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Form **990-EZ**

Department of the Treasury Internal Revenue Service

DAA

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)

Sponsonng 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

OMB No 1545-1150

2008

Open to Public Inspection

A	For the	e 2008 calendar year, or tax year beginning $7/01/08$, and ending $6/$	30/09				
В	Check if	applicable Please C Name of organization			D Emp	loyer identification number	
	Address	change use IRS Agricultural Foundation for				•	
	Name c	hange label or Tennessee Tech, Inc.			23-7207232		
\sqcup	Initial re	I'. ' I	E Tele	phone number			
\sqcup	Termina	tion See College of Agriculture PO Box 50	93	1-372-3019			
Ц	Amende	ed return Instruc- City or town, state or country, and ZIP + 4			F Gro	up Exemption	
Ц	Applicat	on pending tions. Cookeville TN 38505			Num	nber 🕒	
	Sec	tion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach	İ	G Accounting	method	X Cash Accrual	
		a completed Schedule A (Form 990 or 990-EZ).		Other (specify)	<u> </u>		
I		te: > www.tntech.edu/aghs/ag foundation	.,		X If the	e organization is not	
<u>1</u>	Organi	ization type (check only one)— X 501(c) (3) ◀ (insert no) 4947(a)(1) or	527	990-EZ, or	990-PF)	nedule B (Form 990,	
K	Check		s receipts	are normally no	ot more t	han \$25,000 A return	
		equired but if the organization chooses to file a return, be sure to file a complete return					
		s 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Fo			> \$		
	Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balar	ices (Se	ee the instru			
	1	Contributions, gifts, grants, and similar amounts received			1	8,280	
	2	Program service revenue including government fees and contracts			2		
∌	3	Membership dues and assessments			3	-126,551	
ML0.7	4	Investment income	ŀ		4	-120,551	
ക	5a	Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses 5b	1		-		
=	b	Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch.)			┥╻╽		
Z 9	٦	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming	chack har	• ▶ 🗂	5c	See Stmt 1	
₹	a	Gross revenue (not including \$ of contributions	, oneck ner			Dec Deme 1	
Ç₩.		reported on line 1) 6a	1	7.42	اه		
SCANNERVAN	Ь	Less direct expenses other than fundraising expenses 6b	Ì	7,42 4,34	र्डे		
Z	C	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)			6c	3,075	
	7a	Gross sales of inventory, less returns and allowances 7a					
Š	Ь	Less cost of goods sold 7b			7		
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	•		7c		
	8	Other revenue (describe) 8		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		<u> </u>	9	-115,196	
	10	Grants and similar amounts paid (attach schedule) See S	State	ment 2	10	53,793	
	11	Benefits paid to or for members			11		
S	12	Salanes, other compensation, and employee benefits			12		
Expenses	13	Professional fees and other payments to independent contractors RECEIVED	1		13	4,050	
жb	14	Occupancy, rent, utilities, and maintenance	그었		14	·	
ш	1.0	Printing, publications, postage, and shipping Other expenses (describe by See Statement 3) DEC 2 1 2009	3-050		15		
	16	Offici expenses (describe P DCC Detacement 2)	<u> 그 위</u>		16	10,737	
	17	Total expenses. Add lines 10 through 16		<u></u>	17	68,580	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) OGDEN, U			18	-183,776 931 771	
As	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure of the property of the propert			19	831,771	
Š	20	Other changes in net assets or fund balances (attach explanation) See S Net assets or fund balances at end of year Combine lines 18 through 20	Jeacer	ment 4	20	-5,929 642,066	
****	art II	Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more,	file Form (200 instead of E			
	MIL 14	(See the instructions for Part II)		eginning of year	<u> </u>	(B) End of year	
22	Cash s	avings, and investments	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	831,77	1 22	641,626	
	•	nd buildings	——		23		
		ssets (describe ► See Statement 5			24	440	
	Total a		<u> </u>	831,77	o	642,066	
		abilities (describe			0 26	0	
27	Net ass	sets or fund balances (line 27 of column (B) must agree with line 21)		831,77	1 27	642,066	
		Act and Paperwork Reduction Act Notice, see the Instructions for Form 990				Form 990-F7 (2008)	

