)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~											
(26)		-										
(27)												
(28)												
1b	Sub-total		, ,		•			>				***************************************
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)			•	•		 	>				
2	Total number of individuals (including bu reportable compensation from the organ	t not limited	d to ti				abov	e) w	vho received m	ore than \$1	00,000) in
3	Did the organization list any former o employee on line 1a? If "Yes," complete							emţ	oloyee, or high	nest compe	ensated	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	e sum of re greater th	porta an \$	ble 150	cor ,000	npe 0? /	nsatio	s,"				•
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue c	ompe	nsa	itior	fro	m an	y ur		zation or inc		
Section	on B. Independent Contractors											
1	Complete this table for your five highest compensation from the organization.	compensa	ted in	dep	enc	lent	cont	ract	tors that receiv	ed more tha	an \$100	0,000 of
	(A) Name and business add	dress							(B) Description of	serviçes		(C) Compensation
			***************************************				***************************************		-			

***************************************		***************************************	***************************************		······································		***************************************	+	······		 	
2	Total number of independent contractor received more than \$100,000 in compen								hose listed at	ove) who		

Part	VIII	Statement of Rev	enue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S SO	1a	Federated campaigns	1a					
ant	b	Membership dues .		213245				
gifts, grants lar amounts	c	Fundraising events .	-					
ifts ar a	d	Related organizations						
S, S	е	Government grants (con	<u> </u>					
tion r si	f	All other contributions, gi						
the spin		and similar amounts not inc	luded above 1f	1175				
Contributions, gifts, grants and other similar amounts	g	Noncash contributions includ						
<u>2</u> <u>F</u>	h	Total. Add lines 1a-1	f <u></u>	<u> ▶</u>	214420			
Program Service Revenue				Business Code				
3Ker	2a	*********************			***************************************			
e Ž	b	N=====================================						
Ζįς	C							
Š	d	**************************************						
Гап	e	A & _ 41						
rog	f	All other program sen		>				
ъ.	<u>g</u> 3	Total. Add lines 2a-2 Investment income						
		and other similar amo			3711			3711
	4	Income from investmen						
	5	Royalties	,	•				
		,	(i) Real	(ii) Personal				
	6a	Gross Rents		****				
	ь	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or	<u>}</u>	▶				
	7a	Gross amount from sales of	(i) Securities	(ii) Other			0.0000000000000000000000000000000000000	
	_	assets other than inventory						
	b	Less: cost or other basis and sales expenses .						
	С	Gain or (loss)	<u></u>					
	d	Net gain or (loss) .		>				
e	8a	Gross income from fu	ındraising					
venue		events (not including \$						
ě		of contributions report	ed on line 1c).					
<u>~</u>		See Part IV, line 18 .						
Other Re	ь	Less: direct expenses	s.,, b					
	С	Net income or (loss) f	rom fundraising	events . ►				
	9a	Gross income from ga						
		See Part IV, line 19 .						
	Ь	Less: direct expenses						
	_ C	Net income or (loss) f		vities >				
	ıva	Gross sales of in returns and allowance						
	l .	Less: cost of goods s			+			
	b	Net income or (loss) t						
		Miscellaneous F		Business Code				
	11a							
	b	~ ~ ~ 7 ~ P P P P P P P P P P P P F F F F F F F	***************************************					
	С							
	d	All other revenue .						
	е	Total. Add lines 11a-		>				
	12	Total revenue. See i	nstructions	<u> > </u>	218131		l	3711

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, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	95524	95524		
9 10	Other employee benefits	***************************************			
11 a	Fees for services (non-employees): Management				
b	Legal	18662	18662		
d	Accounting				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	1718	1718	***************************************	
13	Office expenses	1828 1571	1828 1571		•=====================================
14	Information technology	19/1	10/1		~ <u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>
15 16	Royalties	12396	12396		
17	Travel	40844	40844		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	9616	9616		
20	Interest			· · · · · · · · · · · · · · · · · · ·	
21	· -•				
22 23	Depreciation, depletion, and amortization . Insurance	1020	1020		
24	Other expenses, Itemize expenses not covered	TOEG	1020		
24	above (List miscellaneous expenses in line 24f. If				100
	line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O.)				
а	Memberships	1000	1000		
b	Donations	3500	3500		
C	***************************************				
d	WESHINGS OF THE STATE OF THE ST				
6 f	All other expenses	<u> </u>		 	
25	All other expenses Total functional expenses. Add lines 1 through 24f	187679	187679		
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	107079	137079		

Pá	ert X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	34456	1	112891
ļ	2	Savings and temporary cash investments	400000	2	350000
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	20504
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
ts	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	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
:	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	·····
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	404450	15	402205
	16	Total assets. Add lines 1 through 15 (must equal line 34)	434456	16 17	483395 18487
	17	Accounts payable and accrued expenses	<u></u>	18	10467
	18 19	Grants payable		19	
	20	Tax-exempt bond liabilities		20	
G	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	***************************************	21	
E e	22	Payables to current and former officers, directors, trustees, key			
Liabilities		employees, highest compensated employees, and disqualified persons.			
Ľ.		Complete Part II of Schedule L	20000000000000000000000000000000000000	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		25	
	26	Total liabilities. Add lines 17 through 25		26	18487
Ses		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets	434456	+	464908
Ва	28	Temporarily restricted net assets		28	
nd	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
ş	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
¥	32	Retained earnings, endowment, accumulated income, or other funds .		32	
ž	33	Total net assets or fund balances	434456	+	464908 483395
	34	Total liabilities and net assets/fund balances	434456	34	Form 990 (2010

D	-4	•
Page		4

-oim aa	0 (2010)			Га	yo 12
Part					
	Check if Schedule O contains a response to any question in this Part XI		• • •		
	Tatal revienus (must acual Part VIII, column (A), line 12)	1		21	8131
1	Total revenue (must equal Part VIII, column (A), line 12)	2			7679
2	Total expenses (must equal Part IX, column (A), line 25)	3			0452
3	Revenue less expenses. Subtract line 2 from line 1	4	······		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	5		43	4456
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
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		46	4908
Part	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 Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	day with a survivor	✓
Ь	Were the organization's financial statements audited by an independent accountant?		2b		1
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	ersight			
_	of the audit, review, or compilation of its financial statements and selection of an independent account		2c		ĺ
	If the organization changed either its oversight process or selection process during the tax year, ex				
	Schedule O.				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the ye	ar were			
	issued on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in	25.25.25.249.00.00		
,	the Single Audit Act and OMB Circular A-133?		3a		1
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo the			
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3ь		
			Fori	п 990	(2010)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047 2010

Employer identification number

84-0583125

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization 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.

Public Lands Council	84-0583125
Form 990, Part VI, Section B, Line 11b: A copy of the Form 990 was provided to the organization's go	verning body for review and
	verning body for review and
approval prior to it's filing.	
Form 990, Part VI, Section C, Line 19: The organization makes its governing documents and financial	statements available to the public
upon request.	

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	***************************************

4/20/10

OMB No. 1545-1150 ------

5/12/10 5124/10 <u>ぺぴて</u>いん~ E A

**Short Form** 

Department of the Treasury

Form **990-EZ** 

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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

Open to Public

Inter	nal Revent	ue Service		The organization may have to	use a copy of this retui	rn to satisty state report	ing requireme	ents.		
ΑĪ	For the	2008 calend	ar year	, or tax year beginning	October 1	, 2008, and en	ding	Septembe	r 30	, 20 09
В	Check if ap	applicable: Please C Name of organization D Employer								fication number
	Address c	hange	84		0583125					
	Name cha	- 1	E Telephone	e num	ber					
	initial retu		( 303 )	.,	771-3500					
******	Terminatio		See Specific	9785 Maroon Circle  City or town, state or country			360			
	Amended		Instruc-	Centennial, CO 80112-2			- 1	F Group Ex		
	Application		tions.					Number		
	• Section	on 501(c)(3)	_	ations and 4947(a)(1) nonex npleted Schedule A (Form 9		usts must attach	1	inting methol (specify) 🕨	d: [	Cash 🛭 Accrual
1	Websit			janization is <b>not</b> iule B (Form 990,						
J	Organiz	ation type (	check or	niy one) — 🗹 501(c) ( <b>5</b> ) <b>∢</b> (	(insert no.) 🔲 494	17(a)(1) or 🔲 527	990-E	Z, or 990-PF	).	
				on is not a section 509(a)(3) suization chooses to file a return			pts are norr	naily <b>not</b> mor	e thar	n \$25,000. A return is
				ne 9 to determine gross receipt			ead of Form	990-EZ ▶	\$	217,172
	art I			enses, and Changes in			***************************************			
	1								1	4755
	1		. •	s, grants, and similar amour				1 -		47 33
	2	_		revenue including governn						004004
	3			s and assessments				3		204094
	4	Investmen	t incom	ne , , , , , , , , ,				4		8323
	5a	Gross amo	ount fro	om sale of assets other that	an inventory					
	b	Less: cost	or oth	er basis and sales expens	es . ,	. , <u>5b</u>				
-	С	Gain or (los	s) from	sale of assets other than in	ventory (Subtract li	ne 5b from line 5a) (	attach sch	edule). 5	c _	
ž	6			ivities (complete applicable parts o				250000		
Revenue	а		enue (n	ot including \$	of contr	ributions				
_				•					(critisinti	
		b Less: direct expenses other than fundraising expenses								
	7a								156	
	1 .					76				
	b	Less: cost			. , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·	*****	7	C	
	C			oss) from sales of inventor				,	3	
	8 9	Other reve	onue (u	escri <b>b</b> e ► \dd lines 1, 2, 3, 4, 5c, 6c	√7c and 8			/  -}	•	217172
,	<del></del>								0	11114
	10			ar amounts paid (attach so						
	11			or for members				1		420000
šės	12	Salaries, o	other co	ompensation, and employe	∍e benefits					132680
Expenses	13	Profession	nal fees	and other payments to ir	ndependent contra	actors			3	
홋	14	Occupand	y, rent	, utilities, and maintenance	a				4	39620
ш	15	Printing, p	ublicat	tions, postage, and shippir	ng				5	237
	16			(describe > Travel/Meet	ings 57730, Offic	e/Legal Exp 4760,	Gifts 106	<u>50</u> ) 1	6	73140
	17	Total exp	enses.	Add lines 10 through 16				<u>, . 🕨   1</u>	7	245677
Ŋ	18	Excess or	(defi <b>c</b> i	t) for the year (Subtract lin	ne 17 from line 9),			1	8	-28505
Assets	19			nd balances at beginning	·			888		
As				re reported on prior year's					9	501736
Net	20	Other cha	ınaes ir	net assets or fund balan	ces (attach explar	nation)		2	0	
Z	21			nd balances at end of year					1	473231
E	art II			ts. If Total assets on line 2						of Form 990-EZ.
- Bulli				See the instructions for Pa		, , , , , , , , , , , , , , , , , , , ,	·····	ginning of yea	······	(B) End of year
^	n 0	- میلادی						503906		473231
		sh, savings,				· · · · · · ·			23	., 0201
2									24	
		,		e <b>&gt;</b>				503906		470004
_		al assets				<i></i>				473231
_	6 Tot	al liabilities	(descr	ibe ► alances (line 27 of colum	- (D)	)		2170	_	, , , , , , , , , , , , , , , , , , ,
_2	7 Net	assets or	tund b	alances (line 27 of colum	n (ਖ਼) <b>must</b> agree '	with line 21)		501736	27	473231

r-orr	n 990-EZ (2008)					Page Z
	Statement of Program Service Accom	plishments (See the instr	uctions for Part I	II.)		Expenses
W/h	at is the organization's primary exempt purpose?	romote grazing on federa	l lands for livesto	ck industry	(Req	uired for 501(c)(3)
Dos	scribe what was achieved in carrying out the organiza	tion's exempt purposes. In	a clear and conci	ee manner	and	(4) organizations 4947(a)(1) trusts;
des	scribe what was achieved in carrying out the diganiza	nefited or other relevant info	rmation for each or	rogram title.	optic	onal for others.)
	· · · · · · · · · · · · · · · · · · ·					
28						
	**************************************	.,,-,-				
	(Grants \$ ) If this amount inclu-	udes foreign grants, check	here	. > 🗆	28a	
20						
23						
	**************************************				00-	
	(Grants \$ ) If this amount inclu-				29a	
30			******	~~~~	]	
		,				
	(Grants \$ ) If this amount inclu	udes foreign grants, check	here	, ▶ □	30a	
31						
	(Grants \$ ) If this amount inclu				31a	
30	Total program service expenses (add lines 28a th	rough 31s)	11010 , , , ,		32	
	Total program service expenses (add lines 20a til	Todyli 3 (a)		1 (0 - 11 - 1 -		
	art IV List of Officers, Directors, Trustees, and Key					
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contributio employee benefit	ns to nians &	(e) Expense account and
	(4, (14, 11)	devoted to position	enter -0)	deferred compe		other allowances
Sk	ye Krebs	President / Part-time				
73	654 Hwy 74, Ione, OR 97843	1 Tosidetti / Tart-time	0		0	0
	1 F-1					
	onn Falen DB 132, Orovada, NV 89425	Vice Pres / Part-time	0		0	0
	······································		<u> </u>			<u> </u>
	ice Lee	Secretary/Treasurer		The state of the s		
	0 County Road #119, Hesperus, CO 81326	Part-time	0		0	0
Je	ff Eisenberg	Executive Director				
13	01 Pennsylvania Ave, Washington, DC 20004	20 hrs	92730		0	0
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Par	Other Information (Note the statement requirements in the instructions for Part VI.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓_
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		✓_
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓_
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		✓_
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ [37a] 0		190	
	Did the organization file Form 1120-POL for this year? ,	37b	23355230	<b>√</b>
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? If "Yes" complete Schedule I. Part II and enter the total amount involved.	38a		<u> </u>
	if res, complete defedule E, rait if and effect the total amount involved			
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities	7		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶; section 4912 ▶; section 4955 ▶			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule			
	L. Part I	40b		
_	Enter amount of tax imposed on organization managers or disqualified persons during			
·	the year under sections 4912, 4955, and 4958			
d	Enter amount of tax on line 40c reimbursed by the organization			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		<b>✓</b>
41	List the states with which a copy of this return is filed. ► None			
42a	The books are in care of ▶ American Sheep Industry Association Telephone no. ▶ (303)	) 7: 80112:	71-35 -2692	
b	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)?	42b	Yes	No ✓
	If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<u></u>	✓_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			136	T
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	Yes	No √
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		
	F	orm <b>99</b>	0-EZ	(2008)

Р	age	4

Par	t VI	Section 501(c)(3) organizations only. and complete the tables for lines 50 ar		)(3) organizat	ions mu	st ar	nswer questio	ons 40	5–49			
46		e organization engage in direct or indirect p lates for public office? If "Yes," complete Se						46	Yes	No		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II											
48	· · · · · · · · · · · · · · · · · · ·											
49a Did the organization make any transfers to an exempt non-charitable related organization?												
b		s," was the related organization(s) a section						49b		<u> </u>		
50	Compl each r	lete this table for the five highest compensate eceived more than \$100,000 of compensati	ated employees (other ion from the organiz	er than officers ation. If there i	s, director s none, e	rs, tru enter	ustees and key "None."	emple	oyees	s) who		
	(a) Na	ame and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position		pensation	emplo defe	Contributions to byee benefit plans & rred compensation	acc	Expenount a allowa	nd		
						ļ						
	****											
Toto	d pumb	er of other employees paid over \$100,000				_						
51		lete this table for the five highest compensations from the organization. If there is no		ntractors who	each rec	eivec	d more than \$1	00,00	O of			
		(a) Name and address of each independent contractor	paid more than \$100,000		(b) T	ype of	service	(c) Co	npens	ation		
	~ ~ ~ ~ ~ ~ ~ ~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~										
						·····			***************************************			
	****		· · · · · · · · · · · · · · · · · · ·		······································							
	*****	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~							************************			
Tota	al numb	per of other independent contractors each re	eceivina over \$100.0	100 •				·····				
-		Under penalties of perjury, I declare that I have exami and belief, it is true, correct, and complete. Declarat	ined this return, including	accompanying so	hedules and I on all info	d state rmatio	ments, and to the n of which prepare	best of er has a	my kno	wledge wledge.		
Sig	n											
Her		Signature of officer				Date			*************			
		Brice Lee, Secretary/Treasurer  Type or print name and title.				<u> </u>						
Paid	1	Preparer's signature	· · · · · · · · · · · · · · · · · · ·	Date	Check if self- employed	<b>▶</b> □	Preparer's Identifying	j Number	(See in:	structions)		
	parer's	Firm's name (or yours	***************************************	L.,,,	Jinproyed	EIN	<b>-</b>	·····				
	Only	if self-employed), address, and ZIP + 4				ļ	e no. ► ( )					
May	/ the IR	S discuss this return with the preparer show	wn above? See inst	uctions .			<u>, , , .</u>		es [	<u>No</u>		
								-arm Q(	ነበ-ሥ	7 rannav		

Page	4
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OITH 330"LE (2												
Part VI	Section 501(c)(3) organizations only. and complete the tables for lines 50 ar	All section 501(c)(3) nd 51.	) organizations m	nust answer question								
16 Did the	e organization engage in direct or indirect po	olitical campaign activi	ities on behalf of o	r in opposition to	46	Yes	No					
	lates for public office? If "Yes," complete So				47							
7 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II												
19a Didth												
<b>b</b> If "Yes	s," was the related organization(s) a section	527 organization? .			49b		<u></u>					
50 Comp each r	lete this table for the five highest compensa received more than \$100,000 of compensation	ted employees (other to on from the organization	than officers, direction. If there is none	tors, trustees and key , enter "None."	emplo	yees	) who					
(a) N	arne and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	n (d) Contributions to employee benefit plans & deferred compensation	(e) E acco other a	expens ount ar allowar	nd					
							<del></del>					
						·-·-						
T 1 1	£ -11											
	er of other employees paid over \$100,000 🕨				100.000	) of						
	plete this table for the five highest compensation from the organization. If there is no		tractors who each i	eceived more than \$	100,000	וט כ						
Comp	•											
	(a) Name and address of each independent contractor	paid more than \$100,000	(t	) Type of service	(c) Cor	npens	ation					
					····							
~,												
				V .								
							***************************************					
Total num	ber of other independent contractors each r	eceiving over \$100,000	0 ▶									
	Under penalties of perjury, I declare that I have exam and belief, it is the prices and complete. Declare	ined this cature, including ac	selubedos privas remocas	and statements, and to the nformation of which prepa	e best of rer has a	my kni ny kni	owledge owledge					
Sign	1///				7							
Here	Signature of officer			Date	//.							
	Mice Lee, Secretary/Treasurer			2/7/	// [							
	Type or print name and title.		Chaols	4 15 111 111		/O - 1-						
Paid	Preparer's signature	D	Date Check self- employ		ng Number	(See in	STUCTION					
Preparer's Use Only	Firm's name (or yours		1 335	EIN >								
-	if self-employed), address, and ZIP + 4			Phone no. ► (			<u> </u>					
May the II	RS discuss this return with the preparer sho	wn above? See instru	ctions . ,			Yes						
					Form 9	フリット	<b>~</b> (200)					

Form **990-EZ** 

Department of the Treasury

# Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2009

Open to Public Inspection

		ue Service	<u> </u>	The organization may have to use a copy of this retain to eaterly dutie rop duting the			20	40			
A F	or the	2009 calend	ar year,	or tax year beginning October 1 , 2009, and endin				10			
<b>B</b> c	heck if a	applicable:	Please	D Employer	oyer identification number						
=	ddress (	~	use IRS label or	Public Lands Council			83125				
=	lame ch	-	print or	Number and street (or P.O. box, if mail is not delivered to street address) Room/suit	te E Telephon						
=	nitial retu erminat		type. See	9785 Maroon Circle 360		303-77	71-3500				
물	mende		Specific Instruc-	City or town, state or country, and ZIP + 4	F Group E	xempti	ion				
-		on pending	tions.	Centennial, CO 80112-2692	Number			·			
_	·		orazni	ations and 4947(a)(1) nonexempt charitable trusts must attach G A	ccounting Metho	od: 🔲	Cash 🗹 Ad	ccrual			
	• 360		a col	acrosso ansa na se textas securitires is	Other (specify)						
		e orgal	nization is <b>no</b>								
I Website: ► N/A required to attach Schedule B (Form 990,											
			/obook o		90-EZ, or 990-P			•			
		empt status (	(CHECK O	zation is not a section 509(a)(3) supporting organization and its gross receipts			han \$25,000.				
K	heck	► L If th	ne organi	turn is not required, but if the organization chooses to file a return, be sure to	n file a complete	return					
	orm s	990-EZ or Fori	m 990 re	turn is not required, but if the organization chooses to line a rotality be some	n 990-F7 ▶	\$	2	06,105			
		es 5b, 6b, and	/b, to lin	e 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Forn penses, and Changes in Net Assets or Fund Balances (See	the instruction						
	art I	Revent	Je, EX	ielises, and Changes in Net Assets of Fand Balances (ess			7	7956			
	1	Contributi	ons, gif	ts, grants, and similar amounts received							
	2	Program s	service	evenue including government fees and contracts				194292			
	3			s and assessments	· · · · ·	1		3857			
	4	Investmer				<b>*</b> Value					
	5a			m sale of assets other than inventory 5a							
	b	Less: cos	t or oth	er basis and sales expenses							
4	C	: Gain or (lo	oss) froi	n sale of assets other than inventory (Subtract line 5b from line 5a)		C					
ž	6			tivities (complete applicable parts of Schedule G). If any amount is from gaming, check	k nere ► 🔲 📗						
Revenue	a			ot including \$ of contributions	135						
æ				l) <u>  6a  </u>							
	b	Less: dire	ct expe	nses other than fundraising expenses 6b							
	c	Net incon	ne or (lo	ss) from special events and activities (Subtract line 6b from line 6a)	6	ic					
	7a	Gross sal	es of in	ventory, less returns and allowances							
	l t	Less: cos	st of god	ods sold							
	0	Gross pro	ofit or (i	oss) from sales of inventory (Subtract line 7b from line 7a)		7c					
	8	Other rev			)	8					
	9	Total rev	enue.	Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<u> <b>&gt;</b>  </u>	9		206105			
	10	Grants ar	nd simil	ar amounts paid (attach schedule)		10					
	11			or for members		[1					
c)				ompensation, and employee benefits		12		88220			
Se	13			and other payments to independent contractors		13		43415			
xnenses	14			, utilities, and maintenance		14		22391			
X	15			tions, postage, and shipping	[	15		1908			
	16	Other evi	nenses	(describe ► Travel/Meetings 61879, Office Exp 3447, Gifts/Donations	23620 )	16		88946			
	17			Add lines 10 through 16		17		244880			
	40	Evcess	r (defic	t) for the year (Subtract line 17 from line 9)		18		(38775)			
Net Assets	19	Net asse	ets or fi	nd balances at beginning of year (from line 27, column (A)) (must	agree with						
Ű		end-of-v	ear figu	re reported on prior year's return)	[	19		473231			
4	200			n net assets or fund balances (attach explanation)		20					
Ž	20	Not seen	te or fu	ad balances at end of year. Combine lines 18 through 20	▶ □	21		434456			
	Part	Rajan	ce She	tets. If Total assets on line 25, column (B) are \$1,250,000 or more, f	ile Form 990 in	stead	of Form 99	0-EZ,			
	U: U			(See the instructions for Part II.)	(A) Beginning of y	ear	(B) End of y	year			
	<b>.</b>	Cook sovies	-	investments	473	231 2	2	434456			
				nivestments		2					
						2					
	24	Other assets	s (aescr	ibe▶	473	231 2		434456			
				, , , , , , , , , , , , , , , , , , ,		2					
	26	Total liabilit	ues (de	balances (line 27 of column (B) must agree with line 21)	473	231 2	<del></del>	434456			
- 2	27	Net assets	or junc	paratives (fille 21 of committy) indistaglice with mic 21)	-710		<u> </u>				