Form 990-EZ (2008) Agricultural Foundation for	23	<u> -7207232</u>				Page 2
Part III Statement of Program Service Accomplishments (See the instruct	ons for Part III	l.)		Exp	enses
What is the organization's primary exempt purpose?				(Re	quired	for 501(c)(3)
Scholarships and Program Support						ganızatıons
Describe what was achieved in carrying out the organization's exempt purposes. In a						a)(1) trusts,
describe the services provided, the number of persons benefited, or other relevant inf	formation for each pro	ogram title		<u>optı</u>	onal fo	or others)
28 See Statement 6						
60 1 0 E3 703) Kills amount male to 6 and a significant	.1.15	_	-			53,793
(Grants \$ 53,793) If this amount includes foreign grants, ch	eck nere	<u> </u>	┷┼	28a		55,195
29						
			1			
(Grants \$) If this amount includes foreign grants, ch	ook horo		\neg	29a		
30	eck neie			ZSa		_
30						
(Grants \$) If this amount includes foreign grants, ch	eck here	•	ПΙ	30a		
31 Other program services (attach schedule) See Statement 7	icon nere		11	- Juli		<u>-</u>
(Grants \$) If this amount includes foreign grants, ch	eck here	•	山上	31a		5,968
32 Total program service expenses (add lines 28a through 31a)		<u> </u>	┢┤	32		59,761
Part IV List of Officers, Directors, Trustees, and Key Employees. List ea	ich one even if not co	mpensated (See t	he ins		s for Pa	
	(b) Title and average	(c) Compensation	(d)	Contributio	ns to	(e) Expense
(a) Name and address	hours per week devoted to position	(if not paid, enter -0)		ree benefit p ed compen		account and other allowances
Jack McDaniel	President		Ĭ			
		٥	,		0	0
Tom H. Pointer	Treasurer		Î			
	1	0			0	0
Jimmy Allen	Exec Directo					
]	o			0	0
Sandy Jarvis	Vice Pres					
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	Other mormation (Note the statement requirements in the instructions in	OI Pa	air vi.)				
22	Delth- and the IDOO King in the Land of the Land					Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed						.
24	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 changes				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.						ŀ
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, re	eporti	ng,				٠,
	and proxy tax requirements?				35a		X
	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,"						l
	complete applicable parts of Schedule N				36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr.	37a					
b	Did the organization file Form 1120-POL for this year?				37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or v	were					ŀ
	any such loans made in a prior year and still unpaid at the start of the period covered by this return?				38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b					Ĺ
39	Section 501(c)(7) organizations Enter.	i					Ĺ
а	Initiation fees and capital contributions included on line 9	39a			[Ė
b	Gross receipts, included on line 9, for public use of club facilities	39b			[ĺ
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under						į
	section 4911 ▶				_		É
b	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit tr	ansac	tion				
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," comple	ete Sch	nedule				
	L, Part I				40b		X
C	Enter amount of tax imposed on organization managers or disqualified persons during						
	the year under sections 4912, 4955, and 4958	▶					Ė
d	Enter amount of tax on line 40c reimbursed by the organization	▶					ĺ
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter						<u> </u>
	transaction? If "Yes," complete Form 8886-T				40e		X
41	List the states with which a copy of this return is filed None						
42a	The books are in care of ▶ Ag Foundation for TTU	Tel	lephone r	10			
	Executive Director						
	Located at ▶ Cookeville, TN		ZIP+	4 🕨	38505		
b	At any time during the calendar year, did the organization have an interest in or a signature or other author	rity					
	over a financial account in a foreign country (such as a bank account, securities account, or other financia	ı				Yes	No
	account)?				42b		X
	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 Bai	nk					É
	and Financial Accounts.						į
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?				42c		Х
	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		•	43			_
	,						
					1	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of					. 55	
	Form 990-EZ				44	Ī	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	Ť	Х
					- 99	^ <u></u>	