	990-EZ (2009)	-lishmanta (Coo the inetal	otions for Dort III	1	1	Page Z
Vhat Desc	Statement of Program Service Accome to the organization's primary exempt purpose? The what was achieved in carrying out the organization of the services provided, the number of the services provided, the number of the services provided.	Promote grazing on federal lanization's exempt purpos	ands for livestock in es. In a clear and	ndustry. d concise	501(c)( organi	Expenses red for section 3) and 501(c)(4) zations and section
	ner, describe the services provided, the number of program title.	or persons benefited, and o	ther relevant inton	nation for	4947(a	)(1) trusts; optional
					101 0111	6131/
28						
	(Grants \$ ) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	28a	
29				***************************************		
	(Grants \$ ) If this amount	includes foreign grants, che	eck here	. <b>&gt;</b> 🗆	29a	
30	***************************************					
	(Grants \$ ) If this amoun	t includes foreign grants, che	eck here	▶□	30a	
31	Other program services (attach schedule)					
	(Grants \$ ) If this amoun	t includes foreign grants, ch	eck here	. ▶ 🗆	31a	
	Total program service expenses (add lines 28a	through 31a)			32	· · · · · · · · · · · · · · · · · · ·
Par	t IV List of Officers, Directors, Trustees, and Ke		/en if not compensation	ted. (See the		(e) Expense
	(a) Name and address	(b) Title and average hours per week devoted to position	(If not paid, enter -0)	employee benefi deferred compe	t plans &	account and other allowances
	e Krebs 54 Hwy 74, Ione, OR 97843	President / Part-time	0		0	0
*****	n Falen 3 132, Orovada, NV 89425	Vice Pres / Part-time	0		0	0
Bric	e Lee	Secretary/Treasurer / P.T.	_			
~~~~~	County Road #119, Hesperus, CO 81326	<u> </u>	0	***************************************	0	0
	Eisenberg 1 Pennsylvania Ave, Washington, DC 20004	Exec Director / 20 hrs	82,582		0	0
••••••						
			}			
				<u> </u>		

					• • • • • •	

Part	Other Information (Note the statement requirements in the instructions for Part V.)	т.		
22	Did the appropriation are not in the province of the province of the IBSO If "You" attach a detailed		Yes	No
	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year?	35b 36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0	90.000		
ь 38а	Did the organization file Form 1120-POL for this year?	37b 38a	\$1.5% (S	_ - /
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	Jua	44.54	SEAL O
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9	13.00		
b	Gross receipts, included on line 9, for public use of club facilities	2000		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b		
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		/
41	List the states with which a copy of this return is filed. ▶ None			
42a	The organization 5 books are in said of the said of th	303-77		
_	Located at ▶ 9785 Maroon Circle, Suite 360, Centennial, CO ZIP + 4 ▶	80112	2-2092	:
b	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		Ves	No
	account)?	42b		1
	If "Yes," enter the name of the foreign country: ▶	1		193.5
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			800.41
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<u> </u>	✓
	If "Yes," enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	•	>
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	163	/
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		Ž
		rm 99	^ E7	<u> </u>

Part V	Section 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	e ction 4947(a)(1) none 7(a)(1) nonexempt chari d 51.	xempt charitabl table trusts must	e trusts only. Al answer question	I secti ns 46-	on 49b
					Υ	es No
	•			1	46	
						
50	omplete this table for the organization's five his	thest compensated emplo	vees (other than o	fficers, directors, t		and kev
	employees) who each received more than \$100,0	000 of compensation from	the organization.	there is none, en	ter "No	ne."
		(b) Title and average	(c) Compensation	(d) Contributions to	(e) E	xpense
	than \$100,000	devoted to position		deferred compensation		
None			***			
				<u> </u>		
				pe of service	(c) Con	pensation
None						

	44-1-4					
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	**************************************			
	\$50 ((c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46- and complete the tables for intens 50 and 55.  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					
	501(c)(3) organization and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49t and complete the tables for lines 50 and 51 complete the tables for lines 50 and 51 complete Schedule C, Part I					
	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete. Declaration	ned this return, including accomp n of preparer (other than officer) is	anying schedules and st s based on all informatio	atements, and to the bon of which preparer has	est of my s any kno	knowledge wledge.
Sign	1/2/1/			3/19	///	,
пете	Signature of officer			Date	,	
		15.	Ch-st. If	Preparer's Identifying n	umber /9^	 e instructionel
Paid	Preparer's signature	Date	Check if self- employed ► [	Treparer s memaying n	1200 126	o monuciono)
Prepa	rer's Firm's name (or		·····	<u>-1 </u> IN ▶		
Use O				IN ► /hone no. ►		
Mav t	the IRS discuss this return with the preparer show	vn above? See instruction	~~~		☐ Yes	□ No
<u>-</u>	The state of the s					<b>0-EZ</b> (200

#### COMMITTEE ON NATURAL RESOURCES

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

Subcommittee on Public Lands and Environmental Regulation Legislative Hearing on H.R. 1345 (Gosar), the "Catastrophic Wildfire Prevention Act of 2013." April 11, 2013

<ol> <li>Name:</li> <li>Address:</li> <li>Email Address:</li> <li>Phone Number:</li> </ol>
3. Email Address:
4. Phone Number:
* * * *
For Witnesses Representing Organizations:
1. Name: P. Andrew Groseta
2. Name of Organization(s) You are Representing at the Hearing: Arizona Cattle Growers' Association (ACGA) & Public Lands Council (PLC)
3. Business Address: [Information redacted for privacy]
4. Business Email Address: [Information redacted for privacy]
5. Business Phone Number: [Information redacted for privacy]

For Individuals:

#### For all Witnesses

Name/Organization: Andy Groseta/ Public Lands Council and Arizona Cattle Growers' Association Title/Date of Hearing: Sub. on Public Lands and Environmental Regulation's Leg. Hrg. on H.R. 1345

- a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing. University of Arizona:
- B. S. in Agricultural Education/B.S. in Animal Science; Masters in Agricultural Education
- b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

Member – Society for Range Management

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

Public Lands Rancher: United States Forest Service Permit

d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> or the <u>U.S. Department of Agriculture</u> that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

#### None

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

#### None

f. A list of all federal lawsuits filed against you by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

#### None

g. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

#### **Witnesses Representing Organizations**

Name/Organization: Andy Groseta/ Public Lands Council and Arizona Cattle Growers' Association Title/Date of Hearing: Sub. on Public Lands and Environmental Regulation's Leg. Hrg. on H.R. 1345

h. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

NCBA: Past President, Federal Lands Chairman ACGA: President, Federal Lands Chairman

PLC: Member

i. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> or <u>the U.S. Department of Agriculture</u> that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

ACGA - Challenge Cost Share Agreement United States Forest Service: \$60,000 2007-2009

ACGA - Contribution Agreement USDA/Natural Resource Conservation Service: \$225,000 2007-2012

j. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

PLC – Federal Forest Resource Coalition et al v. Thomas Vilsack, Secretary USDA – 2012 (USFS Planning Rule, DC District Court)

k. A list of all federal lawsuits filed against the organization(s) you represent at the hearing by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

#### None

l. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

990's have been provided to the Subcommittee.

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treesury Internal Revenue Service

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

· A	For the	2010 calendar year, or tax year beginning $JUL_1$ , $2010$ and en	nding J	UN 30, 20	)11	
В	Check if applicable	C Name of organization		D Employer ide	antificati	on number
	Addres change	ARIZONA CATTLE GROWERS ASSOCIATION				
	Name change	Doing Business As		86	5-000	2290
	initial return Termin- ated	Number and street (or P.O. box if mall is not delivered to street address)  1401 N. 24TH ST.	oom/suite	E Telephone nu 6 0		7-1129
Ļ	Amende	City or town, state or country, and ZIP + 4		G Gross receipts \$		482,512.
بينها ٠	Application pending	PHOENIX, AZ 85008		H(a) is this a gro	up retur	)
	bettollig	L Mattle and address of blueibar olicet. The POC TIME	008	for affiliates	-	Yes X No
		npt status: 501(c)(3) X 501(c) ( 5 ) (Insert no.) 4947(a)(1) or				(see instructions)
		: ► N/A		H(c) Group exer	nption nu	mber 🟲
K	Form of o	rganization: Corporation Trust X Association Other	L Year o	f formation: 192	4 M Sta	ite of legal domicile: A 2
P	signatura ha in proper principality	Summary				
Activities & Governance	1 B	riefly describe the organization's mission or most significant activities: $\overline{ ext{TO}}$ $\overline{ ext{PRC}}$	OAIDE	EDUCATIO	N AB	OUT THE
E.	2 C	heck this box 🕨 🔃 if the organization discontinued its operations or disposed			et assets	S
Š	3 N	umber of voting members of the governing body (Part VI, ine 1a)			3	2.6
ඉද	4 N	umber of independent voting members of the governing good (Red Visine 1b)		อ <i>ก</i> ก็อะกรพลเพลา ค่องกับสัญญา (สุดเล	4	26
ES	5 T	otal number of individuals employed in calendar year 2010 (Part Viline Val) otal number of volunteers (estimate if necessary) otal unrelated business revenue from Part VIII, column (C), line 12	A ANS	andassassa pagegaar gpáge	5	Ç
Į.	15 Ta	otal number of volunteers (estimate if necessary)	N. 7 ( ) A	Marian da santa	6	26
Ş	7 a To	otal unrelated business revenue from Part VIII, column (C), line 12	itania a tanàna iva d		7a	31.
	b N	et unrelated business taxable income from Form 990-T, line 34	********		7b	0.
				Prior Year		Current Year
9	8 C	ontributions and grants (Part VIII, line 1h)	*****	215,11	9.	249,423.
Revenue	9 P	ogram service revenue (Part VIII, line 2g)		200,21		109,510.
20	10 In	Vestment Income (Part VIII, column (A), lines \$, 4, and 7d)		18	4.	31.
	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	· · · · · · · · · · · · · · · · · · ·	161,94	6.	115,313.
(Calculations)	12 To	otal revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u></u>	577,45		474,277.
	13 G	rants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.
	14 B	enefits paid to or for members (Part IX, column (A), line 4)		***************************************	0.	0.
Ø	15 Sa	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>		0.	0.
Expenses	16a Pr	ofessional fundralsing fees (Part IX, column (A), line 11e)			0.	0.
, <u>p</u>	b fc		) <u>.</u>			
- 144	17 Ot	her expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		587,32		515,495.
	18 To	tal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	****	587,32		515,495.
2.0	19 Re	evenue less expenses. Subtract line 18 from line 12		-9,86		-41,218.
is or	4		2	nning of Current Y		End of Year
Net Assets Fund Balan		tal assete (Part X, line 16)		249,44		268,638.
TO U	F	tal llabilities (Part X, line 26)		34		60,763.
		t assets or fund balances. Subtract line 21 from line 20		249,09	3.	207,875.
		Signature Block				
unat	or ponatuo	s of portury, I declare that I have examined this return, including accompanying schedules an	id, Stäterneri	its, and to the best	of my knot	wiedge and belief, It is
iine.	correct, a	nd complete. Declaration of preparer (other than officer) is based on all information of which	preparet h	as any knowledge.		Mania Cara Cara Cara Cara Cara Cara Cara Ca
<b></b>		Signature of officer		Data		
Sign		MR. DOC LANE		Date		
Hen		Type or print name and title				
; <del>************</del>	l P	1	.a. Dat	e, Oneck		DTO
Paid		int/Type preparer's name AICHELLE FLYNN	PA Dal	1 2 1 1	·	PTIN
Prop		mis name > WALLACE, PLESE + DREHER, LIP	11 11/	Line 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	nployed	
Dia:		m's address > 3933 S. MCCLINTOCK DR., STE 500	*	1 Firm's EIN	<u> </u>	
nėn i	entà [1]	TEMPE, AZ 85282		ļ	1200	(\ ^) / E / / / / / / / / / / / / / / / / /
B/Acc	tho IDC	discuss this return with the preparer shown above? (see instructions)		Phone no.	(480	The latest the same of the sam
MISIA	the IDO	pecos this return with the preparer shown above? (see instructions)				X Yes No

Cheek if Schoolable Controlling Response to My question in his Part is  Cheek if Schoolable Controlling Response to My question in his Part is  Friend (searche that agreement and analysis)  TO PROVIDE EDUCATION ABOUT THE CATTLE INDUSTRY.  3. Did the organization undertake any significant program convices during the year which were not listed on the prior from 900 or 990-E27  If Year is described the earner exclusion on Schoolab Co.  But the organization repeat conducting, or make significant changes in how it conducts, any program services?		orn 990 (2010) ARIZONA CATTLE GROWERS ASSOCIATION	86-0002290 Page
TO PROVIDE EDUCATION ABOUT THE CATTLE INDUSTRY.  2	3	anting Statement of Program Service Accomplishments	3,000
TO PROVIDE EDUCATION ABOUT THE CATTLE INDUSTRY.  2	-	Check if Schedule O contains a response to any question in this Part III	
If Yes Caccine these new services on Schedule C.  If Yes Caccine these new services on Schedule C.  If Yes Caccine the second conducting or make significant changes in how it conducts, any program services?  If Yes Caccine the exempt purpose achievements for each of the organization's three largest program services by expenses. Sections (1)(2)(3) and \$51(c)(4) organizations and section 4947(c)(1) masts are required to report the amount of grants and allocations to others, the total expenses and reviews by expenses. Sections (1)(2)(3) and \$51(c)(4) organizations and section 4947(c)(1) masts are required to report the amount of grants and allocations to others, the total expenses and reviews by expenses. Sections (1)(2)(3) and \$51(c)(4) organizations and section 4947(c)(1) masts are required to report the amount of grants and allocations to others, the total expenses and section 4947(c)(1) masts are required to report the amount of grants and allocations to others, the total expenses \$ including grants of \$ )/(Revenue \$ )  PROVIDED EDICATIONAL AND PROMOTIONAL INFORMATION TO CATTLE GROWERS AND THE GENERAL PUBLIC.  Codes )(Expenses \$ including grants of \$ )/(Revenue \$ )  PROVIDED PUBLICATIONS TO CATTLE GROWERS AND THE GENERAL PUBLIC TO DISSEMINATE INFORMATION PERTINENT TO THE CATTLE INDUSTRY.	1		30.000
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Total program service expenses ▶		Expenses \$ including grants of \$ \(\frac{1}{1/2}\rm \frac{1}{2}\rm	A The state of the
	,	Total program service expenses	)

	is the organization described in section 501(c)(3) or 4947(c)(1) (other than a private foundation)?		Yes	No
	If "Yes," complete Schedule A		ŀ	
4	If "Yes," complete Schedule A list the organization required to complete Schedule B, Schedule of Contributors?	. 1	-	X
ź	i und the greatment engage in direct of indirect political cambalon activities on behalf of or in promittents and units the	1	X	
.4	THE PERSON OF THE PERSON OF THE STREET OF TH			X
.5	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	. 4	1	<u> </u>
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III			
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	5	X	ļ
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part			
7	Liid the organization receive or hold a conservation easement, including easements to present appearance	1000		X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	ر في		
8	bid the organization maintain collections of works of art, historical treasures, or other similar assets? If "You I complete	1 12		X
9	Schedule D. Part III  Did the organization report an amount in Part X, line 21; serve as a oustodian for amounts not listed in Part X; or provide	8		X
	credit counseling, debt management, credit repair, or debt negotiation services? # "Yes," complete Schedule D. Part IV			
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	9		X
·	If "Yes," complete Schedule D, Part V			
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	10	1	X
	as applicable.			
-5	Did the organization report an amount for land, buildings, and equipment in Part X. line 109 # "Ves " operates Schodule D			\$4000z
· E	Part VI  Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total	11a	X	
•	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII			
Ŕ	Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more of its total	11b		X
	assets reported in Part X, line 167 if "Yes," complete Schedule D, Part VIII			
Ű	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	11c	X	<del> </del>
	Part X, line 167 If "Yes," complete Schedule D, Part IX			NE'R
e	The support and all all all all all all all all all al	110		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footbate that suggests	11e		X
	the organization's habitary for uncertain tax positions under RN 48 (ASC 740)9 if "Mes." complete Reported D. Door V.	عددا	х	
12a	bid the digardation obtain separate, independent audited financial statements for the for Moor? If when it comments	171	- A.	<del></del> .
	Schedule U, Paris XI, XII, and XIII	12a	Х	
þ	The the state of the second of the construction of the second of the sec	1460	*	
	If "Yes," and if the organization answered "No" to line 12a, then completing Scheriula D. Porte VI. VII. and VIII is a final	126		X
13	is the brigatization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete School to E	13		X
74a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	is the organization have aggregate revenues of expenses of more than \$10,000 from great motion for decision by		······································	4.4:
	and program service activities outside the United States? If "Yes," complete Schedule F. Perte Land U.	146	:	X
15	Dig the organization report on Fan IX, column (A), the 3 more than \$5,000 of practs or application and applications to any applications.			
	or entry located outside the United States? If "Yes," complete Schedule F. Parts II and IV	15	- 1	X
16	District organization report on Part IA, Column IA). Inte 3, more than \$5,000 of apparatus according to the standard or the st		*	<del>-111</del>
يد ن	ideated buside the United Statesy if "Yes," complete Schedule F, Parts III and IV	16	- 1	X
17	pio the organization report a total of more than \$15,000 of expenses for professional fundrations continue to the			and the second
	column (A); lines 8 and 11e? if "Yes; " complete Schedule G, Part i	17		X
18	and the organization report into that a contribution of the organization of the contribution of the contri			
19	te and 8a? If "Yes," complete Schedule G. Part II	18		X
	The trib organization report more than \$10,000 of 0,0055 income from namina activities on Dark VIII Ten her within a			
20a	complete Schedule G, Part III	19	X	
	and an adjustice that the product of those the product of the prod	20a		X
,,,	If "Yes" to fine 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
in the state of th	operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Checklist o			

United States on Part IX. Column (A), line 17th "Yes," complete Schedule, Partyl and it		21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		Yes	No
octurn (A), Ins. 27 if "Fee," complete Spiredities). Farts I and 3, 41 of a should compensation of the congalization answer Yes' to Part VII, Socioto A, line 3, 4, or 5 about compensation of the congalization around the confidence of the congalization and forther effices, differency futures, with an effective of the congalization from the congalization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the least day of the year, that was leaved after December 31, 2002? If "Yes," converse lines 240 through 24d and complete Schedule K If "Pot", pot to line 25  Did the organization have a tax exempt bonds beyond a temporary period exception?  Did the organization which an exercise executed of the exempt bonds beyond a temporary period exception?  Did the organization which a discontinuous and temporary period exception?  Did the organization and an "on behalf of Issuer for bonds outstanding associated and the year is defease any tox-exempt bonds of 10(4)3 and 50(4)30 and			Office States on Part IX, column (A), line 17.7f. "Yes," complete Schedule F. Parts Land II	24		1.0
22 X 23 Did the organization answer "Yes" to Part II. Socion A, line 3, 4, or 5 about compensation of the organization's current and sother diffices, directors, frustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 24a Did the organization have a tax-exempt bond issue with an outstanding smolph amount of more than \$100,000 as of the issue that the sex of the year, that was issued after December 31, 2002? If "Yes," arrayer lines 256 strongh 246 and complete Schedule K. If "No", yo fo line 25  3 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  4 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  5 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  6 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  7 Did the organization twest any proceeds of tax-exempt bonds beyond a temporary period exception?  8 Did the organization twest any proceeds of tax-exempt bonds beyond a temporary period exception?  9 Did the organization aware that it engaged in an access benefit interaction with a disqualified period of with a disqualified period in the propertion of a my of the organization are propertion of a my of the organization are prior period p		22	THE VIEW OF SECURIOR OF THE PROPERTY AND ADDRESS OF THE PROPERTY OF THE PROPER	1	<del>- </del>	1.A
and "comer officers, directors, trustees, key amployees, and highest compensated employees." "Yes," complete Schedule J. 24  24 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 24a through 24d and complete Schedule I. If "No.", por Line 25  b. Did the organization ministals on secrew account of there than a refunding secrew at any time during the year to delease any to the waverpix bond?  d. Did the organization ministals on secrew account of there than a refunding acrow at any time during the year to delease any to the derivation ministals on secrew account of the than a refunding acrow at any time during the year to delease any time during the year to delease any time during the year to delease any time decrease the complete schedule of the time are the delease any time during the year of the year? If "Yes," complete Schedule, I. Part I.  b is the organization act as an "on behalf of "issuef for bonds outernotting at any time during the year to delease any time during the year? If "Yes," complete Schedule, I. Part I.  b is the organization advant that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reperied on any of the organization are priore 300 or 900.EZT II. "Yes," complete Schedule I., Part II.  Was a lead to day the volvent or former offices, director, trustee, key employee, highly compensated employee, or desperitled person outstancing as or the end of the organization's tax year? If "Yes," complete Schedule II. Part IV  If the organization provide a grant or other assistance to an officer, director, fustee, key employee, with the part of the part of the organization are provided and the part of the following parties (see Schedule II., Part IV)  A family of which a current or former officer, chiestor, fustee, or key employee; it is a proper organization account or former		es en	GOIDHIT (FS), IND. 2.1. If FS), COMPlete Schedule I, Parts I and III	פפ		Y
Schedule /		23	The state of the s		1	***
23 X  24 Did the organization have a tax-exempt bond issue with an outstanding principal process process and the last ray of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and compute Schedule I. If "Not you be line 28 and you have the process of the last ray of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and compute Schedule I. If "Not you be line 28 and you have the process of the last ray to the computer of the process of the last ray to the computer of the process of the last ray to the computer of the process of the last ray to the computer of the last ray to the computer of the process of the last ray to the computer of the last ray of the organization and at an "on behalf of" issuer for bonds outstanding at any time during the year?  24d Did the organization act at an "on behalf of" issuer for bonds outstanding at any time during the year?  25d Section 501(c)(s) and 501(c)(			end to the transition of the control			1
isal day of the year, that was issued after December 31, 20027 if 17es, "amazer insect bit through 24d and complete Schedule K. if "No", go to line 28 and 18 and 1		04-	GOIEGNE O	23		X
Schedule K. If "No." po to line 25  Did the origanization invest any proceeds of tax exompt bonds beyond a temporary period exception? 245  Did the origanization partial in a section account other than a refunding section at our time during the year to defease any tax exempt bonds? 245  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d  Did the organization act the second of the organization engage in an excess benefit transaction with a disqualified parson further than the transaction bean reported on any of the organization with a disqualified parson in a prior year, and that the transaction bean of the sent engage in the second of the distribution of the organization with a disqualified parson in a prior year, and that the transaction bean of the organization are in the transaction bean of the organization are in the transaction bean of the organization are in the transaction and the organization are in the transaction and the organization are in the transaction and the organization are into the or		245	The first of the second property of the party of the part		1-	1
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c An entity of which a current or former officer, director, trustee, or key employee (or a feet, "corriplete Schedule I., Pert IV.  28b X  director, trustee, or direct or indirect owner? If "Yes," complete Schedule I., Part IV.  29c Did the organization receive more than \$25,000 in non-pash contributions? If "Yes," complete Schedule M.  29c Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30 Did the organization iliquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 391.7701.3? If "Yes," complete Schedule R, Part II.  31 Was the organization related to any tax-exempt or taxable entity?  32 If "Yes," complete Schedule R, Parts II, III, IV, and V, Ilno 1  33 Did the organization acontrolled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Ilno 2  34 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization.  38 Old the organization complete Schedule R, Part V, Ilno 2  39 Did the organization complete Schedule R part V, Ilno 2  30 Old the organization of complete Schedule R part V, Ilno 2  31 Ol		9	A current or former officer, director, trustee, or key employee? If "Yes " complete Patrollus 1, garage			
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If "Yes," complete Schedule II, Part V, line 2  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule II, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197  Note. All Form 990 filers are required to complete Schedule O  38 X			ection 512(b)(13)? If "Yes," complete Schedule P. Part V. Hee P.	,		
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Rote. All Form 990 filers are required to complete Schedule O	38	**	The state of the s	37	- 1	X
	******	<u>. N</u>	lote. All Form 990 filers are required to complete Schedule O			
				****		

18	Enter the number reported in Box 3 of Form 1096. Enter 0-if not applicable	[ 1a	4	6	Ye	s N
ŀ	Enter the number of Forms W-2G included in line ta, Enter O if not applicable	406		0		
	Did the organization comply with backup withholding rules for reportable payments to vendors an (gambling) winnings to prize winners?	d manar	toble conté a	-		
28	curtor are number of employees reported on rorm wood, fransmittal of Wade and Tax Statements	1		. <u>1c</u>	:   X	
	filed for the calendar year ending with or within the year covered by this return	· ·		0		
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax as	dime.	· .	V 888		
	mote: if the sufficiency lines by and 2a is greater than 250, you may be required to e-file, leser instruct	innei	enness en	. 2t	)   	
30	Did the organization have unrelated business gross income of \$1,000 or more diving the year?		70 27 43	. 3a	88 <b>1</b> 6000	X
,b	If "Yes," has it filled a Form 990-T for this year? If "No." provide an emplenation in School to O					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	aé autho	ivilla e accesa di		-	
	analicial account in a foreign country (such as a bank account, securities account, or other financial	al acco	onti?	4a	.	X
þ	4. Fast auter me usitie of the loteidu contribe.			70		
_	See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	al Acco	unts.			
5a	was the organization a party to a prohibited tax shelter transaction at any time during the tay trans	r:		5a	(in existing)	X
	the diff taxable party florily the organization that it was or is a party to a pychibitod toy shorter two	عددأ فالعادد	ര്	1 100		X
	a. 196, to the sale of oid the organization the Form 8886-T?			5c		+
Ja	COPPORTION DELICATION DATE CHILDREN WICKS FEEDING THAT ARE NORMALIN DELICATED READ THAT AND THAT ALL	سنديد سطة	وأريروا بالمستحدث	1	1-	<b>-</b>
	Buy contributions that were not tax deductible?			6a	X	
Þ	Factor of Angultarion include with 44Ath 2010/1910U BU EXDISS Statement that circle countil	nitions i	مراكم عد		1	
<i>†</i>	wele not tax dedrictible.	Nakasakainakainy	erenan erana e	6b	X	1
	a					
ä	Did the organization receive a payment in excess of \$75 made parity as a contribution and partly for goods and	ervices	provided to the payor:	7a		X
49	in the property of the contract of the contrac		and the second s	7b		
<b>5</b> ,7	bis the organization soil, exentinge, or otherwise dispose of tangible personal property for which it	wär far	hirad		1	
d		artenien.	Tanan kaja kaja kaja kaja kondera konde	7c	l.	X
μ 6	if "Yes," indicate the number of Forms 8282 filed during the year.	7d				
1	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contra	ot?	7e		X
g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con	tract?	eres i sar erest transfe bet a chief.	71		X
a H	If the organization received a contribution of qualified intellectual property, did the organization file	Form 88	99 as required?	79		
	if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organi- sponsoring organizations maintaining durier advised lunds and section 508(a)(3) supporting organizations.	zation f	le a Form 1098-07	7h		
	organization, or a donor advised fund meintained by a sponsoring organization, have excess business holdings a	Did the s	upporting			
	Sponsoring organizations maintaining donor advised funds.	t any tim	e during the year?	8		
а	Did the organization make any taxable distributions under section 4966?		**			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	********	*****************	9а		
. ,	Section 501 (c)(7) organizations. Enter:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	eriye e ere e ê e rên epêkeerê ji jî ke kir en bi e ji.	9b	37290 7800	
<b>a</b> .	nitiation fees and capital contributions included on Part VIII, line 12	1 1			****	
b 1	Fross receipts, included on Form 990; Part VIII, line 12, for public use of club facilities	10a				
31	Section 501(c)(12) organizations. Enter:	dor				
a, 1	Gross income from members or shareholders	أدما				
2 (	coss income from other sources (Do not het amounts due or paid to other sources against	11a				
ž	mounts due or received from them,)	116				
. 8	section 4947(a)(1) non-exempt charitable trusts, is the organization filing Form 990 in lieu of Form	1110		94493		
<b>&gt;</b>	"Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		12a	3.00.00	200000000
	ection 501(c)(29) qualified nonprofit health insurance issuers.	·				
1	the organization licensed to issue qualified health plans in more than one status					
	Construction of the control of the c	***********	Return of Samuelland or supers	13a		20000000
Ð	menthe amount of reserves the organization is required to maintain by the states in which the					
	rgenization is licensed to issue qualified health plans.	13b				
O			. 43	amultice is	8888888 <b>8</b>	
C E	ine maximum of leselaes ou usua	13c				
e E	ld the organization receive gov navments for indoor topping and the first transfer to the first transfer transfer to the first transfer trans	13c	******************	14a		<u>X</u>

	1990 (2010) ARIZONA CATTLE GROWERS ASSOCIATION 86-00 (CV) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	ra "N	o i res	Pag ponse
	Check if Schedule O contains a response to any question in this Part VI			
ec	tion A. Governing Body and Management	*******	124,361	<u> [</u>
,,		**	ĺν	es N
1,a	Enter the number of voting members of the governing body at the end of the tax year	6		
. 10	Enter the number of voting members included in line 1a, above, who are independent	26		
2	but any officer, director, trustee, or key employee have a family relationship or a hydrogen relationship at a			
<b>j</b> .	officer, director, trustee, or key employee?	. 2	2	
r	The state of the s			
Ĺ	of officers, directors or frustees, or key employees to a management company or other person?	. 8	<u> </u>	] ]
í	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	. 4		20 . u
· j.	Did the organization become aware during the year of a significant diversion of the organization's assets?	. 5		1
	Does the organization have members or stockholders?	. 6		
,~==	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
b	governing body?  Are any decisions of the governing body subject to approval by members, steckholders, or other persons?	. 7.		
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	71	)	2
	by the following:			
a	The governing body?			
7	enon-administer, such analysis, to der our beligit as the dozerning pugs.	. Ba		
	Simple only subsect of butter, it ustae, of key employee listed in Part VII Section X who are the secret by	4	, X	<u> </u>
	riganization's mailing address? If "Yes," provide the names and addresses in School to O	ء ا		
ct	TO B Dolloins The Court of	9	1	2
	un us indices (This Section & requests information about policies not required by the informal Revenue Code)			
	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V.	a ki
1	Does the organization have local chapters, branches, or affiliates?		Уe	
! : }	Does the organization have local chapters, branches, or affiliates?  f "Yes," close the organization have written policies and procedures governing the activities of pivels.	100		
) }	Does the organization have local chapters, branches, or affiliates?  f "Yes," close the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10.		
l . ¥   i	Does the organization have local chapters, branches, or affiliates?  f "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ansure their operations are consistent with those of the organization?  las the organization provided a copy of this Form 990 to all members of its poverning body before than the form?	10.		3
1 : 1 : 1 : 1 : 1 :	Does the organization have local chapters, branches, or affiliates?  f "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ansure their operations are consistent with those of the organization?  las the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	10: 10:		X
i ; ≱	Does the organization have local chapters, branches, or affiliates?  If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ansure their operations are consistent with those of the organization?  Las the organization provided a copy of this Form 990 to all members of its governing body before filing the form?  Lescribe in Schedule O the process, if any, used by the organization to review this Form 990.  Does the organization have a written conflict of interest policy? If "No." carto line 14.	10: 10:	X	3
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Another's website. X Upon request Own website

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ARIZONA CATTLE GROWERS' ASSOC., INC - 602-267-1129

1401 N. 24TH ST., PHOENIX, AZ 85008

Form	990	(201	Ó١

ARIZONA CATTLE GROWERS ASSOCIATION

86-0002290

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

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. List all of the organization's current embers, directors, trustees twitering incividuals or organizations), regarge.
   List all of the organization's current key amployees, 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;

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (B) (C) (E) (F) Name and Title Average Position. Reportable Reportable Estimated hours per (check all that apply) compensation cómpensation amount of Week from from related other (describe the organizations compensation: hours for organization (W-2/1099-MISC) hshlunional trustee from the lackwictual trustee related W-2/1099-MISCI organization. (ey employee proanizations and related in Schedule organizations (0) STEVE PROPHY PRESIDENT 1.00 X Ď. Ó 0... ANDY GROSETA 1ST VICE PRESIDENT 1.00 lx X 0 0. 0. DAN BELL 2ND VICE PRESIDENT 1.00 X Χ 0. 0. 0. GRANT BOTCE TREASURER 1.00 X X 0 0 0. JIM O'HACO MEMBER-AT-LARGE 1.00 X 0. 0 0. GARY THRASHER MEMBER-AU-LARGE 1.00 Х 0. O 0. TOM CHILTON IMMEDIATE PAST PRESIDENT 1.00 X X 0 0 () · SUZANNE MENGES COMBELLE PRESIDENT 1.00 X Х Ö. 0., 0. LANCE RNIGHT DIRECTOR - APACHE 1.00 0 0 0. DAVID JOHNSON DIRECTOR - ARIZ STRIP 1.00 X 0. 0 0 . SONIA GASHO DIRECTOR - COCHISE 1.00 X 0. D 0. DUANE COLEMAN DIRECTOR - COCONINO 1.00 X 0 Ö. 0. DAN PENN DIRECTOR - GILA 1.00 X 0. 0. 0. MIKE WEAR DIRECTOR - GRAHAM X 1.00 0. 0. Ü. ROCKY MANUZ DIRECTOR - GREENLER 1.00 X 0. 0. 0. DWAYNE DOBSON DIRECTOR - MARICOPA 1.00 X 0. O. 0. EMMETT STURGTED DIRECTOR - MOHAVE 1.00 | x0 0. 0.

002007 12-21-10

Part VII Section A. Officers, Directors, Tr (A)	(15)	Γ		(	(C)		<del></del>	(D)	(E)	(F)
Name and title	Average hours per	1 4	chec		sitio		mluă	Reportable	Reportable	tr) Estimated
	weak (describe hours for related organization in Schedule	al frusties or director	Institutional inustee			Highest compensated and wholever		compensation from the organization (W-2/1099-MISC)	rompensation from related organizations (W-2/1098-MISC)	amount of other compensation from the organization and related
JIM O'HACO	O)	Į,	ig.	昌	ã	皇皇	Form			organizations
DIRECTOR - NAVAJO	1.00	x				:				
JOE KING	,A, 8 C C	125		-	<del> </del>	<del> </del>	-	0 .	0.	0
DIRECTOR - PIMA	1.00	X						0.	0 .	0
BILL DUNN	a a 3								<u> </u>	
DIRECTOR - PINAL GYNDI COPING	1.00	X			1			0.	0.	0
DIRECTOR - SANTA CRUZ	1.00									
PAUL GROSETA	1.100	Ά.						0.	0.	0
DIRECTOR - YAVAPAI	1.00	X						0.	_	
ALEX DRES		-27	-					V.s.	0.	0.
DIRECTOR - YUMA	1.00	X	1				1	0.	0.	Ò,
LARRY MCDONALD					······································				7.1	<u> </u>
ACPA PRESIDENT CAMERON RUDOLPH	1.00	X		X				0.	ŭ.	0.
ACGA BUS. ASSOC, DIRECTOR	1.00	ا ب								The state of the s
PATRICK BRAY	1.00.	X	-	-4				0.	0.1	0.
EXECUTIVE VICE PRESIDENT	1.00	x	,	X	- 1			0		
1b Sub-total			*			anida B	-	0.	0.1	0.
c total from confinuation sheets to Part VII.	Section A						-	0.	0.1	0, 0.
d Total (add lines 1b and 1c)					1	<b>-</b>		n	a f	0.
2 lotal number of individuals (including but not	Imited to the	se li	sted	abo	ove)	who	rec	eived more than \$100,0	00 in reportable	
compensation from the organization	man no popular de de la compansión de la	· · · · · · · · · · · · · · · · · · ·	<u></u>			<del>giorania</del>	· · · · · · · · · · · · · · · · · · ·	THE RESERVE OF THE PERSON OF T		0
3 Did the organization list any former officer, di line 1a7 if "Yes," complete Schedule J for suc  4 For any including listed on line 1a, lether any	n Individual .								1"	Yes No
The state of the s	roi reportania	-c	חסחו	C'ath	സ്വാന	in of a	ヘチトル・	والأراب والمناه	2 2 1003	
and representations Breater than \$190°C	JUU7 If "Yes."	con	olete	: Sc	harl	ma.	1 top	or izzle landhidah int	1	4 X
5 Did any person listed on line 1a receive or accorded to the organization? If "Yes," complete the properties P. Indiana.	ли <del>в</del> водирада eta Schadula	atioi I for	יסיון ר יישניסי	m ar	ny c	ntel.	ated	organization or individu	al for services	
deciding, independent Contractors										5 X
Complete this table for your five highest comp the organization. NONE	ensațed inde	pene	tnet	con	itrac	tors	that	received more than \$1	00,000 of compensati	on from
(A) Name and business ad	dréss	······································	***************************************					(B) Description of sen	ricas Con	(C) rpensation
		···			<del></del>			and the state of t		
		· · · · · · · · · · · · · · · · · · ·	***************************************		····		-			- Carrier Commence of the Comm
			***************************************	***************************************		Marked appeara		ANNUAL PROPERTY OF THE PROPERT		<u> </u>
	NAME:	<del>11</del>							-	No construction and the second
	Iding but not I									

191,215.

31.

33,608.

Form 990 (2010)

81,705.

474,277.

9

d All other revenue

032009 12-21-10 e Total Add lines 11a-11d

Total revenue. See instructions.

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.

	An other organizations must be				
	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) Fundralsing expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21			3.0	911 (2) 100 (2)
2	Grants and other assistance to individuals in	· · · · · · · · · · · · · · · · · · ·		1	
_	the U.S. See Part IV, line 22				
-	•				
3	Grante and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16		-		4
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified			1	
	persons (as defined under section 4958(f)(1)) and			1	
	persons described in section 4958(c)(8)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) amployer contributions)				<b>∤</b>
9	Other employee benefits				
10	Payroll taxes	***************************************		-	
11	Fees for services (non-employees):	***************************************	1	<u> </u>	
a	Management				
ь	regal comparison profession and a second	16,746.		-	
c	Accounting	7,070.		:   :	
٠.		The state of the s		· · · · · · · · · · · · · · · · · · ·	
ď	Lobbying Annual Control of the Sea Red W. Hear 47				
В	Professional fundraising services. See Part IV, line 17				
f	Investment management fees		· · · · · · · · · · · · · · · · · · ·		
Ą	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology	<u> </u>			
15	Royalties				
16	Occupancy				
17	Travel 312-12-12-12-12-12-12-12-12-12-12-12-12-1	5,292.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	76,592.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	872.		-	-
23	Insurance		- ALII - CARA -	· · · · · · · · · · · · · · · · · · ·	
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)			0.00	
	amount, list line 24f expenses on Schedule Q.)				
а	MANAGEMENT FEES	204,629.			
b	PRINTING & PUBLICATIONS	56,275.		<u> </u>	
Ċ	STAFF EXPENSE	55,073.		**************************************	
d	CONTRACT LABOR	32,529.	-0-191		
e	MEMBERSHIP DUES	22,040.	Annual Control of the		Hallater Ave.
i	All other expenses	38,377.			
25	Total functional expenses. Add lines 1 through 24f	515,495.	· · · · · · · · · · · · · · · · · · ·		
26	Joint costs. Check here If following SOP				***************************************
2.0	1	·			
	98-2 (ASC 958-720). Complete this tine only if the organization reported in column (B) joint costs from a combined educational campaign and fundralsing.				
	solicitation				

2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Receivables from current and former officers, employees, and highest compensated employ of Schedule L 6 Receivables from other disqualified persons (a 4958(f)(1)), persons described in section 4958 employers and sponsoring organizations of see employees' beneficiary organizations (see inst 1 Notes and loans receivable, net 1 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part XI of Schadule D 1 Less: accumulated depreciation 1 Investments - publicly traded securities 12 Investments - program-related. See Part IV, line 13 Investments - program-related. See Part IV, line 14 Intangible assets 15 Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equipment cost or current and corned expenses 18 Grants payable and accrued expenses 18 Grants payable and accrued expenses 18 Grants payable and accrued expenses 19 Payables to current and former officers, director highest compensated employees, and disqualit of Schedule L 23 Secured mortgages and notes payable to unrelate 19 Deferred revenue 25 Payables to current and former officers, director highest compensated employees, and disqualities 27 through 29, and lines 33 and 34. Unrestricted net assets 28 Deganizations that follow SFAS 117, check hines 27 through 29, and lines 33 and 34. Unrestricted net assets 29 Permanently restricted net assets 29			(A)	1	1
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20 Tax-exempt bond liabilities 21 Escrow or eustodial account liability. Complete 22 Payables to current and former officers, director highest compensated employees, and disqually of Schedule L 23 Secured mortgages and notes payable to unrelate Unsecured notes and loans payable to unrelate Other liabilities. Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117, check h	Grante payable			18	Propries and the second se
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24 Unsecured notes and loans payable to unrelate 25 Other liabilities. Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117, check h				22	***
25 Other fiabilities. Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check h	becured mortgages and notes payable to unrelated third parties.			23	
26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check h	Other flabilities. Complete Part X of Schedule D			24	tribular interior and a second se
Organizations that follow SFAS 117, check h	Total liabilities, Add flore 17 through 25			25	50 aco .
1	Organizations that fallow SEAR 117 about hard by V			26	60,763.
27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117, c	,10 .P <u>[</u>	•• bud rombiete			
28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117, c	Unrestricted net assets Temporarily restricted net assets			27	100 022
29 Permanently restricted net assets Organizations that do not follow SFAS 117, c				28	190,022. 17,853.
Organizations that do not follow SFAS 117, c				29	18,000.
	Organizations that do not follow SFAS 117, check here				
5 complete lines 30 through 34.	complete lines 30 through 34,				
30 Capital stock or trust principal, or current funds	Capital stock or trust principal, or current funds			30	
31 Paid in or capital surplus, or land, building, or ec	Paid in or capital surplus, or land, building, or equipment fund			31	1000
32 Retained earnings, endowment, accumulated in	Retained earnings, endowment, accumulated income, or other funds			32	Nest Hardward Company
33 Total net assets or fund balances	Total net assets or fund balances			33	207,875.
34 Total liabilities and net assets/fund balances	Total liabilities and net assets/fund balances			34	268,638.

	H 990 (2010) ARIAGNA CATTEE GROWERS ASSOCIATION	86-000	2290 -	Page 12
P	Irt XI Reconciliation of Net Assets	***************************************	***************************************	737
	Check if Schedule O contains a response to any question in this Part XI	إسرير والوائم سواسات فليجاو والداد الانتاط		
•			Harris Commission	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	474	,277.
2	Total expenses (must equal Part IX, column (A), line 25)	2		495
3	Révenue less expenses. Subtract line 2 from line 1	3		,218.
4	Net assets or fund balances at beginning of year (must equal Fart X, line 33, column (A))	4	*********************	,093.
5	Other changes in net assets or fund balances (explain in Schedule 0)	5.		0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	207	,875.
Pa	rt XII Financial Statements and Reporting	Alexander de la		
	Check If Schedule O contains a response to any question in this Part XII	rererora e e en esta de la composición	SN SI BU	X
				res No
1	Accounting method used to prepare the Form 990: Cash X Accruel Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Q.		
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?			X
¢	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit.		
	review; or compliation of its financial statements and selection of an independent accountant?	emateria e de la composición dela composición de la composición de la composición dela composición d	2c	χ
	If the organization changed either its oversight process or selection process during the tax year, explain in Eche	dule O.		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	lon a		
	separate basis, consolidated basis, or both:			80
	X Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit		Served Consession
	Act and OMB Circulat A-133?	a.112160.141.8	За	Х
Ŀ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	red audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	TR. continue	3ь	
	· · · · · · · · · · · · · · · · · · ·		Form 9f	90 (2010)

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

Schedule of Contributors Attach to Form 900, 990-EZ, or 990-PF.

OMB No 1545-002

Internal Revenue Service

Department of the Treasure

Name of the organization. Employer identification number ARIZONA CATTLE GROWERS ASSOCIATION 86-0002290 Organization type (check one): Filers of: Sections X 501(c)( 5 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexampt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule, See instructions. General Rule [X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts Land IJ. Special Rules For a section 501 (c)(3) organization filing Form 990 or 990 EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (I) Form 990, Part VIII, line 1h or (II) Form 990-EZ, line 1, Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990 EZ that received from any one contributor, during the year. aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501 (c)(7), (8), or (10) organization filling Form 990 or 990 EZ that received from any one contributor, during the year. contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not appregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, cheritable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Hule and/or the Special Hules does not file Schedule B (Form 990, 990-EZ, or 990-PF). but it must enswer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule 8 (Form 990, 990-EZ, or 990-PF) (2010)

Schedule B (	Form 980, 990-EZ, pr990-PF) (2010) ganization		Page 1 of 1 of Par Employer identification number
ADTOO	175 DIMBER DE CENTRALITA DE LA CICACIÓN DE CONTRA		•
Part I	NA CATTLE GROWERS ASSOCIATION  Contributors (see instructions)	A three courses of the course	86-0002290
V20042-000000000000000000000000000000000			<u> </u>
(a) No.	(b) Name, address, and ZIP + 4 SAFFORD DISTRICT RANGELAND USER	(c) Aggregate contribution	(d) Type of contribution
1	STEERING COMMITTEE		Person X
	PO BOX 878	\$ <u></u> 5,00	
	MORENCI, AZ 85540		is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributio	(d)
	And the second s		Person
	·	***************************************	Payroll Noncash
		initian de la constant de la constan	(Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d)
	And the second s	and the same of th	Person
1. 1.		\$	Payroll Noncash
			(Complete Part II if there is a noncesh contribution)
(a) No.	(b) Name, åddress, and ZIP + 4	(c) Aggregate contribution	(d) Type of contribution
		AANIAMBINI JU	Person .
			Payroll Noncash [Complete Part II If there
			is a noneash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) s Type of contribution
			Person Payroll Noncash
			(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) Type of contribution
···			Person
-		\$	Payroll Noncash (Complete Part II if there
3452 12-23-10		764	is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

of Part II

Page of of Employer identification number

### ARIZONA CATTLE GROWERS ASSOCIATION

86-0002290

	cash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			·
		\$	
(a) No. rom art I	(b) Description of noneash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom art l	(b) Description of noncash property given	(o) FMV (or estimate) (see instructions)	(d) Date received
(a) Vo. com art l	(b) Description of noncash property given	(o) FMV (or estimate) (see instructions)	(d) Date received
**************************************			994
a) lo. om art i	(b) Description of noncash property given	(c) FMV (or estimate) (see Instructions)	(d) Date received
		THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS O	
in the contract of the contrac		\$	·
a) lo. om art I	(b) Description of noncesh property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			· · · · · · · · · · · · · · · · · · ·
		annum deskyra,	
12-23-10			00, 990-EZ, or 990-PF) (20

1990, 990-EZ, or 990-PF) (2010)		Page of of Page
ΠZαNDΛ		Employer Identification number
A CATTLE GROWERS ASSO	CIATION	86-0002290
Exclusively religious, charitable, etc. more than \$1,000 for the year. Compl Part III, enter the total of exclusively reli	, individual contributions to section to ete columns (a) through (e) and the fol gious, charlable, etc. contributions of	i01(c)(7), (8), or (10) organizations aggregating lowing line entry. For organizations completing
(a) ranged or gar	(e) use of girt	(d) Description of how gift is held
	(e) Transfer of gift	
Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Notes the second	
	(e) Transfer of gift	
Transferee's name, address, €	and ZIP + 4	Relationship of transferor to transferee
(b) Purpose of glift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	
Transferee's name, address, an	Relationship of transferer to transferee	
	Exclusively religious, charitable, etc. more than \$1,000 for the year. Compl Part III, enter the total of exclusively reli \$1,000 or less for the year. (Enter this i  (b) Purpose of gift  Transferee's name, address, a  (b) Purpose of gift  (b) Purpose of gift  Transferee's name, address, a  (b) Purpose of gift	Exclusively religious, charitable, etc., individual contributions to section to more than \$1,000 for the year. Complete columns (a) through (e) and the fol Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶  (b) Purpose of gift (c) Use of gift  (c) Use of gift  (b) Purpose of gift (c) Use of gift  (c) Use of gift  (d) Use of gift  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (b) Purpose of gift (c) Use of gift  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (b) Purpose of gift (c) Use of gift  (e) Transfer of gift

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

# Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations; Complete Parts I-A and B. Do not complete Part I-C.
- * Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lubbying Activities), then

<ul> <li>Section 501 (c)(3) organizations that</li> <li>Section 501 (c)(3) organizations that</li> <li>If the organization answered "Yes," to</li> <li>Section 501 (c)(4), (5), or (6) organization</li> </ul>	have NOT filed Form 5768 (ele Form 990, Part IV, line 5 (Pro	ction under section 501	h)): Complete Part II-B. Do	not complete Part II-A.
Name of organization			Emp	loyer identification number
ARIZONA	CATTLE GROWERS	ASSOCIATION		86-0002290
Part I-A Complete if the or	ganization is exempt ur	ider section 501(c)	or is a section 527 of	organization,
Provide a description of the organic     Political expenditures     Volunteer hours	emplojekuroj uprojet produkturoj droteko prijekoj ograno o Grandska projekt pr	nna edduk feodha (anama e deadh us earen naga na hidain a agadh igus bu carsa du is	en vaga an spirata an kanada kina sa ka	
Part I-B Complete if the org	janization is exempt un	der section 501(c)	(3).	
<ol> <li>Friecibe amount of any excise lax</li> </ol>	incurred by the amenization up	scior parties MARE	16	, , , , , , , , , , , , , , , , , , ,
2 Enter the amount of any excise tax	incurred by organization mana	gers under section 4955		<b>.</b>
4a Was a correction made?	n 4955 tax, did it (lie Font 472)	U for this year?	ladaja kangaga sapraka kangan kangan kangan sapan ing kanan kanan kangan sapan sapan kangan kangan kangan kang Kanangan sapan kangan kang Kanangan sapan kangan kang	Yes No
Part I-C Complete if the org	janization is exempt un	der section 501(c),	except section 501	(c)(3),
Enter the amount directly expended     Enter the amount of the filing organ     exempt function activities	ization's funds contributed to c	ther organizations for se	ection 527	
Total exempt function expenditures line 17b     Did the filing organization file Form	1120-POL for this year?	e de alte e ante esta de de de de de desta de la compansión de la compansi	miretrii miraduumi varan yasaa 🚩 🕏	Yes No
5 Enter the names, addresses and en made payments. For each organizat contributions received that were pro- political action committee (PAC). If a	iployer identification number (E ion listed; enter the amount pa imptly and directly delivered to	IN) of all section 527 poils id from the filing organize a separate colitical orga	litical organizations to which atlen's funds. Also enter it nization, such as a secara	h the filling organization
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds: If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization, if none, enter -0.
				The second secon
			777 Min. 100 (4) (4) (4)	All the state of t

Part IFA Complete if the organi	RIZONA C	ATTLE GROWE	RS ASSOCIATI	ION 86-0	002290 Page 2
(election under section		amprunder secu	nu an (c)(a) and n	ied Lotui 24.00	
A Check > if the filling organization		filiated proup	<del>o ang ang ang ang ang ang ang ang ang ang</del>	NAME OF THE PROPERTY OF THE PR	CAN SARBING THE SA
B Check F If the filing organization			rovisions apoly.		
	Lobbying Exp	enditures		(a) Filling organization's totals	(b) Affiliated group totals
1 a Total lebbying expenditures to influence	noiníao olidua e	(grass roots lobbying)		i i i i i i i i i i i i i i i i i i i	-
b Total lobbying expenditures to influence	e a legislative b	ody (direct lobbying)			***************************************
c Total lobbying expenditures (add lines	la and (b)	***************************************		:	
d Other exempt purpose expenditures	*************************	**************************************			
e Total exempt purpose expenditures (ac	d lines 1c and 1	(d)		**************************************	
f Lobbying nontaxable amount, Enter the				**************************************	
If the amount on line 1e, column (a) or (b)	is: The lo	bbying nontaxable ar	nount is:		
Not over \$500,000	. ,	f the amount on line 1:			
Over \$500,000 but not over \$1,000,000	\$100,0	00 plus 15% of the ex	cess over \$500,000.		-1
Over \$1,000,000 but not over \$1,500,0	00 \$175,0	00 plus 10% of the ex	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,	000 \$225,0	00 plus 5% of the exc	ess over \$1,500,000.		
Over \$17,000,000	\$1,000	,000.			
		,			
g Grassroots nontexable amount (enter 2	5% of line (f)	*****************	************		
h Subtract line to from line to if zero or li			ecestaterialia hitäätykiserkonnon		
1 Subtract line 1f from line 1c. If zero or le		;};;}{*:;*;************************	83-54-52-64-44-44-44-44-48-48-48-48-48-48-48-48-48		
) If there is an amount other than zero on		Ine 11, did the organi	ration file Form 4720		
reporting section 4011 tax for this year?		*****************	8 + 1 C + 1 E F + 1 C + 2 A E & + 1 + 2 A A A A A A A A A A A A A A A A A A	*************	Yes No
(Some organization	s that made a :	eraging Period Under section 501(h) election	r Section 501(h) n de not have to com es 2a through 2f on pa	plete all of the five	
		nditures During 4-Ye		186.#*)	
		ingranos por mig	ar wastaging renou		
Calendar year (or fiscal year beginning in)	(a) 2007	(6) 2008	(e) 2009	(ଣ) 2010	(e) Total
2e Lobbying nontaxable amount					-
b Lobbying celling amount	1000000	4.3	40.00		v
(150% of line 2a, column(é))					
c Total lobbying expenditures				- Anna Caracagina Caracagina Caracagina Caracagina Caracagina Caracagina Caracagina Caracagina Caracagina Carac	Nie
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2010 ARIZONA CATTLE GROWERS ASSOCIATION 86-000229

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

During the year, clid the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines to through 187?  d Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?  different to other organizations for lobbying purposes?  g Offect contact with legislators, their staffs, government officials, or a legislative body?  ficates to other organizations, seminars, conventions, speeches, lectures, or any similar meens?  i Other activities? If "ves," describe in Part IV.  j Tetal: Add lines to through 1!  a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If "Yes," enter the amount of any tax incurred by organization managers under section 4912.  c If "Yes," enter the amount of any tax incurred by organization managers under section 4912.  d If the filling organization incurred a section 4912 tax, idst if life Form 4720 for this year?  Were substantially all (80% or more) dues received hondeductible by members?  Lift III-A) Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  Were substantially all (80% or more) dues received hondeductible by members?  Lift X Did the organization make only in-house lobbying expenditures of \$2,000 or less?  2 X Did the organization make only in-house lobbying expenditures from the prior year?  2 X Did the organization spree to carryover lobbying and political expenditures from the prior year?  2 X Did the organization spree to carryover lobbying and political expenditures from the prior year?  2 X Section 182(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditure was paid).  Current year  2 Description of the excess of the reasonable estimate of nondeductible lobbying and p	1 Ouring the year, clid the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteer? b Paid staff or management (include compensation it expenses reported on lines to through 1i)? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Railles, demonstrations, seminars, conventions, speeches, lectures, or any similar meetins? i Other activities? if "Yes," desortibe in Part IV. f Total. Add lines to through 1! 2 Did the activities in line 1 causé the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization menagers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  2irt III-2i Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  Yes  Were substantially all (90% or more) dues received hondeductible by members?  2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization make only in-house lobbying expenditures from the prior year? 3 Did the organization spree to carryover lobbying and political expenditures from the prior year? 3 Did the organization make only in-house lobbying and political expenditures from the prior year? 3 Did the organization gree to carryover lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  2 Current year  5 Dues, assessments and similar amounts from members 2 Section 162(e) non-deductible lobbying	During the year, clid the filing organization attempt to influence foeign, national, stata or local legislation, including any attempt to influence public optnion on a legislative matter or referendum, through the use of:  Volunteers?  Pald staff or management (include compensation in expenses reported on lines 1 o through 1)?  Pald staff or management (include compensation in expenses reported on lines 1 o through 1)?  Madia advertisements?  Madia advertisements?  Madia advertisements?  Publications, or published or broadcast statements?  Publications, or published or broadcast statements?  Grants to other organizations for folobying purposes?  Direct contact with legislators, their staffs, operanent officials, or a legislative body?  Railles, demonstrations, seminars, conventions, speeches, lectures, or any stimilar means?  Other activities? If "Yea," desoribe in Part IV.  Total: Add lines to through 1  Did the activities in line 1 cause the organization to be not desortised in section 501(o)(3)?  If "Yes," enter the amount of any tax incurred under section 4912  If "Yes," enter the amount of any tax incurred by organization managers under section 4912  If "Yes," enter the amount of any tax incurred by organization managers under section 4912  If "Yes," enter the amount of any tax incurred by organization managers under section 501(o)(4), section 501(o)(5), or section 501(o)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Ves N  Did the organization make only in-house lobbying expenditures of \$2,000 or leas?  2		,				(b)
local legislation, including any attempt to influence public ophion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Madile advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Greats to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Railies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If Yes,' desoribe in Part IV.  Total: Add these to through 11 a bid the activities in line 1 cause the organization to be not desoribed in section 591(c)(3)? b If Yes,' enter the amount of any tax incurred under section 4912. c If Yes,' enter the amount of any tax incurred under section 4912. c If Yes,' enter the amount of any tax incurred under section 4912. c If Yes,' enter the amount of any tax incurred under section 4912. c If the filling organization fourmed a section 9912 tax, did it lile Form 4720 for this year?  Were substantially all (90% or more) dues received hondeductible by members?  Were substantially all (90% or more) dues received hondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization make only in-house lobbying sexpenditures of \$2,000 or less?  Did the organization make only an organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTR Part III-A, lines 1 and 2 are answered "No." OR if Part III-A, line 3 is answered "Yes."  Dues, assessments and similar amounts from members  Section 18(2) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section \$27(f) tax was paid).  Carryover from lact year  Carryover from	local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  Voluntears?  Paid staff or management (include compensation in expenses reported on lines 10 through 1))?  Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?  Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?  Railles, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities? If "Yes," describe in Part IV.  Total. Add lines 1 to hrough 11  If "Yes," enter the amount of any tax incurred under section 4912  If "Yes," enter the amount of any tax incurred by organization remagers under section 4912  If "Yes," enter the amount of any tax incurred by organization remagers under section 4912  If "Yes," enter the amount of any tax incurred by organization managers under section 501(c)(3), or section 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization make only in-house lobbying expenditures from the prior year?  Did the organization agree to carryover lobbying expenditures from the prior year?  Did the organization and similar amounts from members  Section 162(e) mondeductible lobbying and political expenditures from the prior year?  Dues, assessments and similar amounts from members  Carryover from last year  Description and similar amounts from members  Carryover from last year  Carryover from last year  Carryover from last year  Aggingate amount reported in section 6033(e)(1)(A) notices of mondeductible section 162(e) dues  Aggingate amount reported in section 6033(e)(1)(A) notices of mondeductible section 162(e) dues  If notions were sent and the amount on line 2c exceeds the amount on li	local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  Volunteers?  Paid staff or management (include compensation in expenses reported on lines to through 1i)?  Macila advertisements?  Macila advertisements?  Macila advertisements?  Publications, or published or broadcast statements?  Grents to other organizations for lobbying purposes?  Publications, or published or broadcast statements?  Grents to other organizations for lobbying purposes?  Publications, or published or broadcast statements?  Grents to other organizations for lobbying purposes?  Publications, or published or broadcast statements?  Grents to other organizations, their staffs, go yowmment officials, or a legislative body?  Fallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities? If Yes,* describe in Part IV.  Total: Add line 1: through 1  Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  If Yes,* enter the amount of any tax incurred under section 4912  If the filing organization incurred a section 4912 tax, slid it file Form 4720 for this year?  If Yes,* enter the amount of any tax incurred by organization remangers under section 501(c)(4), section 501(c)(6), or section 501(c)(6).  Were substantially all (90% or more) dues received hondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or leas?  Did the organization make only in-house lobbying and political expenditures from the prior year?  3 \tax   Did the organization agree to carryover lobbying and political expenditures from the prior year?  3 \tax   Did the organization agree to carryover bebying and political expenditures (do not include amounts of political expenditures (do not		Yes		Ņo	Àm	ount
or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines to through 1i)? c Madilla advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, sammars, conventions, aspeches, lectures, or any similar means? i Other activities? If Yes,* desorble in Part IV.  Total: Add lines to through 1i b Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If Yes,* enter the amount of any tax incurred under section 4912 c If Yes,* enter the amount of any tax incurred under section 4912 c If Yes,* enter the amount of any tax incurred under section 4912 c If Yes,* enter the amount of any tax incurred under section 4912 c If Yes,* enter the amount of any tax incurred by organization managers under section 4912 d If the filling organization and 4912 tax, did life Form 472 for this year?  b If Yes,* enter the amount of any tax incurred by organization managers under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  Were substantially all (90% or more) dives reserved hondeductible by members?  Did the organization make only (in-house lobbying expenditures from the prior year?  1	or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1o through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Railies, demonstrations, seminare, conventions, speeches, lectures, or any similar means? j Other activities? if "Yes," describe in Part IV j Total. Add then 1c through ti 22 bit the activities in line 1 cause the organization to be not described in section 501(c)(9)? b if "Yes," enter the amount of any tax incurred under section 4912 d if the filling organization is under deep organization remagers under section 4912 d if the filling organization incurred a section 4912 tax, did it file Form 4720 for this year?  if the filling organization incurred a section 4912 tax, did it file Form 4720 for this year?  if the organization make only in-house lobbying expenditures from the prior year?  Did the organization make only in-house lobbying expenditures from the prior year?  2 Did the organization make only in-house lobbying expenditures from the prior year?  3 Did the organization make only in-house lobbying and political-expenditures from the prior year?  3 Did the organization make only in-house lobbying expenditures from the prior year?  3 Did the organization make only in-house lobbying application state from the prior year?  3 Did the organization make only in-house lobbying expenditures from the prior year?  3 Did the organization make only in-house lobbying expenditures from the prior year?  3 Did the organization make only in-house lobbying expenditures from the prior year?  3 Did the organization make only in-house lobbying expenditures from the prior year?  3 Did the organization make only in-house lobbying expenditures from the prior year?  4 Did the organization make only in-house lobbyi	referendum, through the use of:  Volunteers?  Volunteers?  Mailings to management (include compensation in expenses reported on lines to through 1i)?  Medicia advertisements?  Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?  Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?  Fallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities? If "Yes," describe in Part IV.  Total, Add lines to through 11  Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  If "Yes," enter the amount of any tax incurred by organization managers under section 4912  If "Yes," enter the amount of any tax incurred by organization managers under section 4912  If "Yes," enter the amount of any tax incurred by organization managers under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only inhouse lobbying expenditures of \$2,000 or less?  2 X  Did the organization make only inhouse lobbying expenditures from the prior year?  3 Total Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."  Dues, assessments and eimilar emounts from members  Section 152(c) nondeductible lobbying and political expanditures (de not include amounts of political expenditures for which the section 507(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  if notices were sent and the amount on line 2e exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expen						
a Voluntears?  D Paid staff or management (include compensation in expenses reported on lines 1o through 1i)?  D Paid staff or management (include compensation in expenses reported on lines 1o through 1i)?  Mailings to members, legislators, or the public?  Publications, or published or broadcast stafements?  G Grants to other organizations for lobbying purposes?  Diffect contact with legislators, their staffs, government officials, or a legislative body?  B failles, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities? if "Yes," describe in Part IV.  Total: Add lines to through 11.  Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  If "Yes," enter the amount of any tax incurred under section 4912.  If I'm filling organization insurred a section 4912 tax, did it file Form 4720 for this year?  Other substantially all (90% or more) dues received hondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization baree to carryover lobbying and political expanditures from the prior year?  3 this III B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No." OR if Part III-A, line 3 is answered "Yes."  Dues, assessments and similar amounts from members exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(4), and the section 527(1 tax was paid).  Carryover from last year  Carryover from last year  Occurryover from last year  Total  Aggregate amount reported in section 603(c)(1)(A) notices of nondeductible section 162(c) dues  If notices were sent and the amount on line 20 exceeds the amount on line 30, what political expenditure sex part of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures (see instructions)  5 (1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(	a Volunteers? b Paid staff or management (include compensation in expenses reported on lines to through 1i)? c Madia advertisements? d Madilings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for jobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Railies, demonstrations, seminares, conventions, speeches, lectures, or any similar means? i Other activities? 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g Direct contact with jegiclators, their staffs, government officials, or a legislative body?  In Railies, demonstrations, sentions, speeches, lectures, or any similar means?  I Other activities? If "Yes," describe in Part IV.  I Total: Add lines to through the a bit the activities in line 1 cause the organization to be not described in section 501(c)(3)?  If "Yes," enter the amount of any tax incurred under section 4912  If "Yes," enter the amount of any tax incurred by organization managers under section 4912  If "Yes," enter the amount of any tax incurred by organization managers under section 4912  If "Yes," enter the amount of any tax incurred by organization managers under section 4912  If "Yes," enter the amount of any tax incurred by organization managers under section 4912  If "Yes," enter the amount of any tax incurred by organization managers under section 4912  If "Yes," enter the amount of any tax incurred by organization managers under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization make only in-house lobbying and political-expenditures from the prior year?  2	g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Railles, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  j Other activities? if "yes," describe in Part IV.  j Total. Add lines to through 11.  a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If "yes," enter the amount of any tax incurred under section 4912.  c If "yes," enter the amount of any tax incurred by organization menagers under section 4912.  d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  c If "Yes," enter the amount of any tax incurred by organization menagers under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  att III.B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Current year  Current year  Current year  Current year  Current year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	Direct contact with legislators, their staffs, government officials, or a legislative body?  Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities? If "Yes," describe in Part IV.  Total. Add lines 1c through 11  Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  If "Yes," enter the amount of any tax incurred under section 4912  If the filling organization incurred as section 4912 tax, did it fills Form 4720 for this year?  If III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  Were substantially all (90% or more) dues received hondeductible by members?  1	blications, or published or broadcast statements?	-				
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Other activities? If "Yes," describe in Part IV     Total. Add lines to through 11     Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?     If "Yes," enter the amount of any tax incurred under section 4912     If the filing organization incurred a section 4912 tax, clid it file Form 4720 for this year?     If the filing organization incurred a section 4912 tax, clid it file Form 4720 for this year?     If the filing organization incurred a section 4912 tax, clid it file Form 4720 for this year?     If the filing organization incurred a section 4912 tax, clid it file Form 4720 for this year?     If the filing organization incurred a section 4912 tax, clid it file Form 4720 for this year?     If the filing organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).     Were substantially all (90% or more) dues received hondeductible by members?   1	i Other activities? If "Yes," describe in Part IV.  if Total. Add fines 1c through 1!  a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If "Yes," enter the amount of any tax incurred under section 4912.  c If "Yes," enter the amount of any tax incurred by organization menagers under section 4912.  d If the filing organization incurred a section 4912 tax, clid it file Form 4720 for this year?  of the organization incurred a section 4912 tax, clid it file Form 4720 for this year?  of the organization incurred a section 4912 tax, clid it file Form 4720 for this year?  Other substantially all (90% or more) dues received nondeductible by members?  Other substantially all (90% or more) dues received nondeductible by members?  Other substantially all (90% or more) dues received nondeductible by members?  Other substantially all (90% or more) dues received nondeductible by members?  Other organization make only in-house lobbying expenditures of \$2,000 or less?  Other organization make only in-house lobbying expenditures from the prior year?  at IIII B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expended as a political expended to the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	Other activities? If "Yes," describe in Part IV Total. Add lines 1c through 11 Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred under section 4912 If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year? If III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  Were substantially sill (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 X Did the organization barree to carryover lobbying and political expenditures from the prior year? 3 Did the organization barree to carryover lobbying and political expenditures from the prior year? 3 Did (b)(6) If BOTH Part III-A, lines 1 and 2 are answered "No." OR If Part III-A, line 3 is answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures for which the section \$27(f) tax was paid).  Current year 2a Aggregate amount reported in section 6035(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure heart year? 4 Taxable amount of lobbying and political expenditures (see instructions)  IV Supplemental Information	ect contact with legislators, their staffs, government officials, or a legislative body?		<u> </u>			
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Taxable amount of lobbying and political expenditures (see instructions)  Supplemental Information	by If Yes," enter the amount of any tax incurred under section 4912  c) If "Yes," enter the amount of any tax incurred by organization managers under section 4912  d) If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year?  c) If "He filling organization incurred a section 4912 tax, did it file Form 4720 for this year?  c) If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year?  c) If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year?  c) If the filling organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."  Dues, assessmente and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  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South organization agree to carryover lobbying and political expenditures from the prior year?  South organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."  Dues, assessments and similar amounts from members  1 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditure year  Carryover from last year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible bection 162(e) dues  if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization egree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures (see instructions)  IV Supplemental Information	el Add lines 10 through H				,	***************************************
If "Yes," enter the amount of any tax incurred by organization managers under section 4912  If the filing organization incurred a section 4912 tax, clid it file Form 4720 for this year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  TILLIB Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No." OR if Part III-A, line 3 is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  5 Supplemental Information	If the filing organization incurred by organization managers under section 4912  If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  If III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  If III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expendes for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2d exceeds the amount on line 3, what portion of the excess	If "Yes," enter the amount of any tax incurred by organization menagers under section 4912  If the filling organization incurred a section 4912 tax, clid it file Form 4720 for this year?  IIII-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  Were substantially all (90% or more) dues received hondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  IIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Ves."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  3 if notices were sent and the amount on line 2c exceeds the amount on line 9, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures (see instructions)  IV Supplemental Information	the activities in line 1 cause the organization to be not described in section 501(c)(3)7					
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expenses for which the section 527(f) tax was paid).  Current year	expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	expenses for which the section 527(f) tax was paid).  Current year	tion 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic					<del>~1~1~1~</del>
Current year	Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	Current year	enses for which the section 527(f) tax was paid).	- <del>7.</del> •				
Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Supplemental Information	Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 9, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Supplemental Information				9a		
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3  If notices were sent and the amount on line 2d exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions) 5  Supplemental information	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  3  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?  4  Taxable amount of lobbying and political expenditures (see instructions)  5  Supplemental Information	ryover from last year	la bihari na ilina a milihay ase s			<del>√.</del>	
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Supplemental information	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2a exceeds the amount on line 3, what portion of the excess	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2a exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Supplemental information	1	a i paripapa 15 158 f rv	: ***			· · · · · ·
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Supplemental Information	If notices were sent and the amount on line 2d exceeds the amount on line 3, what portion of the excess	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Supplemental information	regate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	o; e + ± e } ≪aj e, e + + p x, e ao b.	****	77	<del></del>	Narior representations
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Supplemental Information	densities even direction areas to	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Supplemental information	offices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess	* * * * *			
expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Supplemental Information	does the organization agree to carryover to the reasonable estimate of hondeductible lobbying and polifical	expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Supplemental information	s the organization agree to carryover to the reasonable estimate of nondeductible lobbying and n	olitical	:			
Taxable amount of lobbying and political expenditures (see instructions)	expenditure next year?	Taxable amount of lobbying and political expenditures (see instructions)	enditure next year?	<b>5</b> 110 <b>D</b> 02		4		
Name of the Supplemental Information	Taxable amount of lobbying and political expenditures (see instructions)	IV Supplemental Information	able amount of lobbying and political expenditures (see instructions)	900 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	is it	5	***************************************	***************************************
	t W Supplemental Information		Supplemental Information		NEW			
plete this part to provide the descriptions required for Part I.A. line 1: Part I.A. line 4: Part I.O. line 5: and Part I.D. line 11 Also and I.A.		DUD HIS DOLLD DIOYIGE THE DESCRIPTIONS IS CUITED FOR PAIT IA. HIS TO PAIN IN A ROAD AND TO HES TO A ROAD AND HES TO A ROAD AND A ROA		i Darf II.b. I		برنينين		
plete	вхр Тах rt IV	\ aq		idistalf or management (include compensation in expenses reported on lines 1e through 1i)?  solid advertisements?  solid advertisements?  solid solid members, legislators, or the public?  bilications, or published or broadcast statements?  ants to other organizations for lobbying purposes?  sect contact with legislators, their staffs, government officials, or a legislative body?  lilies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  sect contact with legislators, their staffs, government officials, or a legislative body?  lilies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  sect contact with legislators, their staffs, government officials, or a legislative body?  lilies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  set and fill means a seminars, conventions, speeches, lectures, or any similar means?  the activities in line 1 cause the organization to be not described in section 501(c)(3)?  Yes," enter the amount of any tax incurred under section 4912  Yes," enter the amount of any tax incurred by organization managers under section 4912  Legislatic properties as section 4912 tax, did it file Form 4720 for this year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).  The organization make only in-house lobbying expenditures of \$2,000 or less?  the organization make only in-house lobbying and political expenditures from the prior year?  The organization agree to carryover lobbying and political expenditures (de not include amounts of politic enables for which the section 527(f) tax was paid).  The organization agree to carryover to the reasonable estimate of nondeductible lobbying and period and programment information.  Supplemental Information	id staff or management (include compensation in expenses reported on lines to through 1i)?  ailings to members, legislators, or the public?  bilications, or published or broadcast statements?  ants to other organizations for lobbying purposes?  ect contact with legislators, their staffs, government officials, or a legislative body?  liles, demonstrations, seminars, conventions, epeches, lectures, or any similar means?  her activities? if "Yes," describe in Part IV  tal. Add lines to through 1!  If the activities in line 1 cause the organization to be not described in section 501(c)(3)?  Yes," enter the amount of any tax incurred under section 4912  Yes, enter the amount of any tax incurred under section 4912  Yes, enter the amount of any tax incurred by organization remagers under section 4912  If the organization incurred a section 4912 tax, digit file Form 4720 for this year?  Add Complete if the organization is exempt under section 501(c)(4), section 501(c)  501(c)(6).  For substantially all (90% or more) dues received hondeductible by members?  If the organization make only in-house lobbying expenditures of \$2,000 or less?  If the organization make only in-house lobbying expenditures of \$2,000 or less?  If the organization agree to carryover lobbying and political expenditures from the prior year?  By Complete if the organization is exempt under section 501(c)(4), section 501(c)  501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1; and 2 are answered "No" OR if Part III-A, lines 1; and 2 are answered "No" or if Part III-A, lines are assessments and similar amounts from members  stion 182(e) nondeductible lobbying and political expenditures (de not include amounts of political expenses for which the section 527(f) tax was paid).  The organization agree to carryover to the reasonable astimate of nondeductible lobbying and political expenditure next year?  If the organization agree to carryover to the reasonable astimate of nondeductible lobbying and political expenditures (	did staff or management (include compensation in expenses reported on lines to through 1i)?  altings to members, legislators, or the public?  bilications, or published or broadcast statements?  ants to other organizations for lobbying purposes?  ect contact with legislators, their staffs, government officials, or a legislative body?  lities, demonstrations, seminars, conventions, epeches, lectures, or any similar means?  her activities? if "Yes," describe in Part IV  tal. Add lines to through 1i  It he activities in line 1 cause the organization to be not described in section 501(c)(3)?  Yes," enter the amount of any tax incurred under section 4912  Yes," enter the amount of any tax incurred by organization remagers under section 4912  Yes," enter the amount of any tax incurred by organization remagers under section 4912  Yes," enter the amount of any tax incurred by organization remagers under section 4912  Yes," enter the amount of any tax incurred by organization remagers under section 4912  Yes, enter the amount of any tax incurred by organization remagers under section 4912  Yes, enter the amount of any tax incurred by organization remagers under section 501(c)(4), section 501(c)(5),  501(c)(6).  For substantially all (90% or more) dues received hondeductible by members?  It he organization make only in-house lobbying expenditures of \$2,000 or less?  It he organization make only in-house lobbying and political expenditures from the prior year?  By Complete if the organization is exempt under section 501(c)(4), section 501(c)(5),  501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 are assessments and similar amounts from members  stion 182(e) nondeductible lobbying and political expenditures (de not include amounts of political expenses for which the section 527(f) tax was paid).  The properties of the properties of the excess at the organization agree to carryover to the reasonable astimate of nondeductible lobbying and political enditure next year?  Supplemental Informa	did staff or management (include compensation in expenses reported on lines 1o through 1i)?  adia advertisements?  ants to other organizations for lobbying purposes?  ants to other organizations for lobbying purposes?  ant staffing organizations, seminars, conventions, speeches, lectures, or any similar means?  and add lines 1o through 1i  It he activities in line 1 cause the organization to be not described in section 591(c)(3)?  Yes, enter the amount of any tax incurred under section 4912  Yes, enter the amount of any tax incurred by organization managers under section 4912  Yes, enter the amount of any tax incurred by organization managers under section 4912  Yes, enter the amount of any tax incurred by organization managers under section 4912  Yes, enter the amount of any tax incurred by organization managers under section 4912  Yes, enter the amount of any tax incurred by organization managers under section 4912  Yes, enter the amount of any tax incurred by organization managers under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  The substantially all (90% or more) dues received hondeductible by members?  1 the organization make only in-house lobbying expenditures of \$2,000 or less?  2 the organization agree to carryover lobbying and political expenditures from the prior year?  2 the organization agree to carryover lobbying and political expenditures from the prior year?  3 Types.  Sol1(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is an arrow of the section 527(f) tax was paid).  The section 501(c)(5) if BOTH part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is an arrow of which the section 527(f) tax was paid).  The register amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  3 the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures (see instructions)  Supplemental Information  this part to provide the descriptions required for Part I-A, lin	idid staff or management (include compensation in expenses reported on lines 1e through 1i)?  adia advertilaements?  allings to members, legislators, or the public?  bilications, or published or broadcast statements?  ante to other organizations for lobbying purposes?  est contact with legislators, their staffs, government officials, or a legislative body?  lilies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  lilies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  lilies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  lilies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  lilies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  lilies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  lilies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  lilies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  lilies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  lilies, demonstration in the composition in the process.    Lilies, demonstration appears to the organization to be not described in section 501(c)(3)?    Yes, "enter the amount of any tax incurred under section 4912.