Form 990-EZ			3-7207232	. '		age ·
Part VI	Section 501(c)(3) organizations only. All section	າ 501(c)(3) organiza	ations must ans	swer questions	46 –4 9	
46 Did the	and complete the tables for lines 50 and 51.	an habelf of an analysis				Γ
	organization engage in direct or indirect political campaign activitie	es on benair of or in oppos	sition to		Yes	No X
	tes for public office? If "Yes," complete Schedule C, Part I	adula C. Dari II			46	X
	organization engage in lobbying activities? If "Yes," complete Sche		shadula E		48	X
	ganization operating a school as described in section 170(b)(1)(A)		chequie E		49a	$\frac{x}{x}$
	organization make any transfers to an exempt non-chantable relati	ed organization?				├ ^
	was the related organization(s) a section 527 organization?				49b	<u> </u>
	te this table for the five highest compensated employees (other the ceived more than \$100,000 of compensation from the organization			oyees) who		
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Exper account a other allows	nd
None			,			_
Total number of	of other employees paid over \$100,000	—	.1.,	<u>I</u>		
	te this table for the five highest compensated independent contrac	tors who each received n	nore than \$100 000	l of	<u>.</u>	
=	sation from the organization. If there is none, enter "None"	NOTO WITO CUSTI TOCKIVCU II	nore than \$100,000	. 01		
(a) I	Name and address of each independent contractor paid more than \$100,000) (b) Type of service	(c) C	ompensation	
None						
					-	
			==			_
Total number	of other independent contractors each receiving over \$100,000	>		I		
Cimm	Under penalties of perjury, I declare that I have examined this return, inclinand belief, it is true, correct, and complete Declaration of preparer (other					
Sign	Juning allen	<u></u>	<u>_</u>			
Here	Signature of officer Jimmy Allen	Exe	cutive Di	rector		
	Type or print name and title	Date	Check if	Proparer's Iden	tifying Number (S	oo inci
	Preparer's A		self-	_ l ·		see iiisi
Paid	signature Lisa Malone, CFA	11/1	9/09 employed			
Preparer's	,	p, PC		EIN ▶ 6	2-1804	32
Use Only	if self-employed), 215 Reagan St.			Phone		
	address, and ZIP + 4 Cookeville, TN 38	501			<u>-526-7</u>	04
May the IRS of	liscuss this return with the preparer shown above? See instruction	ns		<u> </u>	X Yes	No
				Fo	om 990-E2	Z (20)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

Inspection

Agricultural Foundation for Name of the organization Employer identification number Tennessee Tech, Inc. 23-7207232 Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is (Please check only one organization) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i), 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III-Functionally Integrated b Type II Type III-Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes Nο and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the organizations the organization supports h (i) Name of supported (II) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vil) Amount of organization (described on lines 1-9 in col. (i) listed in your the organization in organization in col support above or IRC section ∞l (i) of your (i) organized in the governing document? (see instructions)) support? US? Yes No Yes No Yes No

Sche	edule A (Form 990 or 990-EZ) 2008 Agj	ricultural	Foundation	n for	23-	7207232	Page 2
Pi	art # Support Schedule for O				I)(A)(iv) and 17	'0(b)(1)(A)(vi)	
	(Complete only if you che						
Sec	tion A. Public Support		-				
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	21,707	18,776	9,680	15,607	8,280	74,050
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3	21,707	18,776	9,680	15,607	8,280	74,050
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						70,920
6	Public support. Subtract line 5 from line 4	<u> </u>					3,130
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	21,707	18,776	9,680	15,607	8,280	74,050
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	62,694	68,606	48,775	30,839	19,170	230,084
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	279	1,697	4,019	-7,893	-145,721	-147,619
11	Total support. Add lines 7 through 10						156,515
12	Gross receipts from related activities, etc.	(see instructions)				12	9,036
13	First five years. If the Form 990 is for the	organization's first, se	econd, third, fourth,	or fifth tax year as	a section 501(c)(3)	•	_
	organization, check this box and stop here						<u> </u>
Sec	tion C. Computation of Public St	upport Percenta	ge				
14	Public support percentage for 2008 (line 6,	, column (f) divided by	/ line 11, column (f))		14	1.9998 %
15	Public support percentage from 2007 Sche					15	17.3708 %
16a	33 1/3 % support test—2008. If the organ			and line 14 is 33 1	/3 % or more, chec	k this box	
	and stop here. The organization qualifies						▶∟
þ	33 1/3 % support test—2007. If the organ				33 1/3 % or more,	check this	
	box and stop here. The organization quality						▶ ∟
17a	10%-facts-and-circumstances test—200						
	more, and if the organization meets the "fa					now the	▶ [
	organization meets the "facts-and-circumst	_	·			45 400/	▶ ∟
ь	10%-facts-and-circumstances test—200						
	more, and if the organization meets the "fa					now the	⊾ [፯
10	organization meets the "facts-and-circumsi Private foundation. If the organization did					tructions	► <u>X</u>
18	rnvate roundation. If the organization did	i not check a dox on i	ING 13, 10d, 10D, I	ra, ur irb, ureck t	いっ レレス ないひ ろてに 川ち	,, actività	F L.