### 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, tine 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 Open to Public

Name of the organization

ARIZONA CATTLE GROWERS ASSOCIATION

Employer identification number 86-0002200

Pi	Part I. Organizations Maintaining Donor Advised F	unds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, Ilne 6.		A STATE OF THE STA
		(a) Donor advised funds	(b) Funds and other accounts
4	1 Total number at end of year		
2			
3	· ,		
4			
5		g that the assets held in donor advised	funds
	are the organization's property, subject to the organization's excl	Isive legal control?	Yes No
6	6 Did the organization inform all grantees, donors, and donor advisor	ors in writing that grant funds can be us	ed poly
	for charitable purposes and not for the benefit of the donor or do	ter advisor, er fer any other numesé ca	inferding
ži.	impermissible private benefit?		Yes No
Pa	art II Conservation Easements. Complete if the organiz	ation answered "Yes" to Form 990. Par	I IV. line 7.
7		heck all that apoly).	
	Preservation of land for public use (e.g., recreation or educa-		feally important land area.
	Protection of natural habitat	Preservation of a certifie	d historic structure
	Preservation of open space		— in a completion of contract of the contract
2	Complete lines 2a through 2d if the organization held a qualified c	enservation contribution in the form of	a conservation easement on the less
	day of the tax year.	· · · · · · · · · · · · · · · · · · ·	a a section of the se
			Held at the End of the Tax Year
۰ä	a Total number of conservation easements	2019 i an igi irin ekonikanikanikanikanikan gan kumpungan kan kan dalam samanga.	2a
Ь	b Total acreage restricted by conservation easements		26
¢	<ul> <li>Number of conservation easements on a certified historic structure</li> </ul>	included in (a)	.2c
d	<ul> <li>d Number of conservation easements included in (c) acquired after t</li> </ul>	8/17/06, and not on a historic structure	
	fisted in the National Register	AN TERM BY BY BETTER TRANSPORT ( NORTH AND BY TORRING METALLISM A DESCRIPTION OF THE PROPERTY	2d
3	Number of conservation easements modified, transferred, released	l, extinguished, or terminated by the or	genization during the tax
	year		***
4	and the second of the second o		
5	A Not the substitute will be a supplied to be to	monitoring, inspection, handling of	
:	violations, and enforcement of the conservation easements it hold	Temporal process and the second of the second secon	Yes No
6	Statt and volunteer hours devoted to monitoring, inspecting, and e	nforcing conservation easements durin	in the vear ▶
7		ing conservation easements during the	year > \$
₿	and the state of t	sly the requirements of section 170(h)(	4)(B)(I)
-	and section 170(h)(4)(B)(ii)?	anyan basian kada hirrigahik madahan argi ka kabat digangan argumi aran bita	Yes No
9	was to the angle of the same of the contract o	sements in its revenue and expense sta	itement, and balance cheet, and
	include, if applicable, the text of the footnote to the organization's	inancial statements that describes the	organization's accounting for
Da.	conservation easements	TANCE	***************************************
	art III Organizations Maintaining Collections of Art,	mistorical Treasures, or Othe	er Similar Assets.
1-	Complete if the organization answered "Yes" to Form 990, F		
413	If the organization elected, as permitted under SFAS 116 (ASC 956	), not to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition the text of the footnote to its financial statements that describes th	, education, or research in furtherance	of public service, provide, in Part XIV,
h	The action of the included and adjusted upder CEAS 446 And page	ese rems.	
U	of the organization elected, as permitted under SFAS 116 (ASC 958	), to report in its revenue statement and	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education relating to these items:	in, or research in funtierance of public.	service, provide the following amounts
			e de la companya de l
	(f) Fievenues included in Form 990, Part VIII, line 1	ng magagagagaan (1600) big garan managalamna na na 2000 niyaya na mana na na 2000.	5
2	(ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures	indalikkila menamiji pelikula masalika ana saupana penggapangan pelangganggan galas. Tanggapalik menambang Menamban pelanggan pelanggan pelanggan pelanggan pelanggan pelanggan pelanggan pelanggan	<b>F</b> &
	the following amounts required to be reported under SFAS 118 (AS	or other armer assets for financial gai	n, provide
a	Revenues included in Form 990 Pers VIII Res 1	and terming to ruese tems:	inc. ac
b	Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X	एके निकामी काम केंद्र में किएकोनियान काम की की असदा केंगीय के या काम किएको प्रेकृत हुए करूपता हुए नहीं बहु के ह स्थापन	
~	And the second section of the second second second second section sections in the second seco	بالمصيد وهدو الأجعادين والدعد والمستان والمشاورة فيناوع والمتافز والمتابي ويستار والمتاب والمتاب والمتاب والمتاب	<b>D</b>

		A CATTLE G					86-00	0229	0 Page 2
P	art III   Organizations Maintaining	Collections of A	Art, Histor	rical Tre	esures, or Otl	ner Simil	ar Asse	ts (cont	inuedi
3		sion, and other reco	rds, chéck ar	ny of the f	ollowing that are a	significant	use of its	collectio	n items
	(check all that apply):								<del></del>
	Public exhibition		d Los	n or exch	ange programs			,	
	Scholarly research		e Dtr						
- 4	Preservation for future generations			4-17-18-1			***************************************		
4	Provide a description of the organization's	collections and expl	ain hów they	further th	e oʻrganization'a ex	empt purp	ose in Par	t XIV.	
5	During the year; did the organization solicit	or receive donations	of art, histor	rical treas	ures, or other simil	ar assets			
No State	to be sold to raise funds rather than to be n	naintained as part b	the organize	ition's col	lection?		,,,,,, <u>,</u>	Yes	□ Ño
P	art IV Escrow and Custodial Arrai	igements. Comp	piete if the on	ganization	answered "Yes" t	o Form 990	, Part IV,	line 9, or	<del>, , , , , , , , , , , , , , , , , , , </del>
	reported an amount on Form 990, Pi	art X, line 21.							
18	is the organization an agent, trustee, custoo	lian or other interme	ediary for con	itributions	or other assets no	of Included			, , , , , , , , , , , , , , , , , , ,
	on Form 990, Part X?	-Entimition	***:******	, en a sala en en en este e en en	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u> </u>	Yes	□ No
t	If "Yes," explain the arrangement in Part XIV	and complete the f	ollowing tabl	e:		, jan 11 mary			
							·	Amount	
10	Beginning balance	*******************	<u>.</u>		*****************	1c			
Ç	Additions during the year	(\$}\$\$\$\$#\$\$\$#\$\$\$########################	s de dipor do anterope y appar			1d			
Ë	Distributions during the year	ientumpospospingenekypigabon	************	, p.y., i . g	imar cempida aşirli eta ila esta as	1e			
f	Ending balance				and the transmandips and additional	11			
Ža	Did the organization include an amount on F	orm 990, Part X, Ilni	e 217	, i kć i so s mis • 1440	*******	errencius er eile	. 2.5.2123	Yes	No
	<u>It "Yes," explain the arrangement in Part XIV</u>	<u> </u>							
	rt V Endowment Funds. Complete						······································		-1
	and the state of t	(a) Current year	(b) Prior	year	(o) Two years back	(d) Three y	ears back	(e) Four	years back
	Beginning of year balance		<u>  :                                   </u>						
b	franklight of the state of the								
C	Net Investment earnings, gains, and losses	<			**************************************				
a	Grants or scholarships	j.	<u> </u>					0.000	
e	Other expenditures for facilities			- 1					
a	and programs	,	\$2				0.00-0-10		
.9 2	End of year balance		1		<del></del>				
-≪- -:a	Board designated or quasi-endowment		35:	-				,	
b	Permanent endowment								rgan
, ,	Term endowment				·				
Ja.	Are there endowment funds not in the posse		لمت عدة أمدالة	Leann ac a	raženi kakanči e mrkti i	a	- 12.00		
ų,	PAS.	sarou oi aus othenix	anon mar ere	s neio ano	aeministered for t	ne organiz	ation	· its	
	(i) unrelated organizations								Yes No
		ભાગત વેશભૂગા વચ્ચતું વેચન કે કાર્ય છે કે વેચનાં ફેસાફો 	************	*************	Paka 924 tinga Bulbak di tanak birin ka 854%.	kajake ke menga nya s	edukananan fik	3a(i)	
lb	(ii) related organizations If "Yes" to 3a(ii), are the related organizations	listed as required o	manamini, n Šabadula I	anaan babi Ta	1 1848 9 4 9 4 5 4 5 4 5 1849 18 18 18 18 18 18 18 18 18 18 18 18 18	en in what you en and wa	en brich field and a	Ja(ii)	
4	Describe in Part XIV the intended uses of the	ornanivation's and	ustment fundi	FM reservations. Bi	***************	************	************	36	<u></u>
*******	t VI Land, Buildings, and Equipm	ent. See Form 990	Part X line	10.		SPHRANITE CONTRACTOR OF THE		NAME OF TAXABLE PARTY.	<u> </u>
WALLEY AND A STATE OF THE PARTY	Description of Investment	(a) Cost or o		b) Cost or	albar (a) A	ccumulate	- T	7.11 F3	
		basis (investo		basis (oti		ccurriolare preciation	-	(d) Book	Value
1a	Land					COLUMN			
	Buildings						0.000		****
	Leasehold improvements		713.	V.)		1,71	3.	<del></del>	0.
	Equipment			·····		35,23		7	,561.
	Other					ar we f the la		<u></u>	JUGIL
Total	. Add lines 1a through 1e. (Column (d) must eq	stal Form DOO. Dart	V onlyma 10	N 100	A t		<b>&gt;</b>	ं न	,561.

Schedule D (Form 990) 2010

	edule D (Form 990) 2010 ARIZONA CATTLE GROWERS ASSOCIAT	ION	86-	0002290 Page 4
P	art XI Reconciliation of Change in Net Assets from Form 990 to Audite	d Financial Sta	temen	is
1	Total revenue (Form 990, Part VIII, column (A), Ilne 12)	4	<del></del>	474,277.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		515,495.
. 3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		-41,218
4	Net unrealized gains (losses) on investments	4	·	-41/210
.5	Donated services and use of feoilities	5	·	
8	Investment expenses	6		
7	Prior period adjustments	7		the same of the sa
8.	Other (Describe in Part XIV.)	8	i,,	Hill Hilly agreement to the same payment of th
9	Total adjustments (net). Add lines 4 through 8		***	No.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	9	******	0.
Pa	rt XII. Reconciliation of Revenue per Audited Financial Statements With	3 Dougnous	M	-41,218.
1	Total revenue, gains, and other support per audited financial statements	i ueaeune bet	return	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	A C B A R R P Y 1974 A 19 BB 100 A 1974	. 1	518,621.
a	Mark residence Residence and the second of t			
b				
ć	Donated services and use of facilities  Becoveries of prior voor grants			• •
ď	A STATE OF THE PROPERTY OF THE	* * * *		the state of the s
_	The state of the s	44,344	•	
3	Add lines 2a through 2d	 enska kakila ji jakun naman ya Mabiman aja	_2e	44,344.
	Subtract line 2e from line 1		3	474,277.
4	Amounts included on Form 986, Part VIII, Inc. 12, but not on line 1:			
20	Investment expenses not included on Form 990, Part VIII, line 7b			
.6	Offher (Describe in Part XIV.)			
O.	Add lines 4a and 4b		46	0
	Total revenue: Add ands 3 and 4c. Hins must edual from 900 Part Filing 19 1			A PH A PAREN
Par	Example With the content of the cont	a Evenence en	m Date	n
7	otal expenses and losses per audited financial statements		4	525,610.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
Ð	Donated services and use of facilities			
ù	Prior year adjustments 25			.*
o	Other losses:		*	"No.
ď	Other (Describe in Part XIV.)	10,115.		w# ·
e	Add lines 2a through 2d	The same of the sa	2e	in ite
3	Subtract line 2e from line 1	******************	3	$\frac{10,115}{515,495}$
. 79	Athonitis included on Furth and, Fart IA, line 20, but not on line 1:	je i i i i i i i i i i i i i i i i i i i		J. J. J. 4 9 D a.
â	Investment expenses not included on Form 990, Part VIII, line 75			
Ъ	Other (Describe in Part XIV.)		-	
ė	Add issands and the			6
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	49 + 100/24 2,4 kg i i min energi frikula 2,4	4c	0.
rai	CAIX Supplemental Information		5	515,495.
Comp	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 a ar	J. 4. 15. 3. 10 16	T. Lina	***
439 BING	4) Francolour de Calegra in 18 20. 200 de la 200 de la 1980 de la 200 de la	4.4 2.4		Part V, line 4; Part
PAR	T X, LINE 2: THE ASSOCIATION HAS EVALUATED ITS	ito provide any ad PAY D∧ C⊤m⊤	altional in	formation.
	· · · · · · · · · · · · · · · · · · ·			
CUR	RENTLY, THE TAX RETURNS OPEN AND SUBJECT TO EXAM	<b>ሪ</b> ሞችቸው ከተም ለሚት ተማ	-	
***************************************	TAME DOUBLE TO HAM	TIMELITON W	KL TI	1E 2008,
200	9 AND 2010 FISCAL YEARS BY THE INTERNAL REVENUE	Contracts a	eren men	د هنده مندس
·······································	THE PART THE PART OF THE PART	DEKATCE W	ND E	E 2007,
200	8, 2009 AND 2010 FISCAL YEARS BY THE ARIZONA DEI	A DINTENING A	ारी किं <b>य</b> ांक	gramma and states
HOW	EVER, THE ASSOCIATION IS NOT CURRENTLY UNDER AUI	אנו פרוא יידו	e mer	1
			o inc	1
ASS	OCIATION BEEN CONTACTED BY ANY OF THESE JURISDIC	TIONS. B	ASED	ON THE
				Printered Company
**************************************	CUATION OF THE ASSOCIATION'S TAX POSITIONS, MANA	GEMENT BE	LIEVE	S ALL TAX
POSI	TIONS TAKEN WOULD BE UPHELD UNDER EXAMINATION.	मिध्रकातावस्य	יינו יום	
	THE COLUMN THE PROPERTY OF THE	THEREFOR	*****************	The state of the s
032054		*	sericonid	D (Form 990) 2010

Schedule D (Form 990) 2010 ARIZONA CATTLE GROWERS ASSOCIATION  Part XIV Supplemental Information (continued)	86-0002290 Page 5
PROVISION FOR THE EFFECTS OF UNCERTAIN TAX POSITIONS HAVE	BEEN RECORDED
PAR THE VENDS ENDED TIME 20 2011 THE DAY	
	Shot short suggestion in
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
PROGRAM SERVICE REVENUE RECOGNIZED IN PREVIOUS PERIOD	250.
PROGRAM SERVICE REVENUE RECOGNIZED IN THE CURRENT PERIOD	35,859.
DIRECT EXPENSES FROM GAMING REPORTED ON FORM 990 PART VIII	8,235.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	44,344.
	+
PART XIII, LINE 2D - OTHER ADJUSTMENTS:	A Haberton and Annual A
EXPENSES RECOGNIZED FROM THE CURRENT PERIOD	1,880.
DIRECT EXPENSES FROM GAMING REPORTED ON FORM 990 PART VIII	8,235.
TOTAL TO SCHEDULE D, PART XIII, LINE 2D	10,115.
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### SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

2010

Open To Public Inspection

Schedule G (Form 990 or 990-EZ) 2010

Department of the Treasury Internal Revenue Service 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 Ba.

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

Name of the organization Employer identification number ARIZONA CATTLE GROWERS ASSOCIATION 86-0002290 Fundralsing Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ fillers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundralsing events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes ∐n√o b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (III) Did lundraiser have custody or control of contributions? (v) Amount paid to (or retained by) fundraleer (i) Name and address of individual (vi) Amount paid (iv) Gross receipts (ii) Activity to (or retained by) or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

				t events with gross recel	3
		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
Φ		(event type)	(event type)	(total number)	- col. (c))
Revenue				**************************************	· · · · · · · · · · · · · · · · · · ·
ě	1 Gross receipts	· ·			-
	2 Less: Charltable contributions		: 		
	30 Ppg (9-21-1-9-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-				****
	3 Gross income (line 1 minus line 2)				
	4 Cash prizes				
	4 Ogalt plizoa www.mananananananananananananananananananan	·		William Control of the Control of th	
a	5 Noncash prizes				
2					
Š	8 Rent/facility costs			1 · · · · · · · · · · · · · · · · · · ·	
Andre Cycleses	7 Food and beverages				
5					
	8 Entertainment				
	9 Other direct expenses	A Discourse to		1	<u> </u>
	10 Direct expense summary. Add lines 4 through 11 Net income summary. Combine line 3, colur	iu a iu comuu (a)	Kirit a Piaj i dini anaja ng ppo abodynamy nagyong ng	. erende partiret until pertire de le perere	<u> </u>
Devel de		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ad col. (a) through col. (a
Ú	1. Gross revenue			41,843.	41,843
			4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -		
3	on Augustus				4
	2. Cash prizes		*		
2	Cash prizes     Noncash prizes			8,235.	8,235
		- Andrews of the Control of the Cont		8,235.	8,235
Lillera Expenses	3 Noncash prizes  4 Rent/facility costs	- Andrews of the Control of the Cont		8,235.	8,235
	3 Noncash prizes	- Andrews of the Control of the Cont	6	Yes %	8,235
	3 Noncash prizes  4 Rent/facility costs		6 Yes %		8,235
	3 Noncash prizes 4 Rent/fadility costs 5 Other direct expenses	Yes 9		Yes %	8,235
	3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 throug	Yes 9 No h 5 in column (d)	No	Yes %	( 8,235
	3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 throug 8 Net gaming income summary. Combine line	Yes 9 No h 5 in golumn (d)	No	Yes %	
	3 Noncash prizes 4 Rent/fadility costs 5 Other direct expenses 7 Direct expense summary. Add lines 2 throug 8 Net gaming income summary. Combine line Enter the state(s) in which the organization opera	Yes 9 No h 5 in golumn (d) I, column d, and line 7 tes gaming activities:	No No	Yès %	( 8,235 33,608
2	3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 throug 8 Net gaming income summary. Combine line	Yes 9 No h 5 in column (d) column d, and line 7 tes gaming activities:	No No AZ	Yes %	( 8,235 33,608
) a b	3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 throug 8 Net gaming income summary. Combine line Enter the state(s) in which the organization operate the organization licensed to operate gaming act if "No," explain: THE ORGANIZATION	Yes 9 No h 5 in column (d) , column d, and line 7 tes gaming activities: tivities in each of these TS TAX EXE	AZ states? MPT AND THERE	Yes % X No	( 8,235 33,608 — Yes X No REQUIRED TO

Schedule G (Form 900 or 990-EZ) 2010 ARIZONA CATTLE GROWERS ASSOCIATION 86-0	3002:	290	Dana 2
11 Does the organization operate garning activities with nonmembers?	ŢŢ,	Yes	X No.
12 is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			110
to administer charitable gaming?	. 🗆 🤉	/es	X No
13: Indicate the percentage of gaming activity operated in:			
a The organization's facility	13a	1.00	<u>.00 %</u>
b An outside facility  14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	13b	LUU	.00 %
Name KIM COE			
Address ➤ 1401 NORTH 24TH STREET, STE. 4 - PHOENIX, AZ 85008			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. 🗀 Y	es	X No
b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$			
e If "Yes," enter name and address of the third party:			
Name >			
Address >	***************************************		· · · · · · · · · · · · · · · · · · ·
16 Geming manager information:	***************************************		
Name > DOC LANE	и		
	***************************************		· · · · · · · · · · · · · · · · · · ·
Gaming manager compensation > \$ 0 .			
Description of services provided > MANAGER OF THE RAFFLE.			
X 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			
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	Ye	98. [	X No
organization's own exempt activities during the tax year > \$	M-Chilengopous		
Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) to lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	ind (v), a (see insi	and P	art III, one):
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### SCHEDULE O

(Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

DMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number ARIZONA CATTLE GROWERS ASSOCIATION 86-0002290 FORM 990, PART VI, SECTION B, LINE 11: REVIEW AND ACCEPTANCE BY A RESOULTION AT A BOARD MEETING. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION ALLOWS FOR INSPECTION UPON REQUEST. THERE HAS BEEN NO CHANGE FROM PRIOR YEARS IN THE OVERSIGHT PROCESS AND SELECTION PROCESS.

Department of the Treatory Internal Revenue Service SCHEDULER (Form 990)

Related Organizations and Unrelated Partnerships

2010 Open to Public Inspection

OMB No. 1545-0047

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

Attach to Form 990.

See separate instructions.

Employer identification number 86-0002290

Direct controlling

Ξ

End-of-year assets Ü Total income D Bart Indentification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, Ine 33.) Legal domicile (state of foreign country) Q ARIZONA CATTLE GROWERS ASSOCIATION Printing activity Name, address, and EIN of disregarded entity Name of the organization

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

(5)(1(g)	No.			ŀ						
(g) Section 5/2(ty)(13) Carificalled entity?	Yes		<del>,</del>		, <del></del> .		······	****		
(f) Direct controlling entity				The state of the s						
(e) olic charity s (if sectio	901(c)(3))	Milderaldh								
(d) (d) Full section statu					W					
(c) Legal domicile (state or foreign country)										
(b) Primary activity									**************************************	
(a) Name, address, and EIN of related organization.				And the second s	Prince of the second se	Attive and the second s				

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

082181 12-21-10 LHA

Schedule R (Form 990) 2010

Schedule R (Form 990) 2010 ARIZONA CATTLE GROWERS ASSOCIATION

86-0002290 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.)

Page 2

(a) Name, address, and EIN of related organization	(b) (c) Primary activity Legal contest (state of screen screen)	(C) Legal domicile (state or (oreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from fax under sections \$12-514)	(f) The Share of total income inder	(9) Share of encoryear assets	(h) Dispreportion- ets allocations/	(0) Code V-UBI amount in box 20 d's chedule		General or Percentage managing dwinership
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				T			-			American de Americ
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Name, address, and EIN  Primary activity    Primary activity   Legal dominical Direct controlling   Type of entity   Share of total   Characon   Characon	oration or trust during	o the tax	ration or Trust (Comp feat.) (b) Primary activity	nplete if the organ (c) ty Legal dom	Cation answered "Yes (d) (d) Inect controlling	to Form 990, Par (e) Type of entity	t IV, line 34 b	ecause it had one o	e or more	related (N
ARIZONA CATTLEMEN'S ASSOCIATION 1401 NORTH 24TH STREET SITTE 4	INC 86-0543753	753		(Auunco ubjavot		(C corp., S corp., or thust)	income			ownership
2 85008			MANAGEMENT SERVICES	CES AZ	N/A	C CORP	N/A	N/A		N/A
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023162 (2-21-10			And the second section of the second section of the second section of the second section of the second section	30				Schedule R (Form gath 2010	E L	900
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Page 3

# Schedule R (Form 990) 2010 ARIZONA CATTLE GROWERS ASSOCIATION

Bert.V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36)

Schedule R (Form 990) 2010 ם Ö E C. 0 ä Loans or loan guarantees by other organization(s). Lease of facilities, equipment, or other assets to other organization(s) Other transfer of cash or property to other organization(s) Method of determining amount involved 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. Sharing of facilities, equipment, mailing lists, or other assets Gift, grant, or capital contribution from other ciganization(s) Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts IHV? (c) Amaunt Involved Reimbursement paid by other organization for expenses. (b) Transaction type (a-t) Purchase of assets from other organization(s) (V): Performance of services of membership or fundraising solicitations for other organization(s) Performance of services or membership or fundraising solicitations by other organization(s) Giff, grent, or capital contribution to other organization(s) Lease of facilities, equipment, or other assets from other organization(s) Other transfer of cash or property from other organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule... Sale of assets to other organization(s) Loans or loan guarantees to or for other organization(s) (a) Name of other organization Sharing of paid employees Exchange of assets **(公2:183 12-21-10** (t) 'n מ £ Ε Ď. ø, **6**, Ξ Ø 0 3 回 9

86-0002290

Schedule R (Form 990) 2010 ARIZONA CATTLE GROWERS ASSOCIATION

Part VI Unrefated 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.

K		ı	-				
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of entity	Primary activity	Legal domicite (state or foreion	Are all partners section 507(c)(3)	Share of end-of-	Dispropor- tionate	Code V-UBI	.8 €
		country)	Yes No	Ted pages	Vac No.	of Schedule K-1	
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Schedule R (Form 990) 2010

### TAX RETURN FILING INSTRUCTIONS

ARIZONA FORM 99

### FOR THE YEAR ENDING

June 30, 2011

· · · · · · · · · · · · · · · · · · ·
Mr. Doc Lane Arizona Cattle Growers Association 1401 North 24th Street Phoenix, Arizona 85008
Wallace, Plese + Dreher, LLP 3933 S. Mcclintock Dr., Ste 500 Tempe, AZ 85282
No payment required
Not applicable
Arizona Department of Revenue PO Box 52153 Phoenix, AZ 85072-2153
November 15, 2011
The return should be signed and dated by an authorized individual.  We recommend that you send the return to the taxing authority by U. S. Post Office date stamped certified mail with a request for a return receipt. Please retain the receipt as a proof of filing.

-		1 OF THE CONTROL ASSESSMENT OF TAXABLE HONDY ASSESSMENT DEBINISHING	<i>y 3 3</i>	отуто алоеп	បានថ្ងៃ	007	90/ IJ	L .	
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A Date Ariz	ona	operations began 12/01/1924		REVENUE USE OF	VLY.				ARFA.
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B Nature of	Ariz	one activities MEMBERSHIP							
•				-  ·					
C Check fe	dera	form filed: X 990  990 EZ Other (specify)							
Én	alaei	a copy of the organization's federal return.		81		ا ا	6		·
Marian Company of the	D+0-01					112	21		
Sources	1	Gross sales or receipts from business activities	1	41,843	00				
of	2		. 2		00				
Income	3	in an interest the second of t	3	41,843					
	4	and the first water or and water construction and relative factor of the fig. for any of the set of	4	31	00				
	5	. To the transfer of the state	. 5		00				
	6	Rents and royalties	6		00				
	7	Gain or (loss) from sales of assets, excluding inventory items	7	-	00				
	8	Reddings Committee Committ	a	193,968	00				
	9	444461564994	9		00				
	10		10	55,455	00				
	11		11	191,215	00	S.	LATEN	ENT 1	
	12	Total Income • add lines 3 through 11	15:44 11:44	reini problemo juntas carajo distas esperas.	. j j.	12	4	82,51	2 00
Administrativo	13	Compensation of officers, directors trustees, etc.	423		00		7,000		'متبسبنین''
Expenses	14	Salaries and wages other than amounts included on line 2.2	1		00				
	15	Interest	1184	<b>D</b> 18	00				
	16	Taxes	16	1	00				
	17	Rent expense	17		ÓO				
	18	Depreciation - attach schedule	18		00				
	19	Miscellaneous expenses - attach ftemized statement	19		00				14 Jan 2
April 10 and 10	20	Total expenses - add lines 18 through 19		**************************************		20			00
Disbursements		Dues, assessments, etc., to affiliated corporations	21		00				Sucingations.
From Current Income for the.	22	and the state of t	22		00				
Organization's	23	Benefit payments to or for members or their dependents:	·	<u> </u>	yy				
Example		a. Death, sickness, hospitalization, disability, or pension benefits	23a		00				
Purposes		b. Other banefits	23b		00				
	24	Dividends and other distributions to members, shareholders, or depositors	24		00				
	25	Other	25	523,730	00			ENT 2	
	26	Total - add lines 21 through 25		************************		26	5	23,730	0 00
Disbursements From Principal	27	Dues, assegaments, etc., to affiliated corporations	27		00				v
for the	28	Contributions, gifts, grants, etc., paid	28	***	00				
Organization's	29	Benefit payments to or for members or their dependents:	***************	· · · · · · · · · · · · · · · · · · ·	<del>)</del>				
Exempt		a. Death, sickness, hospitalization, disability, or pension benefits	29a	<del></del>	00				
Purposes	7974	b. Other benefits	29b	Meliciniania	00				
	30	Dividends and other distributions to members, shareholders, or depositors	30		00				
	31	Other	31		00			·	
Miles	32	Total add lines 27 through 31	*******	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		32	<del></del>		00
Other Accumulation	33	Other disbursements not itemized above - attach schedule	3 5 4 5 4 5 1			33		3 3	00
Accumulation of Insome	34	Accumulation of income in current year - line 12 less the sum of line	s 20,	25, 32, and 33	[.:	34		41,218	
037971 11-29-10	35	Accumulation of income at beginning of year	*****			35		49,093	3 00
11-29-10 Penalty		Accumulation of income at end of year - add lines 34 and 35				36	2(	07,875	
ADOR 10418 (10)	U.S	Penalty for late filing or incomplete filing - See Instructions THE EXEMPT ORGANIZATION IS SUBJECT TO A PENALTY IF THIS RETURN	وخودو مرز . د نومو چېن	ren i Amerika da da arabara esta esta esta esta esta esta esta est		37	40		00]
-regions will be 01st	N-314". A	- DIGGERSON I DAMAMACANIDA NI GIZOJEVI III A KEMALITY IK UMIS MRTIHAN	10.51	MELLER EN LINCLES PARTITIONED	HIE ₽	445 E /	ハンきょくりぎんん	1	

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A2a Account b Less: c Line A A3a Other no b Less: c Line A A4 Inventor A6 Investme A7a Land, bu b Less: c Line A A8 Other as: A9 Total as: A10 Accounts A11 Mortgage A12 Other lieb A13 Total list A14 Capital st A15 Pald in or A16 Retained	Assets  a receivable allowance for doubtful accounts A2a less line A2b. Enter difference in column oftes and loans receivable - attach schedule allowance for doubtful accounts A3a less line A3b. Enter difference in column oftes ants (accurities) - attach schedule ants (other) - attach schedule accumulated depreciation - attach schedule A7a less line A7b. Enter difference in column oftes describe Sets - add lines A1 through A8  Liabilities  a payable and accued expenses and other notes payable - attach schedule Silities - describe Silities - describe	A2a	38,511 oc 36,950 oc	250 17,500 2,433 249,442	9 00 A1  00 A2  00 A3  00 A4  00 A5  00 A6	17,123 oc 17,123 oc 1
A2a Account b Less: c Line A A3a Other no b Less: c Line A A4 Inventor A5 Investme A7a Land, bu b Less: c Line A Other as: A8 Other as: A9 Total as: A10 Accounts A11 Mortgage A12 Other liet A13 Total list A14 Capital at A15 Pald in or A16 Retained	is receivable callowance for doubtful accounts A2a less line A2b. Enter difference in column ates and loans receivable • attach schedule callowance for doubtful accounts A3a less line A3b. Enter difference in column i des ents (securities) • attach schedule ents (other) • attach schedule ents (other) • attach schedule ents (other) • attach schedule escumulated depreciation • attach schedule A7a less line A7b. Enter difference in column ( sets • describe sets • add lines A1 through A8  Liabilities  s payable and account expenses es and other notes payable • attach schedule	A2a	38,511 oc 36,950 oc	250 17,500 2,433 249,442	00 A2c 00 A3c 00 A4 00 A5 00 A6	17,123 00 1 00 1 00 17,500 00 1,561 00 7,480 00
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b Less:	allowance for doubtful accounts AZa less line AZb. Enter difference in column of the same loans receivable attach schedule allowance for doubtful accounts AZa less line AZb. Enter difference in column of the same line AZb. Enter difference in column of the same laceurities attach schedule and other accumulated depreciation attach schedule accumulated depreciation attach schedule accumulated depreciation attach schedule accumulated depreciation attach schedule sets accumulated AZb. Enter difference in column of the sets accumulated depreciation attach schedule sets accumulated depreciation attach schedule sets accumulated depreciation attach schedule sets accumulated acc	A2b	38,511 oc 36,950 oc	250 17,500 2,433 249,442	00 A3c 00 A4 00 A5 00 A6	1,561 or 7,480 or 7,480 or
A3a Other no h Less: c Line A4 Inventoria Investme A7a Land, bu b Less; c Line A Citier as: Total as: A10 Accounts A11 Mortgage A12 Other list A13 Total list Pald in or his Retained	A2a less line A2b. Enter difference in column ofes and loans receivable - attach schedule - allowance for doubtful accounts  A3a less line A3b. Enter difference in column in the second schedule - attach schedule - attach schedule - attach schedule - accumulated depreciation - attach schedule - A7b. Enter difference in column (sets - describe - Sets - add lines A1 through A8 - Liabilities  E payable and accrued expenses - and other notes payable - attach schedule	A3a A3b b)  A7a A7a A7b b)  EE ST/	38,511 00 36,950 00	27,500 2,433 249,442	00 A3c 00 A4 00 A5 00 A6	1,561 or 7,480 or 7,480 or
A3a Other no h Less: c Line A4 Inventoria Investme A7a Land, bu b Less; c Line A4 Other as: A10 Accounts A11 Mortgage A12 Other liet A13 Total list A14 Capital at A15 Pald in or A16 Retained	otes and loans receivable - attach schedule allowance for doubtful accounts A3a less line A3b. Enter difference in column ( les ents (securities) - attach schedule ents (other) - attach schedule excumulated depreciation - attach schedule extra less line A7b. Enter difference in column (  sets - describe  Sets - add lines A1 through A8  Liabilities  s payable and accrued expenses es and other notes payable - attach schedule	A3a	38,511 oo 36,950 oo	17,500 2,433 249,442	00 A3c 00 A4 00 A5 00 A6	1,561 or 7,480 or 7,480 or
h Less: c Line A A4 Inventori A5 Investme A6 Investme A7a Land, bu b Less: c Line A A8 Other as: A9 Total as: A11 Mortgage A12 Other lieb A13 Total list A14 Capital st A15 Pald in or A16 Retained	Allowance for doubtful accounts  A3a less line A3b. Enter difference in column ( les ents (securities) - attach schedule ents (other) · attach schedule ents (other) · attach schedule elidings, and equipment; basis accumulated depreciation - attach schedule extra less line A7b. Enter difference in column ( sets - describe  Sets - add lines A1 through A8  Liabilities  s payable and accrued expenses es and other notes payable - attach schedule	A3b	38,511 oo 36,950 oo	17,500 2,433 249,442	00 A4 00 A5 00 A6 00 A7c 00 A8	1,561 or 7,480 or 7,480 or
A4 Inventor A5 Investme A6 Investme A7a Land, bu b Less; c Line A A8 Other as: A9 Total as: A11 Mortgage A12 Other liet A13 Total list A14 Capital st A15 Pald in or A16 Retained	A3a less line A3b. Enter difference in column ( les ents (securities) - attach schedule ents (other) · attach schedule ents (other) · attach schedule elidings, and equipment; basis eccumulated depreciation - attach schedule extra less line A7b. Enter difference in column ( sets - describe sets - add lines A1 through A8  Liabilities es payable and accrued expenses es and other notes payable - attach schedule	A7a A7a A7b	38,511 00 36,950 00 ATEMENT 3	2,433 249,442	00 A4 00 A5 00 A6 00 A7c 00 A8	1,561 or 7,480 or 7,480 or
A4 Inventorial Investment A6 Investment A78 Land, but b Less; c Line A Other ass A9 Total ass A11 Mortgage A12 Other list A13 Total list A14 Capital at A15 Pald in or A16 Retained	les ents (securities) - attach schedule ents (other) - attach schedule	A7a A7b D)	38,511 00 36,950 00 ATEMENT 3	2,433	00 A4 00 A5 00 A6 00 A7c 00 A8	1,561 or 7,480 or 7,480 or
A5 Investme A6 Investme A7a Land, bu b Less; c Line A A8 Other as: A9 Total as: A10 Accounts A11 Mortgage A12 Criter liet A13 Total list A14 Capital st A15 Pald in or A16 Retained	ents (securities) - attach schedule ents (other) - attach schedule	A7a A7b b)	38,511 00 36,950 00 ATEMENT 3	2,433	00 A5 00 A6 00 A7c 00 A8	1,561 or 7,480 or
A6 Investme A7a Land, bu b Less; c Line A A8 Other as: A9 Total as: A10 Accounts A11 Mortgage A12 Capital at A13 Total list A14 Capital at A15 Pald in or A16 Retained	ents (other) · attach schedule  illdings, and equipment; basis  accumulated depreciation · attach schedule  Ya less line A7b. Enter difference in column ( sets · describe S  sets · add lines A1 through A8  Liabilities  s payable and accrued expenses es and other notes payable · attach schedule	A7a A7b b)	38,511 00 36,950 00 ATEMENT 3	2,433	00 A6	1,561 or 7,480 or
A7a Land, bu b Less; c Line A A8 Other as: A9 Total as: A10 Accounts A11 Mortgage A12 Other list A13 Total list A14 Capital st A15 Pald in or A16 Retained	illdings, and equipment; basis accumulated depreciation - attach schedule Valless line A7b. Enter difference in column ( sets - describe Sets - add lines A1 through A8  Liabilities s payable and accrued expenses es and other notes payable - attach schedule	A7a A7b b) EE ST)	38,511 00 36,950 00	2,433	00 A7c	1,561 00 7,480 00
b Less; c Line A A8 Other as: A9 Total as: A10 Accounts A11 Mortgage A12 Other list A13 Total list A14 Capital st A15 Pald in or A16 Retained	accumulated depreciation - attach schedule Valess line A7b. Enter difference in column ( sets - describe Sets - add lines A1 through A8  Liabilities s payable and accrued expenses es and other notes payable - attach schedule	A76 b)	36,950 00	2,433	00 A8	7,480 00
C Line A A8 Other as: A9 Total as: A10 Accounts A11 Mortgage A12 Other list A13 Total list A14 Capital st A15 Pald in or A16 Retained	A7a less line A7b. Enter difference in column ( sets - describe S sets - add lines A1 through A8 Liabilities s payable and accrued expenses es and other notes payable - attach schedule	b) general by the second secon	ATEMENT 3	2,433	00 A8	7,480 00
AS Other as: AS Total as: AS Total as: AS Total as: AS Total list AS Total list AS Total list AS Pald in or AS Retained	sets - describe S sets - add lines A1 through A8 Liabilities s payable and accrued expenses es and other notes payable * attach schedule	EE STA	ATEMENT 3	249,442	00 A8	7,480 00
A10 Accounts A11 Mortgage A12 Other list A13 Total list A14 Capital st A15 Pald in or A16 Retained	Liabilities  Liabilities  payable and accrued expenses and other notes payable * attach schedule	kasomerajino (kilingija) kasomeraji kasomeraji kasomeraji vasomeraji	Pridatines (1,2) (4,5) (2,4)		00 A9	268,638 00
A10 Accounts A11 Mortgage A12 Other list A13 Total list A14 Capital st A15 Paid in or A16 Retained	Liabilities s payable and accrued expenses se and other notes payable attach schedule	t İs≨iika Dukibay yayıy N∃işkikirin kayıngı				
A11 Mortgage A12 Other lieb A13 Total list A14 Capital st A15 Pald in or A16 Retained	s payable and accrued expenses	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		·		
A11 Mortgage A12 Other lieb A13 Total list A14 Capital st A15 Pald in or A16 Retained	es and other notes payable attach schedule	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	In 1888 th 1888 1888 1988 the work of the state of the			•
A11 Mortgage A12 Other lieb A13 Total list A14 Capital st A15 Pald in or A16 Retained	es and other notes payable attach schedule	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		349	00 A10	59,869 00
A12 Other list A13 Total list A14 Capital st A15 Pald in or A16 Retained	S. S	THE STATE OF THE STATE OF			00 A11	The state of the s
A13 Total list A14 Capital st A15 Pald in or A18 Retained		EE ST7	TEMENT 4		00 A12	
114 Capital st 115 Pald-in or 118 Retained	bilities - add lines A10 through A12			349	00 A13	60,76300
415 Pald-in or 416 Retained					1,771,777	
A15 Pald in or A18 Retained	Net Assets					
A15 Pald in or A18 Retained	tock or trust principal	<b>*</b> *************			00 A14	1 00
416 Retained	capital surplus		Stanpesytus fu csillinda qili qaliba is		00 A15	00
A17 Total net	earnings or accumulated income	# 1:3 p p + + 2, j : + + 5 4 + 24 4		249,093	00 A16	207,875 00
	assets - add lines A14 through A16	*3>**************	i nik dawai kibun kipupa kanungungan anggal	249,093	00 A17	207,875 00
18 Total liab	illties and net assets - add lines A13 and A	17	tedwałes dannen beside er de Angrese	249,442	00 A18	268,63800
De	Inder penalties of perjury, I declare that I have est of my knowledge and bellef, it is a true, ed the income fax laws of the State of Arizona.	examined rect and c	his reture, including emplete return, mad	accompanying sched o in good faith, for the	ules and s taxable ye	statements, and to the ear stated pursuant to
leasa			*			
Sign Here Offi	icur's signature	T	Date		Title	
'aid	Mullillo Han	n DA	1 v	· Tim tu		
reparer's	f fullace the f	CPA_		<u> 1 /(D /B                                 </u>	· · · · · · · · · · · · · · · · · · ·	
ise Only Pré	parèr's signature		Date	, / /	Preparer*	's EIN, PTIN or SSN
W	ALLACE, PLESE + DREHER,	LLP			86-0	841383
Fim	n's name (or preparer's, if self-employed)		SC WAS VIEW WILL	N(FW), daig .	Company of the Compan	X EIN or SSN
	933 S. MCCLINTOCK DR.,	STE 5	6.	ω ν. Αν ν	ge ga takan tan	. managaran
	EMPE, AZ	· · · · · · · · · · · · · · · · · · ·	8 <u> </u> ZIP (	5282	(480	) 345~0500

AZ 99	OTHER INCOME		STATEMENT 1
DESCRIPTION			TRUOMA
OTHER REVENUE MEETINGS, CONVENTIONS, NEWSLETTERS AND CALEND			81,705. 56,372. 53,138.
TOTAL TO FORM 99, PAGE 1	, LINE 11		191,215.
AZ 99	OTHER EXPENSES		STATEMENT 2
DESCRIPTION			TNÜOMA
DIRECT EXPENSES OF GAMING LEGAL FEES ACCOUNTING FEES TRAVEL CONFERENCES AND CONVENTION DEPRECIATION, DEPLETION OF MANAGEMENT FEES PRINTING & PUBLICATIONS STAFF EXPENSE CONTRACT LABOR MEMBERSHIP DUES ALL OTHER EXPENSES TOTAL TO FORM 99, PAGE 1.	ONS AND AMORTIZATION		8,235. 16,746. 7,070. 5,292. 76,592. 872. 204,629. 56,275. 55,073. 32,529. 22,040. 38,377. 523,730.
AZ 99	OTHER ASSETS		STATEMENT 3
DESCRIPTION		BEG OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFE	erred Charges	0 .	7,480.
TOTAL TO FORM 99, PAGE 2,	LINE A8	0 .	7,480.

AZ 99 OTHER LIABILITIES		STATEMENT 4
DESCRIPTION	BEG OF YEAR	END OF YEAR
DEFERRED REVENUE	0.	894.
TOTAL TO FORM 99, PAGE 2, LINE A12	0:-	894,

# A COPY OF THE FEDERAL INCOME TAX RETURN WAS ATTACHED TO THIS STATE RETURN

# EXTENSION GRANTED TO FEBRUARY 15, 2011 Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury internal Revenue Service

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

Open to Public

A	Fort	the 2009 calendar year, or tax year beginning JUL 1, 2009 and endir	g JUN 30, 2010	1 Hopevioi
	Check applica		D Employer identif	The state of the s
г	Add	USO REST		
<u> </u>		nge print of ARIZONA CATTLE GROWERS ASSOCIATION  nge type Doing Business As		
F	isna initi retu	al		0002290
F	Ten	min- Greeting a A a service of the s		
F	atec	ended tions		<u>-267-1129</u>
Ė	ratu App	Mon 1 harconarry are orono	G Gross tacelple \$	584,560.
5,000	Lion pen	F Name and address of principal officer:MR. DOC LANE	H(a) is this a group r	
		1401 NORTH 24TH STREET, PHOENIX, AZ 8500	for affiliates?	Yes X No
.[	Tax-e	xempt status: X 501(c) ( 5 ) ◀ (insert no.) 4947(a)(1) or 527		
		site: N/A	it "No," attach a	illst. (see instructions)
			H(c) Group exemption Year of formation: 1924	on number >
	art l		1681 01 (01) (10) (10) (11) (11) (12) (13) (13)	Al State of legal nomicile; AZ
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO PROV. CATTLE INDUSTRY.	IDE EDUCATION	ABOUT THE
E.	2	Check this box  if the organization discontinued its operations or disposed of	more than 25% of its net a	eate
5	3	Number of voting members of the governing body (Part VI, line 1a)	19	26
නේ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4.	26
es	5	lotal number of employees (Part V, lihe 2a)	15	0
ivit.	8	rotal number of volunteers (estimate if necessary)	. 6	0
Š	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	79	184.
مستند	b	Net unrelated business taxable income from Form 990-T, line 34		Û,
		Philosophy Control of the Control of	Prior Year	Current Year
	8	Contributions and grants (Part VIII lege 1h)	109,514.	215,119.
Revenue	10	Program service revenue (Part VIII and and VIII)	279,815.	200,210.
T,	10	Program service revenue (Part VIII, in 2) Investment income (Part VIII, column (A), lines 3, 4 and 4) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10cflan 1) Total revenue, add lines 8 through 11 (one) of all Part VIII and 1	1,832.	184.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	153,856.	161,946.
~~~~	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	545,017.	577,459.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
ø	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	29,910.	
Sasuedxa	16a	Professional fundraising fees (Part IX, column (A), line 11s)		
Ü. Σ	b	Total fundralsing expenses (Part IX, column (D), line 25)		
ili	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	502,032,	587,325.
	18	Total expanses. Add lines 13:17 (must equal Part IX, column (A), line 25)	531,942	587,325.
	19	Revenue less expenses. Subtract line 18 from line 12	13,075.	-9,866.
S OF			Beginning of Current Year	End of Year
SSE	!	Total assets (Part X, line 15)	301,569,	249,442.
Net Assets Fund Baland		Total liabilities (Part X, line 26)	42,610.	349,
	22 	Net assets or fund balances. Subtract line 21 from line 20	258,959.	249,093.
. 8 - 61	11 7 19	1		
		Under panalties of perjury, I declare that I have examined this return, including accompanying schedules and stateme and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	inte, and to the best of my knowledge edge.	e and belief, it is true, correct.
8iġr	1		İ	
Here		Signature of officer	Date Date	The state of the s
		MR. DOC LANE	DIN	
		Type or print name and title Preparer's Date	Chaole II	
Paid		signature fight for the 2-9-11	Check if Prepares	'a identifying number rustions)
	arer's	Firm's name for WATTAVE DIFFOR TO THE PARTIES TO THE	employed > [William III
Use (Uniy	self-employed), 1933 S. MCCT, TMPDCK DD CTTTTE EAG	EIN 🛌	
		TEMPE, ARIZONA 85282	Ohannan N. //	
Vlay	the IF	S discuss this return with the preparer shown above? (see instructions)	Phone no. ▶ (4	
-1-sine as		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		LX Yes No