Schedule A (Form 990 or 990-EZ) 2008

Page 3

	(Complete only if you che	ecked the box	on line 9 of Pa	rt I.)				
	tion A. Public Support			·	T	T		
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	08	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1-5						L	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000							. 5574
С	Add lines 7a and 7b							
8	Public support (Subtract line 7c from					ļ		
	line 6)					<u> </u>	1	
	tion B. Total Support	I	r		 			,
	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	18	(f) Total
9	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
13	Total support. (Add lines 9, 10c, 11,							
	and 12)	L				<u> </u>		
14	First five years. If the Form 990 is for the o	organization's first, s	second, third, fourti	n, or fifth tax year a	s a section 501(c)(3)		
	organization, check this box and stop here							_
_	tion C. Computation of Public Su							
15	Public support percentage for 2008 (line 8,		-	f))			15	%
16	Public support percentage from 2007 Sched						16	%
	tion D. Computation of Investmen			<u> </u>			T	
17	Investment income percentage for 2008 (lin			olumn (f))			17	%
18	Investment income percentage from 2007 S			4 and hat 45 :	4 00 4/0 **		18	%_
19a	33 1/3 % support tests—2008. If the organ							. □
L	17 is not more than 33 1/3 %, check this bo	= = = = = = = = = = = = = = = = = = =	-	· · ·	- · · ·			▶ ⊔
b	33 1/3 % support tests—2007. If the organ							⊾ □
20	line 18 is not more than 33 1/3 %, check this Private foundation . If the organization did	= = = = = = = = = = = = = = = = = = =	-			anization		

Schedule A (Form 990 or 990-EZ) 2008 Agricultural Foundation for

23-7207232

Page 4

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Part II, Line 10 - Other Income Detail

Capital Gains Distributions

9,842

Realized Gain / (Loss) on Invests

-157,461

Part II, Line 17b - 10% Facts and Circumstance Test - 2007

The foundation's income and loss from it's investments varies considerably from year to year.

•

000	,	Special Eve	ents Schedule		
Form 990	For calendar vear 2008	3, or tax year beginning	7/01/08 , and	ending 6/30/09	2008
ame					Identification Number
	l Foundation	for			
Tennessee T	ech, Inc.			23-72	207232
	(A)	(B)	(C)	Others	Total
Gross receipts	7,420		0	0	7,420
Less contributions	0	0	0	0	
Gross revenue	7,420		0	0	7,420
Less direct expenses			0	0	4,34
Net income (loss)	3,075	0	0	0	3,07
(C) Others					

11/19/2009 2:10 PM

MAGFOUND Agricultural Foundation for

23-7207232 FYE: 6/30/2009

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Other

	Gain / Loss		0	
	Depreciation	· .	ທ່ ທ O	
	Cost & Expense	! 	ν · ν	
	ΟÄ	 	ν v	
	Sale Price		v v	
ı	Date Sold			
	Date Acquired			
Description	Whom Sold	stributions		
	How Received	Capital Gains Distributions	Total	

	Statement 2 - F	Statement 2 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid	Line 10 - Gra	nts and Similar Ar	nounts Paid	
Name and Address		Relationship to Organization	ip ion	Class of Activity	Date of Gift	
Description of Property	Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation	Purpose
Tennessee Technological University	University					
PO Box 5034	601,60					
Cookeville, TN 38505						

25,233

Total

MAGFOUND Agricultural Foundation for 23-7207232 Federal Statements

FYE: 6/30/2009

11/19/2009 2:10 PM

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	\$
Academic Team Fees	2,000
Receptions	268
Meeting Exp	75
General Supplies	386
Recruitment Supplies	2,500
Student Awards	1,200
Management Fees	4,207
Foreign Tax	101
Total	\$ 10,737

Statement 4 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

	Description	Amount
Unrealized Temp Ga:		\$
Unrealized Temp Los	ss on Investments	5,929
Total		\$

Statement 5 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	 End of Year
Accounts Receivable	\$	\$ 440
		 440

MAGFOUND Agricultural Foundation for

Federal Statements

FYE: 6/30/2009

23-7207232

11/19/2009 2:10 PM

Statement 6 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description

The Foundation provides scholarships and awards to students of Tenn Tech University. The Foundation also provides assistance for travel expenses and supplies for student organizations.

Statement 7 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments

Description

Support of student recruitment, academic team expenses, and other agriculture related student activities.