	990 (2009) ARIZONA CATTLE GROWERS ASSOCIATION 86-0	002290	Page 2
1	rt III Statement of Program Service Accomplishments Briefly describe the organization's mission:	****	
	TO PROVIDE EDUCATION ABOUT THE CATTLE INDUSTRY.		
2:	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Vae	ΣNo
	If "Yes," describe these new services on Schedule O.		
:3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	f	
4a	(Gode:)(Expenses \$ including grants of \$)(Revenue \$ PROVIDED EDUCATIONAL AND PROMOTIONAL INFORMATION TO CATTLE GITTHE GENERAL PUBLIC.	RÓWERS	AND

4b	(Gode:) (Expenses \$ including grants of \$) (Revenue \$ SPONSORED MEETINGS AND SEMINARS FOR CATTLE GROWERS AND THE GIPUBLIC.	ENERAL	<i>y</i>

	(Code:)(Expenses \$ including grants of \$)(Revenue \$ PROVIDED PUBLICATIONS TO CATTLE GROWERS AND THE GENERAL PUBLI DISSEMINATE INFORMATION PERTINENT TO THE CATTLE INDUSTRY,	C TO)
		,	
			· · · · · · · · · · · · · · · · · · ·
		- type feetings	· · · · · · · · · · · · · · · · · · ·
	Other program services. (Describe in Schedule O.) Expenses \$ Including grants of \$) (Revenue \$)		

			-	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		Yes	
2	is the organization required to complete Schedule B, Schedule of Contributors?	1 1	-	X
.3	Did the organization engage in direct or indirect political sampaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	1		X
4.	Section 501(c)(3) organizations, Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		4	X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	.4 <u>1</u> .5	X	
6	the the digative where donors have the right to			
7.	provide advice on the distribution of investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space.	6	-	X
_	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 Schadule D_t Part III	8		X.
9	Program of Square months and support the frank Alimber 1986 to 35 a Custodian for amounts and fixed an Oart Vertex accorded		1	***
	credit counseling, debt management, credit repair, or debt negotiation services 7 / *Yes. * complete Schedule D. Pert IV.	9		X
10	Did me organization, directly of through a related organization, hold assets in term, nermanent, or nuaskandown anti-	10	<u> </u>	X
11	If "Yes," complete Schedule D, Part V Is the organization's answer to any of the following questions: "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			Α.
•	Did the organization report on amount for land; buildings, and equipment in Part X, line 107 if "Yes," complete Schedule D, Part VI:	11	X	
9	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in:Part X, line 167 if "Yes," complete Schedule D, Part VII. Did the organization report an amount for investments a program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII.			
2	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 15? If "Yes," complete Schedule O, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 257 if "Yes," complete Schedule D, Part X.		1	
- 10	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 487 if "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.			
12A	What they are a facility to the state of the second by the	12	X	 .
	Was the organization included in consolidated independent audited financial statements for the tax year? Yes. No. 12A X	.	•	:
13	"IS THE OFGENIZATION & SCHOOL DESCRIDED IN SECTION 170(b)(1)(A)(ii)? If "Yes " complete School to E			. ion
14a	Did the organization maintain an office, employees, or agents outside of the United States?	13		X
Þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		X
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	غسد		445
15	199 yild Qilyanizayon teport on Harr IX. Collimn (A). Ilne 3. more than \$5,000 of practs or accidence to any account when	146		<u>X</u>
	or antity located outside the United States? If "Yes," complete Schedule F. Part II"	15		Х
16	The sure of generality is provided in a column and the provided provided and the provided a	10		<u></u>
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	THE THE DISCOUNT POPULATION OF THE MICH STATISTICS OF AN APPROPRIES OF A PROPERTY OF A SECTION OF THE PROPERTY			4
	column (A), lines 6 and 11e7 if "Yes," complete Schedule G, Pert I	17		X
	To and 8a? If "Yes," complete Schedule Q. Part II	18		
	complete Schedule G, Part III		-	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19	X	17
	The second secon	20		X

contributions? If "Yes," complete Schedule M 30	1	The state of the s			
United States on Part IX, column (A), the 17 if "Yes," complete Schedule", Parts tand II and properly table report increases the second of grains and other assistances to individuals in the United States on Part IX, column (A), the 27 if "Yes," complete Schedule", Parts I and III and I a	21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		Yes	Νo
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 3, 1 / Yes, "complete Schedule I, Parts I unit III Sabout, corporates schedule I, Parts I unit III Sabout, corporates schedule I, Parts I unit III Sabout, corporates schedule I, Parts I unit III Sabout, corporates schedule III the organization amover "Yes" and Part IVI, Section A, line 3, 4, or 5 about corporates and interest organization have a tax-exempt bent Issue with an outstanding principal amount of more than \$100,000 as of the last tay of the year, that we issued after becambe 31, 2002 III "Yes," answers as before the schedule IX III Yes, "as a series of the year in the schedule IX III Yes," answers a section \$20 and the schedule IX III Yes, "as a series of the year in the schedule IX III III III III III III III III III	***	United States on Part IX, column (A), line 17 // "Yes." complete Schedule I. Parts I and II	65.4		₩.
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23 Ut the organization answer "Yes" to Plant VII, Section A, line 3.4, or 3 about compensation of the organization is current and former officers, directors, trustees, key employees, and highest compensated employees? "I "Yes" complete Schedule I. "No." to 19 to 1		column (A), line 27 If "Yes." complete Schedule I. Parts Land III	on.	1	32
and former differs, Ulricitors, fundered, key amployees, and highest compensated employees? If "Yes," complete Schedulo J. 24a Did the organization have a tax-exempt bond issue with an outstanding prihalpal amount of more than \$100,000 as of the last day of the year, that was issued offer December 31, 2002? If "Yes," answer lines 2th through 24d and complete Schedulo K. If "No", go to this 25 b Did the organization haves any proceeds of tax-exempt bends beyond a timporary perior exception? c Did the organization haves any proceeds of tax-exempt bends beyond a timporary perior exception? b Did the organization haves any proceeds of tax-exempt bends beyond a timporary perior exception? c Did the organization haves any proceeds of tax-exempt bends beyond a timporary perior exception? b Did the organization net as an "on exhalf of" issuer for bonds criteranding at any time during the year for delease any tax-exempt bends criteranding at any time during the year for delease any tax-exempt bends criteranding at any time during the year for delease any tax-exempt bends criteranding at any time during the year for delease any tax-exempt bends criteranding at any time during the year for delease any tax-exempt bends criteranding at any time during the year for delease any tax-exempt bends and the time transaction with a disqualified person for the preparation of the segmentation of the preparation with a disqualified person in a prior year, and that the transaction for tors to the any time and the criteral forms office and the preparation of the organization provide a giant or other assistance to an efficier, director, trustee, key employes, highly companisated employee, and claqualified person outstanding as of the ond of the organization has exempted as the preparation of the preparation of the preparation of the preparation of the preparation of the preparation of the preparation of the preparation of the preparation of the preparation of the preparation of the preparation of the preparation of the preparation	23	Did the organization answer "Yes" to Part VII. Section A. line 3. 4. of 5 about compensation of the organization's current			^_
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Did the organization receive more than \$25,000 in non-cash centributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Fart I Did the organization-sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an antity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part III, N, and V, line 1 Is any related organization a controlled entity within the meaning of section \$1/2(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations, Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule C for Part VI, lines 11 and 19? Note, All Form 990 filers are required to complete Schedule O.	-	an officer, director, trustee, or direct or indirect owner? If "Yes," romalete Scherbile 1. Rent 1/1	non		i.
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contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Fart I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schodule N, Fart II 32 Did the organization own 100% of an antity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Fart I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Farts II, III, IV, and V, line 1 35 Is any related organization a controlled entity within the meaning of section \$12(b)(13)? If "Yes," complete Schedule R, Fart V, line 2 36 Section 501(c)(3) organizations, Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Fart V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule C for Part VI, lines 11 and 19? Note, All Form 990 filers are required to complete Schedule O.		Did the organization receive contributions of art, historical treasures for other similar assets, or qualified consequences	-,29		<u> 434.</u>
Did the organization liquidate, terminate, or dissolve and cease operations? It "Yes," complete Schedule N, Part I Did the organization cell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-31 If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, IV, and V, line 1 Section 501(c)(3) organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations, Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule C for Part VI, lines 11 and 19? Note, All Form 990 filers are required to complete Schedule O. 38	,,_,,_	contributions? If "Yes." complete Schedule M	- 24		· Action
It *Yes,* complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If *Yes,* complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-29 If *Yes,* complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If *Yes,* complete Schedule R, Parts II, IV, and V, tine 1 34	31	Did the organization liquidate, terminate, or dissolve and cease pnerations?	SU		44
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33 Uid the organization own 100% of an entity disregarded as separate from the organization under Regulations. 34 Sections 801.7701-2 and 801.7701-37 If "Yes;" complete Schedule R, Part I 35 If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 36 Is any related organization a controlled entity within the meaning of section \$12(b)(13)? 37 If "Yes," complete Schedule R, Part V, line 2 38 Section 501(c)(3) organizations, Did the organization make any transfers to an exampt non-charitable related organization? 38 If "Yes," complete Schedule R, Part V, line 2 39 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 39 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? 39 Note, All Form 990 filers are required to complete Schedule O.			na	. 1	بريد
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If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 35 Is any related organization a controlled entity within the meaning of section \$12(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section \$01(c)(3) organizations, Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule B, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note, All Form 990 filers are required to complete Schedule O.	34	Was the organization related to any tax-exempt or taxeble entity?	00		Α.
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Section 501(5)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule B, Part V, line 2 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule B, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O. 38 X		If "Yes," complete Schedule R. Part V. line 2	25		-\$P
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Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule II, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O. 38 X		If "Yes," complete Schedule B, Part V, line 2	202	-	
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule Fi, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O. 38 X	37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	.00		·
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note, All Form 990 filers are required to complete Schedule O. 38 X	•	and that is treated as a partnership for federal income tax purposes? If "Yas." complete Schedule P. Part VI	27		**
Note. All Form 990 filers are required to complete Schedule O. 38 X	3B	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI. Ilinas 11 and 162	134		<u> </u>
			20	y	
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Form	990	(2009)	j

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Form 990 (2009)

'Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- # not applicable 6 B Enter the number of Forms W-2G included in line 1a. Enter-0-if not applicable 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (gambling) winnings to prize winners? X 10 Za Enter the number of employees reported on Form W-3, Transmittal of Waye and Tax Statements, filed for the calendar year ending with or within the year povered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines To and 2a is greater than 250, you may be required to e-file this return. (see instructions) Sa Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? X b if "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 35 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X b If "Yes," enter the name of the toreign country: See the instructions for exceptions and filling 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? Ż Бa b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to line 5a or 5b, did the organization file Form 8686-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? Sc 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solleit any contributions that were not tax deductible? X бa If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Ġb. Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services. provided to the payor? 7a X 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 82827 X 7c d If "Yes," Indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contracts 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 71 For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g h. For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 711 Sponsoring organizations maintaining donor advised funds and section 500(a)(3) supporting organizations. Did the B. supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 49667 ga b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources (Do not not amounts due or paid to offer sources against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a

b. If "Yes," enter the amount of tax exempt interest received or accrued during the year

Form 990 (2009) ARIZONA CATTLE GROWERS ASSOCIATION 86-0002290 Page

[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.

Se	ction A. Governing Body and Management		***************************************	(
			Yes	No					
1a		i							
Ŀ	Enter the number of voting members that are independent								
2	old any officer, director, trustee, or key employee have a family relationship or a business relationship with any other]							
	officer, director, trustee, or key amployee?	2		X					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		1						
	of officers, directors or trustees, or key employees to a management company or other person?	3	1.	X					
4.	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X					
5	The state of the control of the cont								
ß	** ** ** ** ** ** ** ** ** ** ** ** **								
7 9	poes the organization have members, stockholders, or other persons who may elections or more members of the			X					
	governing body?	7a		X					
b	Are any decisions of the governing body subject to approval by members, steckholders, or other persons?	7b		X					
8	Did the organization contemporaneously document the meetings held of written actions undertaken during the year								
	by the following:								
Ð	The governing body?	8a	X						
b	Each committee with authority to act on behalf of the governing body?	d8	X						
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	ģ		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			Yes	Nø					
10a	Does the organization have local chapters, branches, or affiliates?	10a		X					
þ	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates.			-					
	and branches to ensure their operations are consistent with those of the organization?	106							
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X						
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Does the organization have a written conflict of interest policy? If *No, * go to line 13*	12a		X					
þ	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise								
	to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b							
ų,	in Schadrig O yom this is done	Tiny Selection 1							
13	In Schedule D how this is done Does the organization have a written whistleblower policy?	12c	1007	76.94					
14	Does the organization have a written document retention and destruction policy?	18		X					
15	Did the process for determining compensation of the following persons include a raylew and approval by independent	14							
,	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
a	The organization's CEO, Executive Director, or top management official			70					
h	Other officers or key employees of the organization	18a		$\frac{\mathbf{x}}{\mathbf{x}}$					
	If "Yes" to line 15g or 15b, describe the process in Schedule C. (See instructions.)	15b	· · · · · · · · · · · · · · · · · · ·	-X					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
, ,	taxable entity during the year?			ъř.					
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	16a		X					
7.	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's		ı						
	exempt status with respect to such arrangements?	166							
ec	ion C. Disclosure	100-1	<u>1</u> .	······································					
17	List the states with which a copy of this Form 990 is required to be filed AZ	·	···········						
	Section 6104 requires an organization to make its Forms 1023 (of 1024 if applicable), 990, and 990 T (501(c)(3)s only) available	or							
	public inspection, indicate how you make these available; Check all that apply,								
	Own website Another's website X Upon request								
9	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, an	d finar	rclal						
	statements available to the public.								
O.	State the riame, physical address, and telephone number of the person who possesses the books and records of the organizati	on: ➤							
	ARIZONA CATTLE GROWERS' ASSOC., INC - 602-267-1129	: #"							
	1401 N. 24TH ST., PHOENIX, AZ 85008		,						
			3 N.O.						

Form 990 (2009) ARIZONA CATTLE GROWERS ASSOCIATION 86-0 (Part VII) Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensations Enter O in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, 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 of directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons. X Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per	(c		(I Pos	C) itlor			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	wook	Adividual truster or director	insilluddiral irustee	Oğlcer	Key employoe	High est com pensated omployee	Former	from the organization (W-2/1099 MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
STEVE BROPHY							<u> </u>			- Indiana - Indiana - Indiana - Indiana - Indiana - Indiana - Indiana - Indiana - Indiana - Indiana - Indiana
PRESIDENT	1.00							.O.4:	0.	0.
ANDY GROSETA									· · · · · · · · · · · · · · · · · · ·	
1ST VICE PRESIDENT	1.00							0.	0.	0.
DAN BELL								,		
2ND VICE PRESIDENT	1.00							0.	0.	0,
C.B. 'DOC' LANE			·					·		
EXECUTIVE VICE PRESIDENT	15.00							0	0.	0.
GRANT BOICE										y . , , , , , , , , , , , , , , , , , ,
TREASURER	1.00				لنہ			0.	0	. 0 .
JIM O'HACO			Ì	- 1						
MEMBER-AT-LARGE	1.00				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			0.	0.	0.
GARY THRASHER		ĺ			_	- 1				-
MEMBER-AT-LARGE	1.00							0.	. 0.	0.
TOM CHILTON			1				. 1			, , , , , , , , , , , , , , , , , , ,
IMMEDIATE PAST PRESIDENT	1.00						•	.0.	<u> </u>	. 0.
PAM ZAWACKY		Ì								
COWBELLE PRESIDENT	1.00			[0.	0.	0,
LANCE KNIGHT										
DIRECTOR - APACHE	1.00							O.	0.	0
DAVID JOHNSON						1				
DIRECTOR - ARIZ STRIP	1.00	_			_			0.	0.	 0:.
DENNIS MORONEY							- 1			
DIRECTOR - COCHISE	1.00				_	_		0.	0.	0.
DUANE COLEMAN					i					
DIRECTOR - COCONINO	1.00		_	-4	_			<u> </u>	0.	0.
DAVID COOK	أمد ته				ŀ		- 1			
DIRECTOR - GILA	1.00		4		_	.		0,	0.	0.
MIKE WEAR	1 77			- 1			ŀ			
DIRECTOR - GRAHAM ROCKY MANUZ	1.00		-		_	_	-	0.	0,	0.
DIRECTOR - GREENLEE	4 00	1			-		1			•
DWAYNE DOBSON	1.00	+						0.	0.	0.
DIRECTOR - MARICOPA	1.00				i	Ŀ	ĺ	_	_	
DINIOI WANDOUTA	4.00							0.1	1,0	0.

Form 990 (2009)

i everibilitation i progressi i tovi	Form 9			LE GROWER	S ASSOCIAT	ION	86-0002	290 Page 9
b Membership dres c Enderdorpenjacitone d Related orpenjacitone 1	Supplemental processor					Related or exempt function	Unrelated business	(D) Revenue excluded from tax under sections 512, 513, or 514
Business Code Securities Description	t st	•	Federated campaigns1a			. 1		
Second S	E 5	b	Membership dues	<u>171,475.</u>		1		-
Business Code 11.0 0.00 154,596. 154,59	a S	¢	Fundraising events					
Business Code Securities Description	र्ज तै	d	Related organizations			1		
Second S	gΈ	e	Government grants (contributions) 1e	CHILL AND ADDRESS OF THE CHILD		1		
Second S	# E	*	All other contributions, giffs, grants, and	,				
Second S	E E		similar amounts not included above 11	43,644.	•			
Business Code Securities Description	45						•	
Business Code 110000 154,596. 154,596. MEWSLETTERS AND CALEND 110000 45,614. 45,614.	ु ह	h	Total, Add lines 1a 1f		215,119.			
b NEWSLETTERS AND CALRIND c d d d d f All other program service revenue a Total, Add lines 2a.2f f All other program service revenue a Total, Add lines 2a.2f solvestimant income (notuding dividends, interect, and other similar amounts) 4 income from invastment of tax-exampt bond proceeds Foyalties 6 a Gross Rents b Leas: rental expenses c Rental income or (loss) d Not rental income or (loss) d Not rental income or (loss) d Not rental income or (loss) d Not rental income or (loss) d Not gain or (loss) b Leas: cost or other basis and sales expenses o Gain or (loss) d Net gain or (loss) b Less: clinical expenses b Less: clinical expenses c Rental income or (loss) more from fundraising events (not labuding 3 of continuous from fundraising events (not labuding 3 of continuous from fundraising events (not labuding 3 of continuous from fundraising events (not labuding 3 of continuous from fundraising events (not labuding 4 of continuous from fundraising events (not labuding 3 of continuous from fundraising events (not labuding 3 of continuous from fundraising events (not labuding 3 of continuous from fundraising events (not labuding 3 of continuous from fundraising events (not labuding 3 of continuous from fundraising events (not labuding 3 of continuous from fundraising events (not labuding 3 of continuous from fundraising events (not labuding 4 of continuous from fundraising events (not labuding 4 of continuous from fundraising events (not labuding 4 of continuous from fundraising events (not labuding 4 of continuous from fundraising events (not labuding 4 of continuous from fundraising events (not labuding dividends, interect, and (not labuding dividends, interect, and (not labuding dividends, interect, and (not labuding dividends, interect, and (not labuding dividends, interect, and (not labuding dividends, interect, and (not labuding dividends, interect, and (not labuding dividends, interect, and (not labuding dividends, interect, and (not labuding dividends, interect, and (not labuding							THE THE PERSON NAMED IN TH	
b NEWSLETTERS AND CALEND c d d d f All other program service revenue a Total Add lines 2a 2f f All other program service revenue a Total Add lines 2a 2f f All other program service revenue a Total Add lines 2a 2f f All other program service revenue a Total Add lines 2a 2f p 200, 210. 3 linestmant income (notuding dividends, interest, and other similar admounts) 4 income from investment of tax-exempt bond proceeds F Roysites 6 a Gross Rents b Lass: rental expenses c Rental income or (loss) d Nat sental income or (loss) d Nat sental income or (loss) d Nat gent expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) b Lass: cost or other hysis and sales expenses c Rent ly line 18 b Less: clirect expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Lass: clirect expenses c Net income or (loss) from gaming activities and allowances b Lass: clirect expenses c Net income or (loss) from gaming activities b Less: cost of goods sold c Net lincome or (loss) from sales of inventory Miscellaneous Howanue 11a OTHER REVENUE 11b Lass: direct expenses c dat At pther revenue	or s	2 a	MEETINGS, CONVENTIONS.	A second	154.596.	154.596.		
a Total Add inas 282	ارة څ			P**				· · · · · · · · · · · · · · · · · · ·
a Total Add lines 2a21 3 Investment Income (including dividends, interest, and other similar amounts) 4 Income from investment of tracexempt bond proceeds 5 Royalties 6 a Gross Rents b Lass: rental expensas c Rental income or (cos) 7 a Gross amount from sales of a saseets other than inventory b Lass: cost or father pasis and sales expenses e Gain or (cos) d Net rental income or (loss) 7 a Gross amount from sales of saseets other than inventory b Lass: cost or father pasis and sales expenses e Gain or (cos) d Net rigain or (loss) 8 a Gross income from fundraising events 9 a Gross income from fundraising events 9 a Gross income from gaming activities 10 a Gross sales of inventory, fess returns and allowances b Lass: direct expenses c Net income or (loss) from garriing activities 10 a Gross sales of inventory, fess returns and allowances b Lass: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a OTHER REVENUE 11 10000 120,901. 120,901.	SE	c	The state of the s			307.02.31		
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g Total Add lines 2a2f	ď.	f	All other program service revenue					S. C.
3 Investment income (including dividends, interest, and other similar amounts					200 210	**************************************		
other similar amounts) 4 (ncome from investment of tax-exempt bond proceeds	7				20072201			
### A Income from investment of tax-exempt bond proceeds Royalties	1 7	•			197		104	
Broyalties (i) a Gross Rents (ii) Less: rental expenses (iii) Real (iii) Personal (iii) Less: rental expenses (iiii) Real (iii) Personal (iiii) Less: rental expenses (iiii) Real (iii) Real		I.	income from investment of tax-exempt hand i	oraceada 🌦			704	
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b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold b Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a OTHER REVENUE 110000 120,901. 120,901.		Д	· · · · · · · · · · · · · · · · · · ·	(ii) Other		ľ		
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c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods seld c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a OTHER REVENUE 110000 120,901. 120,901.	ď						7	
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b Less: cost of goods soldb	100		·				-	
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Miscellaneous Revenue Business Code							1	
11 a OTHER REVENUE 110000 120,901. 120,901. b		34				· · · · · · · · · · · · · · · · · · ·		The second secon
b c d All other revenue	स अ	·			100 001	400 000	-	
d All other revenue		,	A WARRY THE A THING TO	TIVOOU	TEN'ANT	TAN'ANT'		
d All other revenue			· · · · · · · · · · · · · · · · · · ·		···	1		wox
e Total, Add lines 11a/11d			All other revenue	71122		a-		
- 1		u .	Tokat Add lings the 114		120 001			
		#	Tatal savanua Con instruction			200 450		
12 Total revenue. See instructions. > 577,459. 362,156. 184.			TAKAI TEAGRAG. ORG BIRRI BERINGS.		2//,459.	364,156.		0 . Form 990 (2009)

	Section 501(c)(All other organizations must con	3) and 501(c)(4) organiz	ations must complete	e all columns.	
D	o not include amounts reported on lines 6b, 5, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	ind (D). (D) Fundraising
4		<u> </u>	expenses	general expenses	expenses
	organizations in the U.S. See Part IV, line 21				
.2			* ************************************	44	
,_	the U.S. See Part IV, fine 22				
48					:
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 15			1	ĺ
4					
5					-
~	trustees, and key employees				
6					
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7			H-A		
8	Pension plan contributions (include section 401(k)				
10,	and section 403(b) employer contributions)				
9	Other employee benefits				
10					
1/1	Fees for services (non-employees):				
a a					
1		23,345.	***************************************		
	- Accounting	4,839.			
		<u>*,037.</u>	-	·	,
· ·					
f			William Committee Committe		***************************************
Ĕ		6,100.			
12	Advertising and promotion	<u> </u>	34	<u> </u>	· · · · · · · · · · · · · · · · · · ·
13	Office expenses	280.	A STATE OF THE STA		
14	Information technology	ZOVI		-	
15	Royalties	**************************************			
16	Oceupandy				
17	Travel	9,758,		***************************************	
18	Paymonts of travel or entertainment expenses			1 - 10	
	for any federal, state, or local public officials	· •		1	
19	Conferences, conventions, and meetings	101,595,		-	
20	Interest				
21	Payments to affillates				······································
22	Depreciation, depletion, and amerization	948.			-
23	Insurance		·		
24	Other expenses, Itemize expenses not covered				
	above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
	expenses shown on line 25 below.)	•		.]	
a	MANAGEMENT FEES	196,571.	A STATE OF THE STA	NEWS TO A STATE OF THE STATE OF	
ď.	STAFF EXPENSE	57,252.			
~0	PRINTING & PUBLICATIONS	55,472.			
ď	DUES	51,056.			***************************************
e	CONTRACT LABOR	40,434.	·		
f	All other expenses	39,675.			
25	Total functional expenses, Add lines 1 through 24f	587,325.			
26	Joint costs. Check here 🕨 🔝 if fellowing				, 195
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundralsing solicitation				

P	art X	Balance Sheet	PA 64-14				
	T	the contract of the contract o		-	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing ,	· p· pogas gagtādābā:	*************	267,784.	1	229,259
	2	Savings and temporary cash investments			· · · · · · · · · · · · · · · · · · ·	2	
	3	Pledges and grants receivable, net	**********	****************		3	
	4	Accounts receivable, net	ing dikantiple cialigi	to independent or experience.	3,908.	4	250
	5	Receivables from current and former officers, d	stees key				
	-	employees, and highest compensated employe					
		of Schedule L	. is a kind branches veg	***********		5	
	6	The state of the s					
		4958(f)(1)) and persons described in section 49 Part II of Schedule L					
10	7	Notes and loans receivable, net	#1 19.0980 1 con Co dal for 12 in 12 and 1		6		
Assets	8	inventories for sale of use	*2 13 EV85 *25นั้งคาเก่รัสด์ (EXEAU (CLV)		7		
AS	9	Prepaid expenses and deferred charges	****************	64°14 + 66°44 × 400 1 % 1 4 1/2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.002	8	
		Land, buildings, and equipment: cost or other		************************	8,996.	9	the state of the s
	102		in-	၁၀ ဗောက်			
	1 .	basis. Complete Part VI of Schedule D Less: accumulated depreciation	tot	36,078.	் வி. வி.வி.க		<u> </u>
	1	proprieto application de properto	Line	30,018*	3,381.	The same of the same	2,433.
	12	Investments - publicly traded securities	ek jez idele sa carace. Lete			11	
	13	investments - other securities. See Part IV, line Investments - program-related. See Pert IV, line	ار در در این این این این این این این این این این		4.8 500	12	and the same of th
	14	magaing a brolighting and one Latt IA' alle	41.	iajkasinin rika ésil Esiriban Karras da 🗪	17,500.	13	17,500.
	15	Intangible assets	************	anga fikena alah di bigan ang jalang kilala		14	
	16	Other assets. See Part IV, line 11	alieliakas erienies militimis erieli			15	
	17	Total assets. Add lines 1 through 15 (must equ	ai iiii e 34) ,	**************************************	<u>301,569.</u>	16	249,442.
	18	Accounts payable and accrued expenses	****************	ardrinenski esint für tüs tyd mekicən	42,610.	17	349.
	19	Grants payable	iosisku prekulijeku	41.500.003.600.003.600.003.603.600.00		18	
	20	Deferred revenue	ka Maédakians tawi	422.524.624.644.441.442.454.644.893.92		19	
: ta.	21	Tax exempt bond liabilities Escrow or custodial account liability. Complete F	kinistra eradiana. Tarabili di Lebiha			20	The same of the sa
Liabilities	22	Poundles to current and former officers. Alter the	antivoras	Description D	- Line and the second s	21	
Ę.	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II					
2							
	23	of Schedule L Secured mortgages and notes payable to unrela	er Armitan van en episoner Komunik ikki besali i sam	Participation of the property of the participation		22	****
	24	Unsecured notes and loans payable to unrelated	way uning pe	ILLIGE		23	CPHRONE CONTRACTOR CON
	25	Other liabilities Complete Part Viot Sabadule II	. វាមហ ឯងមេ	\$8 . ***********************************		24.	
	26	Other liabilities. Complete Part X of Schedule D Total flabilities. Add lines 17 through 25			10 010	25	
 	20	Organizations that follow SFAS 117, check he	- I	Flastinian in the second	42,610.	26.	349,
ø,		lines 27 through 29, and lines 33 and 34.	1.E. Jan 1.32	FT atte combiete			
5	.27	Unrestricted net assets			47 005 T		4 8 8
alar a	28	Temporarily restricted net assets	*********		41,892.	27	183,746.
ξÖ D		Permanently restricted net assets	*************	***********	217,067.	28	65,347,
Š		Organizations that do not follow SFAS 117, ch	onerrana. Sola Bário	garaga sa <u>nar m</u> aixo hagarras	(00)	29	
14. 15.		complete lines 30 through 34.	eck time	Land	Ī	1	
32	30	Capital stock or trust principal, or current funds					
Net Assets or Fund Balance		Paid in or capital surplus, or land, building, or equ	ingergerähering Einemanik diem	ol		30	
₹	32	Retained earnings, endowment, accumulated inc	etera es esc elemente (CII)	portunda		31	
Š	33	Total net assets or fund balances	nino) ĉir SIU	en di log	260 250	32	040 54
	34	Total liabilities and net assets/fund balances	8×30 65 4+5 (11/4 2/4 2)		258,959. 301,569.	33	249,093.
		Section of the sectio	AND THE COMPAGE			34	249,442.

			Yes	No
	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			ĺ
28	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?	Żb	X	
C	If "Yes" to line 2s or 2b, does the organization have a committee that assumes responsibility for oversight of the audit.			***********
	review, or compliation 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 Q.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both:			ĺ
	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 Single Audit			
,	Act and OMB Circular A 1839	3a		X
b 1	f "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	ua		
3	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		i I

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

2009

OMO No. 1945-0047

Complete if the organization is described below.

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

Open to Public Inspection

Schedule C (Form 990 or 990-EZ) 2009

 Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line S, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. De not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B,
- Section 527 organizations: Complete Part I-A only.

If the argenization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(o)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- * Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)); Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

Alama of nearing tion	ations: Complete Part III.	***		
Name of organization			E	mployer Identification number
ARIZON	A CATTLE GROWERS	<u>ASSOCIATIO</u>	<u> </u>	86-0002290
	ganization is exempt un			7 organization.
1 Provide a description of the organ	rization's direct and indirect polit	lical campaign activitie	s in-Part IV.	
2 Political expanditures	***************************************	*****************		> \$
3 Volunteer hours	Pojeka je name projeka je namena naja nimenja na dvora pova sa je namenima nada sa dia vika.	*****************************	labrawian in dang pangananakan dindhari engan	
Called the Called the	All manufactures (Color			
Part I-B Complete if the or	ganization is exempt un	der section 501(c)(3),	
1 Enter the amount of any excise ta	x incurred by the organization un	nder section 4955	······································	> \$
2 Enter the amount of any excise to	x incurred by organization mana	gers under section 495	55)	≻ \$
 3 If the organization incurred a secti 	on 4955 tax, did it file Form 472	0 for this year?		Ves No
4a Was a correction made?	idujea obsisionida movan sisamisvaitigalisea kaavattipaisijojeji	PROFESSOR NETERIORS PARAMETER PROFESSOR SERVICES		Yes No
S. If "Voe " ricerring in Dart IV				· · · · · · · · · · · · · · · · · · ·
Part I-C Complete if the or	ganization is exempt un	der section 501(c), except section 5	01(c)(3);
1. Enter the amount directly expende	ed by the filing organization for a	ection 527 exempt fun	ction activities	5
2 Enter the amount of the filing orga				
exempt function activities	÷>++++++++++++++++++++++++++++++++++++	engentera en para mana matita abora mili	ekskikhindeserikenkoskussenisteri	*\$
3 Total exempt function expenditure				
linà 176	ez e nemaranen ezare es eren en bênî en bêsirî ben arin. Ben arin bên û bena bê û în a	an the a green bette being to be a transfer and		S
 4 Did the filling organization file Form 	ar at all the Control of the Control			
- Pic tue mitte olderscheidt me Lett.	1 1120*POL for this year?	**************************************	Casumuan esh sainadins rin ana an Crigo Mhijeiri (Siri) Lan an Linian Lana Lana an Anna Ani da Anisis (Cari)	Yes No
 5 Enter the names, addresses and e 	mployer identification number (E	IN) of all section 527 c	citical organizations to v	bleh navnients were made
 Enter the names, addresses and e For each organization listed, enter 	mployer identification number (E the amount paid from the filing o	EN) of all section 527 p organization's funds: A	olitical organizations to v lão enter the amount of c	hich payments were made.
 Enter the names, addresses and e For each organization listed, enter that were promptly and directly de 	mployer identification number (E the amount paid from the filing of livered to a separate political org	EIN) of all section 527 p organization's funds, A janization, such as a s	olitical organizations to v lão enter the amount of c	hich payments were made.
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ,

Schedule C (Form 990 or 990 EZ) 2009 Part II-A Complete if the org	janization is exe	ATTLE GROWE empt under secti	RS_ASSOCIATION 501(c)(3) and file	<u>ON 86-</u> ed Form 5768	0002290 Page 5
(election under sec	ition belongs to an af	fillated group.			
Limi	tion checked box A a ts on Lobbying Expa litures" means amo	enditures		(a) Filing organization's fotals	(b) Affiliated group totals
Ta Total lobbying expenditures to infli b Total lobbying expenditures to infli	jence a legislative bo	dv (dířect lobbylna)		toping.	
d Other exempt purpose expenditures (add it	nes 1a and 1b)	१९७१ हरू हुन १९०४ के प्रथम हो संस्थान हो। इ.स. १९७४ हुन हुन १९४४ हुन १९४४ हुन १९४४ हुन	9 may 1 may		
e Total exempt purpose expenditure 1 Lobbying nontaxable amount. Ente	ir the amount from th	d) e following table in bo	oth-columns.		
If the amount on line 1e, column (a) o Not over \$500,000	r (b) is: The lot 20% of	bying nontaxable ar the amount on line 1	mount is:		<u> </u>
Over \$1,500,000 but not over \$1,500,000 but not over \$1,5	90,000 \$175,00		cess over \$1,000,000.		
Over \$1,500,000 but not over \$17, Over \$17,000,000	300,000 \$225,00 \$1,000;		ess over \$1,500,000,		
g Grassroots nontaxable amount (ent fi Subtract line 1g from line 1a. If zero I Subtract line 1f from line 1s. If zero I if there is an amount other than zer reporting section 4911 tax for this y	or less, enter -0- or less, enter -0- o on either line 1h or	line 11, did the organiz	tation file Form 4720		Yes Nn
(Some organizá col	4-Year Aye Itions that made a s	raging Period Under ection 501(h) electio	Section 501(h) n do not have to comple es 2a through 2f on pag	ete ali of the five	Yes No
			ar Averaging Period		
Celendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontexable amount					
b Lebbying ceiling amount (150% of line 2a, column(e))				whitelesson,	
c Total lobbying expenditures	###	-			
d Grassroots nontaxable amount	***************************************				
e Grassroots ceiling amount (150% of line 2d, column (e))				7	
f Grassroots lobbying expenditures					
			.5	chedule C (Form 9	990 or 990-EZ) 2009

				(b)
	Yes	No	Án	rount
During the year, did the filing organization attempt to influence foreign, national, state or		-		
local legislation, including any attempt to influence public opinion on a legislative matter	1			
or referendum, through the use of:		1		
a Volunteers?	. L	1		
 b Paid staff or management (include compensation in expenses reported on lines 1c through 1)? 				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				***************************************
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?			1	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
1 Other activities? If "Yes," describe in Part IV				
j Total. Add lines 1e through 1				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
art III-A Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).	ion 501(c))(5), or s	ection	
			7	1
			Yes	1 .1
Were substantially all (90% or more) dues received nondeductible by members?	P F P S B b 5 7 E 1 V 2 m 2 kips p 2		Yes	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
Were substantially all (90% or more) dues received nondeductible by members?	ion 501(c	3 (5), or s	X X ection	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? art III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, Dues, assessments and similar amounts from members	ion 501(6) art III+A, li	2 3 (5), or some 3 is a	X X ection	
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Schedule D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

➤ Attach to Form 990. ➤ See separate instructions. Internal Revenue Service Inspection Name of the organization Employer Identification number ARIZONA CATTLE GROWERS ASSOCIATION 86-0002290 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part organization enswered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Adgregate contributions to (during year) 2 Aggregate grants from (during year) Aggregate value at and of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply); Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure. Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year e Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax ä vear 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 16 Amount of expenses incurred in monitoring, inspecting, and entercing conservation easements during the year. 7 Ŷ Does each conservation easement reported on line 2(d) above setisfy the requirements of section 170(h)(4)(B)(l) and section 170h)(4)(B)(B)(B) In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accountling for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. fa If the organization elected; as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures. or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 980, Part VIII, line 1 (ii) Assets included in Form 990, Pari X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SEAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Schedule D (Form 990) 2009 ARIZONA CATTLE GROWERS ASSOCIATION 86-0002290	1 aut 2
Fart in Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets feedbase	~1)
3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection its	ma
(check all that apply):	1110
a Public exhibition d Loan or exchange programs	
b Scholarly research e Other	
c Preservation for future generations	^
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.	
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets	
to be sold to raise funds within to be implicated as not of the executive and any of other similar assets.	
to be sold to raise funds rather than to be maintained as part of the organization's collection? [Part IV] Escrow and Gustodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or	No.
reported an amount on Form 990, Part X, line 21.	
ta is the organization an agent, trustee; custodian or other intermediary for contributions or other assets not included	_;
on Form 960, Part X?	_ No
b. If "Yes," explain the arrangement in Part XIV and complete the following table:	
Amount	
E Beginning balanceto	***************************************
d. Additions during the year	
e Distributions during the year	
f Ending balance	
2a Did the organization include an amount on Form 990, Part X, line 21?] No
b .lf "Yes," explain the arrangement in Part XIV.	
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.	,
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four year	s hack
1a Beginning of year balance	<u> </u>
b Contributions	
c Net Investment earnings, gains, and losses	
d Grants or scholarships	***************************************
e Other expenditures for facilities	
and programs	
f Administrative expenses	vices and the country
g End of year balance	() 10 10 10 1
Provide the estimated percentage of the year and balance held as:	·
a Board designated or quast-endowment	
b Permanent endowment > % Term andowment > %	
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization	سيتبس
by: Yes	No.
(i) Unrelated organizations and approximation of the control of th	-
(ii) related organizations	1
b If "Yes" to 3a[iii), are the related organizations listed as required on Schedule R?	
4 Describe in Part XIV the Intended uses of the organization's endowment funds.	
Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10:	
Description of investment (a) Cost or other (b) Cost or other (c) Accumulated (d) Book values basis (Investment) basis (other) depreciation	16
ta Land	***************************************
b Buildings	
c Leasehold improvements 1,713.	0.
	33.
e Other	44
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)	33

Schedule D (Form 900) 2009

Schedule D (Form 990) 2009 ARIZONA CA! Part VII Investments - Other Securities. Si (a) Description of security or category			- W.	-0002290 Pag
(including name of security)	(b) Book value	(Cost	c) Method of valua or end of year mar	tion: ket value
inancial derivatives				
3losely-held equity interests		the Ways and the Control of the Cont		
Other			- NA - 12-1	
The state of the s				
			·	
The state of the s				
otal. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related. s	ee Form 990, Part X, line †3	÷	······································	
(a) Description of Investment type	(b) Book value		a) Method of value	
NVESTMENT IN ACA			or end of year mark	et value
NVESTMENT IN ACA	17,500.	COST		
				<u> </u>
			And the state of t	

			·	
otal. (Col (b) must equal Form 990, Part X, col (B) line 13.)	17,500.	· · · · · · · · · · · · · · · · · · ·		
Part IX Other Assets. See Form 990, Part X, line				
(a) (Description			(b) Book value
	WWW.		<u> </u>	
	NAME OF THE PROPERTY OF THE PR			
And the second s				
		79,000,000		
to first the 190 th court the annex monotonic contents to the second	A CONTRACTOR OF THE CONTRACTOR	Net Wild in the Control of the Contr		
The state of the s			:	

otal. (Column (b) must equal Form 990, Part X, col (B) line	15.)	F748254434444554445544455445544		
Part X Other Liabilities. See Form 990, Part X, Ii (a) Description of liability				
deral income taxes		b) Amount		
dera moone taxes	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
46.00				

	· · · · · · · · · · · · · · · · · · ·			
The state of the s		Park Warrant		
		-		
tal. (Column (b) must equal Form 990, Part X, col (B) line 2	25.)		•	
FIN 48 Footnote, in Part XIV, provide the text of the footn		ancial statements the	t raparts the	South In Statement
		- com oughblights the	a arconte do Paristi	

	edule D (Form 990) 2009 ARIZONA CATTLE GROWERS ASSITE XI Reconciliation of Change in Net Assets from Form 990 to	OCIATION Audited	ON Financial Sta	86-1	0002290 Page 4
1				1001110111	
. 2	And the last				<u>577,459.</u>
3	Excess or (deficit) for the year, Subtract line 2 from line 1	ere bestelle se en face		····	587,325.
4	Naturificalized roing floress on investments	chatebiágusakuasusi	3	· · · · · · · · · · · · · · · · · · ·	-9,866.
5	Net unrealized gains (losses) on investments	***********	4	With	
6	Donated services and use of facilities	arani in kasabilgan da	5		· · · · · · · · · · · · · · · · · · ·
	Investment expenses	d sa dag ana ing kadawa	6	·	
	Prior period adjustments	والمعاشوة وحداديه الأفاه وواد	7		
8	Other (Describe in Part XIV.)	**************	8		
.9	Total adjustments (net). Add lines 4 through 8	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	., 9		0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	19		clapana, major	-9,866.
	t XII Reconciliation of Revenue per Audited Financial Stateme	nts With I	Revenue per	Rețurn	
1	Total revenue, gains, and other support per audited financial statements	************	*******	. 1	538,507.
2	Amounts included on line 1 but not on Form 990, Part Vill, line 12:	1 1.			
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	25		-	
¢	Resoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d	3,908		
e	Add lines 2a through 2d	***************************************		2e	3,,908.
3	Subtract line 2e from line 1			3	534,599.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		· · · · · · · · · · · · · · · · · · ·	*	JJ41JJJ4
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			•
b	Other (Describe in Part XIV.)	7FG	42,860		
	Add lines 4a and 4b	U-99.L			10 000
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	*************		4c	42,860.
	t XIII Reconciliation of Expenses per Audited Financial Stateme	nto Mitte	Erenőmine	51	577,459.
4	Total avanage and larger action directed statement	HITO AALTH	exheuses he	rnetur	
	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	*************	#451.4343.E88.E87446.444.E8		578,329.
		1 1			•
ä	Donated services and use of facilities	2a			
.છ.	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
e.	Add lines 2a through 2d	en solve venta i si i per i se.	ing figures a secular factors and all the page.	2e	0.
3	Subtract the 2e from the 1	ringeri banagai kulaweti	\$#7\$0 \$9\$#0%\$°20\$\$4≠\$≪\4↓~	3	578,329.
-4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	investment expenses not included on Form 990, Part VIII, line 7b	-4a			
	Other (Describe in Part XIV)	4b	8,996		
	Add lines de and 4b				8,996.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	(1 m d v d i n m n i i i i i i i i i		5	587,325.
Par	XIV Supplemental Information		***************************************	and " Mingilian	
Comp	late this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	lines 1a and	I 4; Part IV, Imes	15 and 25	r, Part V, Ilne 4; Part
x, ine	2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple	ite this part	to provide any a	doitional ir	lformation.
PAR	T X: THE ASSOCIATION HAS EVALUATED ITS TAX	POSIT	IONS.		
CUR	RENTLY, THE TAX RETURNS OPEN AND SUBJECT T	O EXAM	INATION .	ARE T	HE 2007,
200	8 AND 2009 FISCAL YEARS BY THE INTERNAL RE	VENUE	SERVICE .	AND T	HE 2006,
<u>200</u>	7, 2008 AND 2009 FISCAL YEARS BY THE ARIZO	NA DEP	ARTMENT (OF RE	venue .
HOW	EVER, THE ASSOCIATION IS NOT CURRENTLY UND	er aud	IT NOR H	AS TH	<u>e</u>
ASS	OCIATION BEEN CONTACTED BY ANY OF THESE JUI	RISDIC'	rions. 1	BASED	ON THE
EVA	LUATION OF THE ASSOCIATION'S TAX POSITIONS	, ANAM	GEMENT BI	ELIEV	ES ALL TAX
<u>Pos</u>	ITIONS TAKEN WOULD BE UPHELD UNDER EXAMINA	rion.	THEREFO		The state of the s
932054 02-01-10				Schedul	e D (Form 990) 2009

PROVISION FOR THE EFFECTS OF UNCERTAIN TAX POSITIONS HAVE BEEN RECORDED FOR THE YEARS ENDED JUNE 30, 2010 AND 2009. PART XII, LINE 2D - OTHER ADJUSTMENTS: PROGRAM SERVICE REVENUE RECOGNIZED IN PREVIOUS PERIOD; 3908. PART XII, LINE 4B - OTHER ADJUSTMENTS: PROGRAM SERVICE REVENUE ACCRUED IN PRIOR DERIOD; 42610. PROGRAM SERVICE REVENUE RECOGNIZED IN THE CURRENT PERIOD; 250. PART XIII, LINE 4B - OTHER ADJUSTMENTS; EXPENSES RECOGNIZED FROM THE PREVIOUS PERIOD; 8996.	Schedule D (Form 990) 2009 ARIZONA CATTLE GROWERS ASSOCIATION [Part XIV] Supplemental Information (continued)	86-0002290 Page 5
PART XII, LINE 2D - OTHER ADJUSTMENTS: PROGRAM SERVICE REVENUE RECOGNIZED IN PREVIOUS PERIOD; 3908. PART XII, LINE 4B - OTHER ADJUSTMENTS: PROGRAM SERVICE REVENUE ACCRUED IN PRIOR PERIOD; 42610. PROGRAM SERVICE REVENUE RECOGNIZED IN THE CURRENT PERIOD; 250. PART XIII, LINE 4B - OTHER ADJUSTMENTS;	·	
PROGRAM SERVICE REVENUE RECOGNIZED IN PREVIOUS PERIOD; 3908. PART XII, LINE 4B - OTHER ADJUSTMENTS: PROGRAM SERVICE REVENUE ACCRUED IN PRIOR PERIOD: 42610. PROGRAM SERVICE REVENUE RECOGNIZED IN THE CURRENT PERIOD: 250. PART XIII, LINE 4B - OTHER ADJUSTMENTS:	FOR THE YEARS ENDED JUNE 30, 2010 AND 2009.	and the state of t
PART XII, LINE 4B - OTHER ADJUSTMENTS: PROGRAM SERVICE REVENUE ACCRUED IN PRIOR PERIOD: 42610. PROGRAM SERVICE REVENUE RECOGNIZED IN THE CURRENT PERIOD: 250. PART XIII, LINE 4B - OTHER ADJUSTMENTS:	PART XII, LINE 2D - OTHER ADJUSTMENTS:	
PROGRAM SERVICE REVENUE ACCRUED IN PRIOR PERIOD: 42610. PROGRAM SERVICE REVENUE RECOGNIZED IN THE CURRENT PERIOD: 250. PART XIII, LINE 4B - OTHER ADJUSTMENTS:	PROGRAM SERVICE REVENUE RECOGNIZED IN PREVIOUS PERIOD: 390	8.
PROGRAM SERVICE REVENUE ACCRUED IN PRIOR PERIOD: 42610. PROGRAM SERVICE REVENUE RECOGNIZED IN THE CURRENT PERIOD: 250. PART XIII, LINE 4B - OTHER ADJUSTMENTS:	PART XII, LINE 4B - OTHER ADJUSTMENTS:	
PROGRAM SERVICE REVENUE RECOGNIZED IN THE CURRENT PERIOD: 250. PART XIII, LINE 4B - OTHER ADJUSTMENTS:		
	PROGRAM SERVICE REVENUE RECOGNIZED IN THE CURRENT PERIOD:	250.
	PART XIII, LINE 4B - OTHER ADJUSTMENTS:	
		A STATE OF THE STA
		And the state of t
	·	

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

2009

Department of the Treasury Internal Revenue Service

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 or Form 990-EZ, line 6a.

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

Open To Public Inspection

Schedule G (Form 990 or 990-EZ) 2009

Name of the organization Employer identification number ARIZONA CATTLE GROWERS ASSOCIATION 86-0002290 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990 EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual fincluding officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? _ Yes Na b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundralser have oustody to control of (v) Amount paid fi) Name of individual (vi) Amount paid (IV) Gross receipts (or retained by) (ii) Activity or entity (fundraiser) to (or retained by) from activity fundraiser organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

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

Sc P	hedu art	Ile G (Form 990 or 990 EZ) 2009 ARIZO Fundraising Events. Complete if an Form 990 EZ, line 6a. List events with	the organization answere	ed "Yes" to Form 990, Pa	ATION 86 rt IV, line 18, or reported	-00022 I more than	90 Page 2 \$15,000
,			(a) Event #1	(b) Event #2	(c) Other events	(add col.	ial events (a) through
<u>w</u>			(event type).	(event type)	(tòtal number)	60	il. (¢))
Revenue	1	Gross receipts					
	2	Lass: Charitable contributions					
Ariimaraa Adrig	3	Gross income (line 1 minus line 2)					
	4	Cash prizes			·	-	**************************************
Ses	5	Noncash prizes					
Direct Expenses	6	Rent/facility costs		· .			
Orec	7	Food and beverages					
	8	Entertainment Other direct expenses					· · · · · · · · · · · · · · · · · · ·
		Direct expense summary. Add lines 4 through	h 9 in column (d)	· ·	.	1	· · · · · · · · · · · · · · · · · · ·
	11	Net income summary, Combine line 3, colum	in (d), and line 10				
1.	art I		answered "Yes" to Form	1990, Part IV, line 19, or r	eported more than		······································
	1	\$15,000 on Form 990-EZ, line 6a.	· · · · · · · · · · · · · · · · · · ·	777	which was a superior to the su	***************************************	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming		aming (add augh col. (c))
Û.	1	Grass revenue			48,146.	4	8,146.
ses	2	Cash prizes					
Direct Expenses	3.	Noncash prizes			7,101.	· · · · · · · · · · · · · · · · · · ·	7,101.
Direc	4.	Ront/facility.costs	the consequence of the consequen	:	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE		
·	5	Other direct expenses	No.	<u> </u>			
	6	Volunteer labor	Yes %	Yes%	Yes % X No	· · · · · · · · · · · · · · · · · · ·	The second second
	7	Direct expense summary. Add lines 2 through	5 in column (d)	ii keeku kan laan laa kii kan kii kan kii ka ka ka ka ka ka ka ka ka ka ka ka ka	Manyanda no den pertaga essas susces	<u> </u>	7,101,
	₿.,	Net gaming Income summary, Combine line 1	, column (d), and line 7	***************************************	andredferiferiferiferiere	. 4	1,045.
9	Ente	or the state(s) in which the organization operat	es gaming activities: À	Z	· · · · · · · · · · · · · · · · · · ·		Yes No
ò	IL "IV	e organization licensed to operate gaming act lo, explain: CORGANIZATION IS TAX E				<u>9a</u>	X
		QUIRED TO BE LICENSED.	GERT AND TH	DWDANKE IR W	J.T.		
Оa	Wer	e any of the organization's garning licenses re- es," explain:	voked, suspended är ter	minated during the tax y	9817	10a	X X
is.							
2	is th	s the organization operate garning activities wi e organization a grantor, beneficiary or trustee follows attacketts results 20	of a trust or a momber	of a partnership of other	entity formed to	11	X
	aum)	inister charitable gaming?	<u> </u>	***********************	d na kana andia ah masa aka kasa ata masa ata ma	12	l x

Schedule G (Form 990 or 990-EZ) 2009 ARIZONA CATTLE GROWERS ASSOCIATION 86-0	00229	0 Pa	ace 3
		Yes	
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility b An outside facility 13a .00 13b 100 .00	%		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	%		
Name KIM COE	. [
Address ► 1401 NORTH 24TH STREET, STE. 4 - PHOENIX, AZ 85008			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<u>1</u> 5a		X
b if "Yes," enter the amount of gaming revenue received by the organization. \$\square\$ and the amount of gaming revenue retained by the third party \$\square\$ c if "Yes," enter name and address of the third party:			
	-		
Address >		ŀ	
16 Gaming manager information:			
Name DOC LANE	i.		
Garting manager compensation > \$			
Description of services provided > MANAGER OF THE RAFFLE.		i.	
	-		
X Director/officer Employee Independent contractor			
17 Mandatory distributions:			
a is the organization required under state law to make charitable distributions from the daming preceeds to			
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	17a		X
	- Linnan	***************************************	***********

SCHEDULE O

(Form 990)

Department of the Treasury internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009 Open to Public Inspection

Name of the organization Employer identification number ARIZONA CATTLE GROWERS ASSOCIATION 86-0002290 FORM 990, PART VI, SECTION B, LINE 11: REVIEW AND ACCEPTANCE BY A RESOULTION AT A BOARD MEETING. FORM 990, PART VI, SECTION C. LINE 19: THE ORGANIZATION ALLOWS FOR INSPECTION UPON REQUEST. THERE HAS BEEN NO CHANGE FROM PRIOR YEARS IN THE OVERSIGHT PROCESS AND SELECTION PROCESS.

	Related Organizations Complete if the organization answered "Ye Attach to Form 990.	Related Organizations and Unrelated Partnerships ganization answeeted "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37, Attach to Form 990.	33, 34, 35, 36, or 37 ons.	٠	2009 Open to Public Inspection
Name of the organization ARIZONA CATTLE GROWERS	E GROWERS ASSOCIATION				Employer identification number
Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 53.)	te if the organization answered "Yes" t	to Form 990, Part IV, line 33.)	The same of the sa		00-0002290
(a) Name, address, and EIN of disreganded entity	(b) Primary activity	(c) Legal domicile (state or foreign counity)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
					· · · · · · · · · · · · · · · · · · ·
					And the state of t
					The state of the s
		-		Amerika ayan da ayan ayan ayan ayan ayan ayan	
Part II organizations during the tax year.)	ations (Complete if the organization an	Iswered "Yes" to Form 990, Par	t IV, line 34 becaus	e it had one or more re	alated tax exempt
(a) Name, address, and EIN of related organization	(b). Primary activity	(c) Legal domicile (state.or foreign country).	(u) Exempt Code section	(e) Public chardy status (if section 501(9(3))	(f) Direct controlling entity
					S
			THE PARTY OF THE P		And the second s
					Washington to the state of the
.HA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	de, see the Instructions for Form 990),			Schedule R (Form 990) 2009

932761 02-04-10 86-0002290 Page 2

Schedule R (Form 990) 2009 ARIZONA CATTLE GROWERS ASSOCIATION

Part III 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.)

יישניים איני של מיישל מיישל איני המיים איני היישניים איני האיניים איני האיניים איניים יניים א	המשאל אמי שות חשושה או אינה ומי א	-								
(a) Name, address, and Eli\ of related organization	(a) Primary activity	(CC) Legal domicite (State or Larasen	(d) Direct controlling entity	(e) Predominant Income (related, unrelated, excluded from hav under sections 512-514)		Share of total ricome	(9) Share of end-of-year assets	(h) Disproportion- atte allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1965)	
		i i		o o o o o o o o o o o o o o o o o o o						
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 as a Corp poration or trust during the tax	pration or year.)	দি ust (Complete ff.t	he organizatio	n answered "Yes"	to Form 990, P	art IV, line 34	because it h	ad one or more	related
(a) Name, address, and EIN of related organization		G.	(b) Primary activity	(c) Legal domicite (state or foreign counity)	(b) 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
ARIZONA CATTLEMEN'S ASSOCIATION 1401 NORTH 24TH STREET SUITE 4 PHOENIX, AZ 85008	INC 86-0543753	MANAGEMENT	NT SERVICES	AZ	N/A	C CORP	N/A	M.	N/A	N/A
							-			
			,							

932,162 07-52-10			26					Sche	Schedule R (Form 990) 2009	90) 2009

Schedule R (Form 980) 2009 ARIZONA CATTLE GROWERS ASSOCIATION

86-0002290 Page 3

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				
1 During the tax year, did the organization engage in any of the following francactions with one answers and a second sec	ļ	Yes	No	[_
a Receipt of (f) interest (ii) annuitles (iii) royalties or fivitient from a controlled online.		-		
b Gift, grant, or capital contribution to other organization is	*	, ro	×	ľ
e Giff, grant, or capital contribution from other ormanizative is	2	0.0	×	
والمرابعة والمرا	*		*	Į
一日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日		4	∢	1
		19 X		
	9	.63	×	
	<u> </u>			1
g Purchase of assets from other organization(s)	Ť		×	4
Exhange of ascerts	1		4 \$]
and a control of the second se	5		×	Í
	41		×	
and the state of t	1		×]
I Lease of facilities, equipment, or other assets from other prosperiorities.				1
k Parformance of services of membership of services	1		×	İ
Performance of sources of the contractions and the contraction of the contraction (s)	٠		d Þ	ì
reference of the runes of traditions by other organization(s)	14		4	ì
orientily or racinities, equipment, mailing lists, or other assets			×	- 1
n Sharing of paid employees		×		,
The second secon	Ç	×		t ·
	***************************************	-		1
n Beinhumsenman selection of the selecti	7	Þ		ſ
Figure 3 Heart part by burst organization for expenses	10	+		1
	1		×	- 1
				1
t Other transfer of pash or property from other screams after the contract of	-tu		×	
2 If the answer to any of the above is "Yes," see the instrument for information and the contraction of the above is "Yes," see the instrument of the above is "Yes," see the instrument of the above is "Yes," see the instrument of the above is "Yes," see the instrument of the above is "Yes," see the instrument of the above is "Yes," see the instrument of the above is "Yes," see the instrument of the above is "Yes," see the instrument of the above is "Yes," see the instrument of the above is "Yes," see the instrument of the above is "Yes," see the instrument of the above is "Yes," see the instrument of the above is "Yes," see the instrument of the above is "Yes," see the instrument of the above is "Yes," see the instrument of the above is "Yes," and "	4		×	
The modern control of the manager of the modern of the modern of the state of the state of the state of the sholds	ds.			1.
Name of other organization(s) (b)		75		1
Transaction (Voe Rank	Amaurit	Amount involved	ואר	

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			Ì	ĭ
(C)				
The state of the s				
	····			
The state of the s				
83 02-134-10	:			
	Schedule R (Form 990) 2009	n 990) 2	900	

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization ariswered "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.

Seil ter standard actions		<u>9</u>	€	e)		(6)	ε
organisa, actualizado principal	Firmary activity	Legal domicile	Are all partners section 501(0(3)	Share of end-of-	Disprapor-	Code V-UBI	General or
C .	-	(state of toleign)	Vec No	year assets		of Schedule K-1	
	The state of the s				2	(COOF DIO)	Yes No

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Form **8868**

(Rev. January 2011) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

			<u>_</u>	
• If you are filing for an Automatic 3-Month Extension, comp	lete only P	art I and check this box		> [x]
If you are filing for an Additional (Not Automatic) 3-Month I	Extension,	complete only Port II (on page 2 of thi	s farm).	
Do not complete Part il unless you have already been granted	d an autom	atic 3-month extension on a previously	filed Form 8868	•
Electronic filing (e-file). You can electronically file Form 8858 !	lf you need	a 3-month automatic extension of time	to file (6 months for	a corporation
required to the Form 990-7), or an additional (not automatic) 3-m	nonth exter	ision of time. You can electronically file	Form 8868 to recrus	ist an extension.
of time to file any of the forms listed in Part I or Part II with the s	exception o	f Form 8870, Information Return for Tra	nafera Associated V	With Cartain
Personal Benefit Contracts, which must be sent to the IRS in pa	aper format	t (see instructions). For more details on	the electronic filing	of this form
visit www.irs.gov/efile and click on e-file for Charities & Nonprofi	its.			Ex History (Mark) (M
Part I Automatic 3-Month Extension of Tin	ne. Only si	ubmit original (no copies needed).	· .	······································
A corporation required to file Form 590-T and requesting an auti	omatic 6 m	onth extension - check this box and co	inpliete	10
Part Lonly	ዓመ ወጣ እንዲያም ነኝ እችል ነ ፋ ቅ ተ።	එක්ම අතත්වාස්ත විදේශය වේක ද සහ වීම දෙකණවාදී පැමිණු ඇති ඒද දෙක්වුරු එක්වී මිට වි ක් දෙමුවා අත ද ද දෙකුවාසු කුරු	at y ata a waxafu aa da r ii ga ayaa ayaa ayaa ayaa ayaa ayaa	▶ 🗔
All other corporations (including 1120-C filers), partnerships, RE to file income tax returns.	MICs, and	trusts must use Form 7004 to request a	n extension of time	
Type or Name of exempt organization print		A	Employer identif	ication number
ARIZONA CATTLE GROWERS ASS			86-0002	290
due date for illing your raturn, See 1401 N. 24TH ST.				
instructions. City, town or post office, state, and ZIP code. For a PHOENIX, AZ 85008	toreign add	fress, see instructions.		Marie Control of the
FROENIA, RE 65006	,			
Enter the Return code for the return that this application is for (fi	ile e senara	te analization for each return		OI
The same of the sa	ing in a poblish of	to abhidemorator 6000 arcii il	***********************	
Application	Return	Application	31100 Harris - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 -	Return
lsFor	Code	Is For		Code
Form 990	01	Form 990-T (corporation)		07
Form 990-BL	02	Form 1041-A		08
Form 990-EZ	03	Form 4720	A CONTRACTOR OF THE PROPERTY O	09
Form 990-PF	04	Form 5227		10.
Form 990 T (sec. 401(a) or 408(a) trust)	05	Form 6069	The second secon	
Form 990-T (trust other than above)	06	Form 8870		12
ARIZONA CATTLE	GROW	ERS' ASSOC., INC		
• The books are in the care of > 1401 N. 24TH S	T 1			
Telephone No. ► 602-267-1129		FAX No.		
If the organization does not have an office or place of business	is in the Un	ited States, check this box	कर्तक क्षेत्र स्था स्थाप्तर कहा संग्राह्म र कर्ते कुट रहें कें कर र कर)
If this is for a Group Return, enter the organization's four digit	Group Exe	mption Number (GEN) . It th	is is for the whole g	oup, check this
box . If it is for part of the group, check this box	J and atta	ch a list with the names and EliNs of all	members the exten	sion is for.
1 I request an automatic 3 month (6 months for a corporation	regulred t	o file Form 990-T) extension of time unt	1	
FEBRUARY 15, 2011, to file the exemp is for the organization's return for:	nspinsgrous	tion return for the organization named a	bove. The extension	Π-
calendar year or				
X tax year beginning JUL 1, 2009	e in	dending JUN 30, 2010	•	
	i tai lé	5-anding 0-214 3-2 20-20	······································	
2 If the tax year entered in line 1 is for less than 12 months, c	heck reaso	on: Initial return Fine	J return	
Change in accounting period	147 - 77-17-		4 120011	
3a If this application is for Form 990 BL, 990 PF, 990 T, 4720,	or 6069, en	iter the toritative tax, less any		
nonrefundable credits. See Instructions.			3a \$	0.
b. If this application is for Form 990-PF, 990-T, 4720, or 6069,				***
estimated tax payments made. Include any prior year overp			3b \$	0.
c Balance due. Subtract line 3b from line 3a. Include your pa				
by using EFTPS (Electronic Federal Tax Payment System).	See instruc	tions.	30 \$	0 :
Caution. If you are going to make an electronic fund withdrawal w	vith this Fo	rm 8868, see Form 8458-EO and Form	8879-EO for payme	nt Instructions.
LHA Por Paperwork Reduction Act Notice, see Instructions	iv		Form 88	68 (Rev. 1-2011)

TAX RETURN FILING INSTRUCTIONS

ARIZONA FORM 99

FOR THE YEAR ENDING

June 30, 2010

	June 30, 2010
Prepared for	Mr. Doc Lane Arizona Cattle Growers Association 1401 North 24th Street Phoenix, Arizona 85008
Prepared by	Wallace, Plese + Dreher, LLP Certified Public Accountants and Consultants 3933 S. Mcclintock Dr., Suite 500 Tempe, Arizona 85282
Amount due or refund	No payment is required.
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Arizona Department of Revenue PO Box 52153 Phoenix, AZ 85072-2153
Return must be mailed on or before	February 15, 2011
Special Instructions	The return should be signed and dated by an authorized individual.
i	

			 		بعسلني مسمع		********	1
Sche	dule	Α	Ba	ılaı	nce	SI	he	et

	E: Amounts used in attached schedules and in this columbia.	imn sho	ould be end of		(원)		ſ		(b)
	Assets			1	Beginning of	year	<u>l</u> i.		End of year
	enside to								
Αſ	Gash appropriate and the control of		21/22/2004/2004/2004/2004/2004/2004/2004	1×	267,7	84	00	Aı	229,259 o
A2a	Accounts receivable	A2a	250	00					
	b Less: allowance for doubtful accounts			00					
	c. Line Aza less line A2b. Enter difference in column (b)	##1.+24750.catasvarite=+444.catase=		3,9	0.8	00 /	A2c	25.0 o
A3a	Other notes and loans receivable - attach schedule	A3a		00					
	b Less allowance for doubtful accounts	A3b		00					<u> </u>
	a Line A3a less line A3b. Enter difference in column (b)	rich erang progensky piologo gog elektrik bis a biska				00	13c	
A 4	Inventories	********	मार्क्षक वा रामाने का रावा के वा स्टान का क्षेत्र मुख्य के स्वास्त्र के स्वास्त्र के स्वास्त्र के स्वास्त्र के				00	A4	00
A5	Investments (securities) - attach schedule	mananan.	**************************	,				A5	01
46	Investments (other) - attach schedule	EE.	STATEMENT 3		17,5	00	00	A6	17,500 o
47a	Land, buildings, and equipment; basis	A7a	38,511	00			,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	b Less: accumulated depreciation attach schedule	A7b	36,0786	00				. :	·
	c Line A7a less line A7b, Enter difference in column (b)	#16 \$ 4,5 + 4 T PA CH - #3,5 16,5 \$ 1,6 \$ 27 CANDA 2 4 C \$ 2 1 A		3,3	81	00.	7c	2,433 00
88	Other assets - describeS	EE S	TATEMENT 4		8,9	96	00	AB .	, or
49	Total assets - add lines A1 through A8				301,5			A9	249,442 00
خنبېست	· · · · · · · · · · · · · · · · · · ·	·	· · · · · · · · · · · · · · · · · · ·						
	Liabilities								
Q10	Accounts agreetle and appropriate avacances			Г 	42,6	1.0	ر نمریز	ا خد	346
	Accounts payable and accrued expenses		n na mandana a tangan na maja da maja na maja na da maja	٠	42,0				349 oc
411 412	Uther lightities - describe	*********	\$ - \$ P7 & \ \ e7 - \$ = = \$ - \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				00 /	-	oc
	Other liabilities - describe Total liabilities - add lines A10 through A12	********	ağ bleğide den dikanı dan Banı dan dike ası gelçe	· }	15 C		00 4		00
-(10	form nannules - administ with hit on hit (Air hit have been	.49595-16659	\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	, L	42,6	<u> T.VI.</u>	DU] Z	(13	349 oc
***********	Net Assets				7. 			*************	
A 14	Capital stock or trust principal			Г		1	DO A	121	
15	Paid in or capital surplus	gamenta agar ar tella. Brita	ane element dam para 200 june a 200 june a 200 june a	` -			00 A	44144	00
16	Retained earnings or accumulated income	24.479.516.6	and the first of the and any and the special first of the same	·	258,9				249,093 oc
¥17	Total net assets - add lines A 14 through A 10		na na na na a nina nina nina nina nina		258,9				249,09300
					7 3		241.	2.1.2	
118	Total liabilities and net assets + add lines A13 and A	7t	A de alignetice fa - navia despeta in in ion evia o gisti	L	301,5	69 (00 A	18	249,442 00
Jerti:	ication Under penalties of perjury, I declare that I have best of my knowledge and belief, it is a true, co	examir proct ar	ned this return, including the complete return, ma	g acco ide in g	mpanying sel	nedul the to	es a dsxe	nd sta le yea	itements, and to the
leas	the Income tax laws of the State of Arizona.								
ign				:		1			
ii⊠ii i	Signature of officer		WALLER WORKS	Date	otole difference in the site of the second	T	tle		
⁾ aid		· · · · · · · · · · · · · · · · · · ·		*****************		.,			
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					<u> </u>	an formation	80		45-0500
lse C	nly Preparer's signature			Date		Bus	inesi	s telej	phone number
	WALLACE, PLESE + DREHER	, LL	P					8	6-0841383
	Firm's name (or preparer's, if self-employed)				**************************************				reparer's TN
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		क्षान	TE 500						
	3933 S. MCCLINTOCK DR., TEMPE, ARIZONA	SUI	TE 500					p	5282

~Z 99	THER INCOME		STATEMENT	1
DESCRIPTION	and the state of t			
- AND CIVIE LION			AMOUNT	
OTHER REVENUE			120,9	01,
MEETINGS, CONVENTIONS,			154,5	
NEWSLETTERS AND CALEND			45,6	14,
TOTAL TO FORM 99, PAGE 1, LINE 1	1.		321,1	11.
AZ 99 O	THER EXPENSES		STATEMENT	.2
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DESCRIPTION			AMOUNT	
) IRECT EXPENSES OF GAMING ACTIVE	TIES		7,10	
LEGAL FEES ACCOUNTING FEES			23,3	
THER PROFESSIONAL FEES			4,8	
OFFICE EXPENSES			5,1,1 5	30.
TRAVEL			9,7	
ONFERENCES AND CONVENTIONS			101,59	
DEPRECIATION, DEPLETION AND AMOR	TIZATION	•		18.
MANAGEMENT FEES			196,57	71.
TAFF EXPENSE			57,25	12.
RINTING & PUBLICATIONS			55,43	
DUES		•	51,05	
CONTRACT LABOR LL OTHER EXPENSES			40,4	
SINT OTHER BYENNAND			39,67	/)
POTAL TO FORM 99, PAGE 1, LINE 2	5		594,42	26.
				- CONTRACTOR OF THE PARTY OF TH
\Z 99 INVE	etments (other)		STATEMENT	3
; DESCRIPTION		BEG OF YEAR	END OF YEAR	Į.
INVESTMENT IN ACA		17,500.	17,50	0.
OTAL TO FORM 99, PAGE 2, LINE A	• }	17,500.	17,50	
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Z 99 OTHER ASSETS		STATEMENT	4
DESCRIPTION	BEG OF YEAR	END OF YEAR	₹.
REPAID EXPENSES AND DEFERRED CHARGES	8,996.		0 *
OTAL TO FORM 99, PAGE 2, LINE A8	8,996.	policytic - project - my they want that the state of the	0.

A COPY OF THE FEDERAL INCOME TAX RETURN WAS ATTACHED TO THIS STATE RETURN

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file form 990. All other organizations with pross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

For the 2008 calendar year, or tax year beginning JUI, 1, 2008 and ending JUN 30, Check If C. Name of organization D Employer Identification number lease Address change use IRS label or Name Charlos to tang ARIZONA CATTLE GROWERS ASSOCIATION 86-0002290 type, nitial Number and street (or P.O. box, if mall is not delivered to street address) E Telephone number Room/suite Specific 1401 N. 24TH ST. Termin-602-267-1129 City or town, state or country, and ZIP + 4 Amende tions. F Group Exemption PHOENIX, AZ 85008 Number 🟲 ■ Section 961(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed & Accounting method: Cash X Accrual Schedule A (Form 990 or 990-EZ). Other (specify) Website: N/A H Gheck - X If the organization is not Organization type (check only one). [X] 501(c) (5) (insert no.) 4947(a)(1) or 527 required to attach Schedule B (Form 980, 990-FZ, or 990-PF). K Check If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines 5b. 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ 545,017. Partil Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Contributions, gifts, grants; and similar amounts received 109,514. 1 Program service revenue including government fees and contracts 279,815. 2 Membership dues and assessments 153,<u>856.</u> 3 4 Investment Income 4 1,832. 5a Gross amount from sale of Assets other than inventory _______ 5a b Less; cost or other basis and subsect of the transition (Subtract line 5b from line 5a) (attach schedule). Sc. h Less: direct expenses other than fundralsing expenses Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 60 7a Gross sales of inventory, less returns and allowances 78 c Gross profit or (loss) from sales of loventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe 8 ğ Total revenue. Add lines 1, 2, 3, 4, 5e, 6c, 7c, and 8 545,017. 9 10 Grants and similar aniounts paid (attach schedule) 10 Benefits paid to or for members 11 11. 12 Salaries, other compensation, and employee henefits 29,910. 12 Professional fees and other payments to independent contractors 13 26,156. 13 Occupancy, rent, utilities, and maintenance 14 14 1,739. Printing, publications, postage, and shipping 15 78,152. 15 SEE STATEMENT 16 Other expenses (describe 395,985. 16 Total expenses. Add lines 10 through 16 17 531,942. 17 Excess or (deficit) for the year (Subtract line 17 from line 9) 10 13,075. 18 Net Assets 19 Not assets or fund balances at beginning of year (from line 27, column (Al)) (must agree with end-of-year figure reported on prior year's return) 19 245,884. Other changes in net assets or fund balances (attach explanation) 20 20 Net assets or fund balances at end of year. Combine lines 18 through 20 21 258,959. Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year Cash, savings, and investments 22 238,320. 267,784. 22 23 Land and buildings 23 Other assets (describe SEE STATEMENT 2) 24 76,090. 33,785. 24 Total assets 25 314,410.25 301,569. Total Habilities (describe - ACCOUNTS PAYABLE 26 68,526.28 42,610. Net assets or fund balances (line 27 of column (B) must agree with line 21) 27 245,884. 258,959. LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Form 990-EZ (2008)

Form 990-EZ (2008) ARIZONA CATTLE GROWERS AS			86 - 0		90 Page 2
Part III Statement of Program Service Accomplishme	nts (See the instructions for	Part III.)		Fx	penses
What is the organization's primary exempt purpose? SEE STATEMEN!			{	Required	for 501(c)(3)
Describe what was achieved in carrying out the organization's exempt purposes. In		acariba tha anniona	а	nd (4) on	oanizations and
provided, the number of persons benefited, or other relevant information for each p	rogram title.	goping fig Solvices	fi fi	947(B)(1 or others,) trusts; optional
28 PROVIDED EDUCATIONAL AND PROMOTIONAL		፣ ጥለን ፖለመጣ፣	ta.	a) ariiniai	1
GROWERS AND THE GENERAL PUBLIC		TO OUTTE	145		
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(Grants \$) If this amount includes foreign	grants, check here		· · · · · · · · · · · · · · · · · · ·	3a	
29 SPONSORED MEETINGS AND SEMINARS FOR	R CATTLE GROWE	RS AND TH	E	1	
GENERAL PUBLIC					
				1	
(Grants \$) If this amount includes foreign	grants check here .	>	29) s	
30 PROVIDED PUBLICATIONS TO CATTLE GRO	WERS AND THE	GENERAT.	- 		
PUBLIC TO DISSEMINATE INFORMATION T	T OUR DIVISION TO T	HE CAMPLE	·		
INDUSTRY	THE PARTY AND A PARTY AND A	CLEAN CARE CALLE			
					
(Grants \$) If this amount includes foreign	grants, check here	***********	30)a	
31 Other program services (attach schedule)	Prá výjamežá myšum v menúková kazyvá sa balad čvá cova				
(Grants \$) If this amount includes foreign	grants, check here		la	a	
32 Total program service expenses (add lines 28a through 31a)	LANI bankakan banasari terraman banasari banasari.	********************	▶ 3	2	
Part IV List of Officers, Directors, Trustees, and Key E	mployees. List each one et	ven if not compensated,	(See the in:	tructions fo	or Part IV.)
			(d) Conti	ibutions	
(a) Name and address	(b) Title and average hours		to emp	loyee	(8) Expense
(a) wang and access	per week devoted to position	(III not paid, enter	benefit		account and
•	posigon	-C)	defe comper		other allowances
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SEE STATEMENT 4	-			İ	
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	TO THE OWNER AND ADDRESS OF THE OWNER AND ADDR			9944	
				3000	
				994	
332172					990-EZ (2008)

R	art Vi Other Information (Note the statement requirements in the instructions for Part VI.)		,	
	The state of the s	H-M	Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X.
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If Yes," attach a conformed copy of the phanges	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
- a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(a) notice, reporting, and proxy			,,,,,,
	de la company de	35a		X
ď	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	NA	A
36	Was there a jiguildation, dissolution, termination, or substantial contraction during the year? if "Yes," complete applicable parts of Sch. N	36		Χ
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
ti	Old the organization file Form 1120-POL for this year?	37b	S 2000 CO	X
30 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			2
	in a prior year and still unpaid at the start of the period covered by this return?	38a	A1453000	X
b	If "Yes," complete Schoolule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
X	Initiation fees and capital contributions included on line 9			(A)
ħ	Gross receipts, included on line 9, for public use of club facilities 39h N/A			
40 រ	Section 501(c)(3) organizations, Enter amount of tax impused on the organization during the year under:			
	section 4911 N/A section 4912 N/A section 4955 N/A			
þ	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or	25.35.900(-2)	13,825,000	glast cook
	did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part 1	40b	N/	Α·
·Ĉ	Enter amount of tax imposed on organization managers or disqualified persons during the year under			
d	sections 4912, 4955, and 4958 Enter amount of tax on line 40c relimbursed by the organization O.			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tex shelter			
	transaction 7 If "Yes," complete Form 9886-T	40a	**************************************	X
41	List the states with which a copy of this return is filed. > AZ	Year-pleasaidhnaidh	بان	
42 a	The books are in care of ▶ ARIZONA CATTLE GROWERS' ASSOC., INC Telephone no. ▶ 602-26	7-1	129	
	Located at > 1401 N. 24TH ST., PHOENIX, AZ 21P+4 > 8	500	8	
D	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	Ī	Yes	Nα
	accounts - which the street of	42b		X
	If "Yes," enter the name of the foreign country: 🕨			
	See the instructions for exceptions and filing requirements for Form TD F90-22.1, Report of Foreign Bank and Financial Accounts.			
¢	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42r	9707.WUXER	X
	If "Yes," after the name of the foreign country:		. <u></u>	
43	Section 4947(a)(1) nonexampt charitable trusts filing Form 990-EZ in Ileu of Form 1041 - Chick here			
		N/A		I
	harden de la constante de la c	777 - 10-10	- what	- Incorrection s,
		Ì	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ-	44		X
45	is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	45	000000000000000000000000000000000000000	X
		orm 99	<u>!</u> Μ.Ε7 /*	
				1000

Part \	Section 501(c)(3) organizations only. All section tables for lines 50 and 51.	n 501(c)(3) organizations mu	st answer question	is 46-49 and cor	nplet	e the	
46 Did	the organization engage in direct or indirect political campaign activities	on behalf of or in opposition to	candidates for public			Yes	No
offic	ce? If "Yes," complete Schedule C, Part I	444444444444444444444444444444444444444			46	7.00	110
47 Did	the organization engage in lobbying activities? If "Yes," complete So	hedule C, Part II	(.***********************		47		
48 is ti	he organization operating a school as described in section 170(b)(1)(A)(II)? If "Yes," complete Sched	Jule E		48		
49a Did	the organization make any transfers to an exempt non-charitable related	l organization?	*************		49a		
b If Y	es," was the related organization(s) a section 527 organization?	***************************************	**************		49h		
50 Con	nplete this table for the five highest compensated employees (other than compensation from the organization, if there is none, enter "None."	officers, directors, trustees and	kay employees) who	each received mo	ré tha	n \$100),000
	(a) Name and address of each employee paid more than \$100,000 N/A	(b) Tille and average hours per week devoted to position	(c) Compensation	(D) Contributions to employee benefit plans & deferred compensation	(E	Experience (and

	ber of other employees paid over \$100,000					-	
	plete this table for the five highest compensated independent contractor one, enter "None." N/A	rs who each received more than	\$100,000 of comper	isation from the oi	ganiza	ition. t	f <u>t</u> hąre
***************************************	(a) Name and address of each independent contractor paid more	than \$100,000	(b) Type of ser	vice (c)	Comp	ensati	on
Streetson visit in elleger III					(*************************************	·····	
**************************************							 ,

Total numi	ber of other Independent contractors each receiving over \$100,000	De la companya de la companya de la companya de la companya de la companya de la companya de la companya de la					***************************************
Sign Here	Under penalties of perjury, I declare that I have exemined this return, including accorrect, and complete. Declaration of preparer (other than officer) is based on all in elignature of officer	ochripallying surrectness and statemen	is, and its ne best or my knowledge.	Cate	r, it is ti	ue,	
	Type ax print name and little.	· · · · · · · · · · · · · · · · · · ·					
Paid Preparer's Use Only		1-18-2010 emp	ck if self- loyed 🌭 Prepa	ster's Identifying Nun	iber (Se	e instr.)).
	Hrm's norma (or yours) Haedfemployond, 3933 S. MCCLINTOCK DR. address, and ZP+4 TEMPE, ARIZONA 85282		EIN Phone no.	>	345	-05	500
May the IR	S discuss this return with the preparer shown above? See instructions	AMALAN IN THE PARTY OF THE PART	*************************	X	Yes		No
		· · · · · · · · · · · · · · · · · · ·		Foi		J-EZ /2	-

FORM 990-EZ	OTHER	EXPENSES		STATEMENT	1
DESCRIPTION				AMOUNT	
TRAVEL				9,2	27.
CONFERENCES, CONVENTIONS, DEPRECIATION	AND MEETINGS		·	63,6	09,
MANAGEMENT FEES					21.
STAFF EXPENSE				211,3 53,4	
RAFFLE EXPENSE	•			15,3	
COMMUNICATION EXPENSE					30.
USFS INDIRECT COSTS					97.
DIRECTOR EXPENSE MERCHANT AND BANK FEES	•			3,6	
WEBSITE PRODUCTION	÷			3,8	89. 09.
MISCELLANEOUS				3,1	
MEALS				$\tilde{1},\tilde{1}$	
CENTENNIAL BOOK EXPENSE			,	.8	55 .
RESEARCH EXPENSE DUES				1,1	
TELEPHONE				24,3	
SUPPLIES				1,4	97. 49.
TOTAL TO FORM 990-EZ, LINE	1 16			395,9	B 5 .
FORM 990-EZ	OTHER	ASSETS		STATEMENT	2
DESCRIPTION			BEG. OF YEAR	END OF YEA	AR
ACCOUNTS RECEIVABLE			51,204.	· · · · · · · · · · · · · · · · · · ·	3.0
PREPAID EXPENSES	•		5,509.		
INVESTMENT IN ACA			17,500.		
THER DEPRECIABLE ASSETS			1,877.		
				- , ·	***

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	ar ef rikrijāstans	S!	PATE:	MENT	
	ADDOCATION WITH PERDONAH DENETT CONTRACTO	***************************************		······································	······································	
DIRECTLY O	SANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, R INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL NTRACT?	I	.1	YES	[X]	NO
) DID THE OR DIRECTLY O	GANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	Ę]	YES	[X]	NO

FORM 990-EZ PART IV - LIST OF OFFICERS, DIRECTORS, STATEMENT ATTRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
POM CHILTON 1401 N. 24TH ST., PHOENIX, AZ 85008	PRESIDENT 1.00	0.	0.	0.
STEVE BROPHY 1401 N. 24TH ST., PHOENIX, AZ 85008	1ST VICE PRES	IDENT/TREAS	SURER 0.	0.
ANDY GROSETA 1401 N. 24TH ST., PHOENIX, AZ 85008	2ND VICE PRES	IDENT 0.	0.	: Ø.,
C.B. 'DOC' LANE 1401 N. 24TH ST., PHOENIX, AZ 85008	EXECUTIVE VIC		Q.,	.0.
DAN BELL 1401 N. 24TH ST., PHOENIX, AZ 85008	MEMBER-AT-LARG	SE O.	Ů.	0.
JIM O'HACO 1401 N. 24TH ST., PHOENIX, AZ 85008	MEMBER-AT-LAR		.0 .	* Q ·*
GARY THRASHER 1401 N. 24TH ST., PHOENIX, AZ 85008	MEMBER-AT-LARG	ee Q.	0.	0
BILL BRAKE 1401 N. 24TH ST., PHOENIX, AZ 85008	IMMEDIATE PAS 1.00		p.	(D ∗
BETTY JO NICHOLSON 1401 N. 24TH ST., PHOENIX, AZ 85008	COWBELLE PRES	IDENT 0.	í Ó ≩	0 •
LANCE KNIGHT 1401 N. 24TH ST., PHOENIX, AZ 85008	DIRECTOR - API		Ó.	0.,
DAVID JOHNSON 1401 N. 24TH ST., PHOENIX, AZ 85008	DIRECTOR - ART	Z STRIP 0.	0 .	0.
DENNIS MORONEY 1401 N. 24TH ST., PHOENIX, AZ 85008	DIRECTOR - COC 1.00	O.	Ô.	Ō.
BROOKS CAMERON 1401 N. 24TH ST., PHOENIX, AZ 85008	DIRECTOR - COC 1.00	CONINO 0.	0.*	0.
JOHN FOWLER 1401 N. 24TH ST., PHOENIX, AZ 85008	DIRECTOR - GII 1.00	A 0 .	o .	0.

ARIZONA CATTLE GROWERS ASSOCIATION		86-00	02290
NEWEL DRYDEN 1401 N. 24TH ST., PHOENIX, AZ 85008	DIRECTOR - GRAHAM 1.00 0.	0.	0
BILL MARKS 1401 N. 24TH ST., PHOENIX, AZ 85008	DIRECTOR - GREENLEE 1.00 0.	.0	0.
DWAYNE DOBSON 1401 N. 24TH ST., PHOENIX, AZ 85008	DIRECTOR - MARICOPA 1.00 0.	O »-	0.
PHILIP BRAVO, JR 1401 N. 24TH ST., PHOENIX, AZ 85008	DIRECTOR - MOHAVE 0.	· O . *	0 .
BILLY ELKINS 1401 N. 24TH ST., PHOENIX, AZ 85008	DIRECTOR - NAVAJO 1.00 0.	<u>0</u> .	.Ö.
CINDY COPING 1401 N. 24TH ST., PHOENIX, AZ 85008	DIRECTOR - PIMA 1.00 0.	0.	0 .
PILL DUNN 1401 N. 24TH ST., PHOENIX, AZ 85008	DIRECTOR - PINAL 0.	0.	0
TED NOON 1401 N. 24TH ST., PHOENIX, AZ 85008	DIRECTOR - SANTA CRUZ 1.00 0.	0.	0.
DAVE SCHAFER 1401 N. 24TH ST., PHOENIX, AZ 85008	DIRECTOR - YAVAPAI 1.00 0.	0 .	.O.
ALEX DEES 1401 N. 24TH ST., PHOENIX, AZ 85008	DIRECTOR - YUMA 1.00 0.	0.	δ, .
SCOTT SHILL 1401 N. 24TH ST., PHOENIX, AZ 85008	ACFA PRESIDENT 0.	Ö.	· 0 .
CAMERON RUDOLPH 1401 N. 24TH ST., PHOENIX, AZ 85008	ACGA BUS. ASSOC. DIRECTOR 1.00	Ö	0.
TOTALS INCLUDED ON FORM 990-EZ, PART	0.	0 .	0.

990-EZ PG 2 STATEMENT 5

TO PROVIDE EDUCATION ABOUT THE CATTLE INDUSTRY

TAX RETURN FILING INSTRUCTIONS

ARIZONA FORM 99

FOR THE YEAR ENDING

June 30, 2009

	June 30, 2009
Prepared for	Mr. Doc Lane Arizona Cattle Growers Association 1401 North 24th Street Phoenix, Arizona 85008
Prepared by	Wallace, Plese + Dreher, LLP Certified Public Accountants and Consultants 3933 S. Mcclintock Dr., Suite 500 Tempe, Arizona 85282
Amount due or refund	No payment is required.
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Arizona Department of Revenue PO Box 52153 Phoenix, AZ 85072-2153
Return must be mailed on or before	February 16, 2010
Special Instructions	The return should be signed and dated by an authorized individual.
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	

<u>ARIZONA</u> 99		Arizona Exempt Organization Air For the calendar year 2008 or fiscal year beginning 0.7./	որս	al Information) Re	eturn	20	80
GHECK ONE: Original	X	Amended Mail to: Arizona Department of Revenue, PO Box 52		28 and ending Ut	CHECK ONE:	709 - Galendar (Fiscal	v
Business tele			190, 5	noenix AZ 859722153 j	· · · · · · · · · · · · · · · · · · ·		J Year J	X
	H 11 V 13	Name ARIZONA CATTLE GROWERS AS:	SOC:	IATION	Emp	loyer Identification	number (EIN)
602-26	7-1	129 5 Number and street or PO Box			8	6-00022	9:0	
		§ 1401 N. 24TH ST.			***************************************	ransaction privil		mber
		in the state and zip code					+3.c. spars(a)	113,02 9,1
	····	- 1 2440-2441 277 262 05000						,
Check box	if:	This is a first return Name change Address c	hange	CHECK BOX (F 82 Return filed un	der 3.	mos.Fed 6-	nas. AZ -	Fed
		- 1 n / n 1 / n a		extension.	82		F	
A Date Ariz	ona (operations began 12/01/24		REVENUE USE ONL	Y. DO	NOT MARK IN	THIS AR	EA.
B Nature of	Ariz	ona activities MENBERSHIP		1				
				- la		i i		
Att		copy of federal return.		<u> 81</u>		66	_	
Sources		Gross sales or receipts from business activities	1		0		,	
of Income	2	The state of the s	2		0			
HOOME	3	The state of the s	3		0.			
	4	**************************************	4	1,832	******			
	5		5		0			
	7	Rents and revalties	6	1	0			
	7 8	Dues, assessments, etc., from members	8	153,856	0			
	9	Dues, assessments, etc., from affiliated organizations	9		0			
		Contributions, gifts, grants, etc., received	10	109,514				
		Other Income • attach itemized statement	11	279,815		STATEMEI	रांग व	
	12		· Lancon Contraction		12	Animalian Comment of the Comment of	5,017	loal
Administrativo	13	Compensation of officers, directors, trustees, etc.	13	T	0			LYY !
Expenses	14	Salaries and wages other than amounts included on line 2 Interest Taxes	14	29,9100	0			
	15	Interest	15	C	0			
•	16	Texes	e#16	0	o			
	17	Rent expense	317	1,739 0	0			
	18	Depreciation - aftech schedule	18**	OPY	<u>o</u>	and the second second	. ,	
	19	Miedellaneous expanses - attach itemized statement	19	500,2930		STATEMEN		
Printer and a security	20)	20	53	1,942	00
		Dues, assessments, etc., to affiliated corporations.	81	. 0	-		•	
from Current Income for the	22 23	Contributions, gifts, grants, etc., paid,	22	0	<u>o</u> j			
Organization's	Eu	 Death, sickness, hospitalization, disability, or pension benefits 	72-	· la				
Exempt		t. Other benefits	23a 23b	0				
Purposes	24.	Dividends and other distributions to members, sharpholders, or depositors		. 0				
andreasin.	25	Other management of the control of t	25	0	·			
	26	Total add lines 21 through 25			26			00
Oisbursements	27	Dues, assessments, etc., to affiliated corporations	27	o				uu
Irom Principal	28	Contributions, gifts, grants, etc., paid	28	0	- Pro-			
for the	29	Benefit payments to or for members or their dependents:			لي			
Organization's		a. Death, sickness, hospitalization, disability, or pension benefits:	29a	0	5			
Exempl		b. Other benefits	29b	. 0	~ 1			
Purposas	30	Dividends and other distributions to members, shareholders, or depositors	30	Ø	2			
	31	Other:	31	0		-		
		Total - add lines 27 through 31			32			00
Other	33	Other disbursements not itemized above attach schedule			39			00
Accumulation	34.	Accumulation of income in current year - line 12 minus the sum of li	ines 20	0, 26, 32, and 33	34		7,075	
of Income 837971	35 65	Accumulation of income at beginning of year	~ { ~ ~ * ~ 1 , 4.		35		,884	
06-22-09	36	Accumulation of income at end of year add lines 34 and 35	********	# 1133 E.N. #3 7 m 4 p x 200 + 19 + 20 + 20 3 5 4 5 3 5 4 4 4 5 1	36	258	,959	-
Penalty	Ø∮ .7°L1*	Penalty for late filing or incomplete filing . See instructions:		130 901 1000 0 0 0000	37	<u> </u>		00
ADOR 91-0022 (08)	i rjt	EXEMPT ORGANIZATION IS SUBJECT TO A PENALTY IF THIS RI	=TURN	VIS FILED LATE OR IS I	VCOM	PLETE, ARB §	42-1125(K).

			And the state of t	
AZ 99	OTHER INCOME		STATEMENT	1
DESCRIPTION			TRUOMA	
PROGRAM SERVICE REVENUE			279,8	15.
TOTAL TO FORM 99, PAGE 1, 1	LINE 11		279,8	15.
AZ 99	MISC EXPENSES		STATEMENT	2
DESCRIPTION	Bellevine and the second translation and the second	and the second s	A Company of the Comp	
TOPOCYTETTOM			AMOUNT	······································
PROFESSIONAL FEES TO INDEPIPE PRINTING, PUBLICATIONS, POST TRAVEL CONFERENCES, CONVENTIONS, ADDEPRECIATION MANAGEMENT FEES STAFF EXPENSE COMMUNICATION EXPENSE COMMUNICATION EXPENSE USFS INDIRECT COSTS DIRECTOR EXPENSE MERCHANT AND BANK FEES WEBSITE PRODUCTION MISCELLANEOUS	STAGE, SHIPPING		211,3 53,4 15,3 4 7,9 3,6 3,8	52. 27. 21. 10. 56. 11. 19.
MEALS CENTENNIAL BOOK EXPENSE RESEARCH EXPENSE DUES TELEPHONE SUPPLIES			1,1° 24,30	29. 78. 74.
TOTAL TO FORM 99, PAGE 1, I	INE 19		500,29	3.
AZ 99	OTHER ASSETS		STATEMENT	3
DESCRIPTION		BEG OF YEAR	END OF YEAR	}
ACCOUNTS RECEIVABLE PREPAID EXPENSES INVESTMENT IN ACA		51,204. 5,509. 17,500.	3,90 8,99 17,50	6.
TOTAL TO FORM 99, PAGE 2, L	INE A8	74,213,	30,40	4.
			Santa and the sa	

AZ 99	9 OTHER LIABILITIES		STATEMENT (
DESCRIPTION		BEG OF YEAR	END OF YEAR		
ACCOUNTS PAYABLE		68,526.	42,610.		
TOTAL TO FORM 99, PAGE 2, LI	NE A12	68,526.	42,610.		

A COPY OF THE FEDERAL INCOME TAX RETURN WAS ATTACHED TO THIS STATE RETURN