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Department of the Treasury

Internal Revenue Service

**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

Α	for the	e 2009 calenda	ar year <u>,</u>	or tax year beginning , 2009, and	ending			, 20		
В	Check if	applicable	Please	C Name of organization		<b>Employer</b>	identi	ification number		
	Address	use IRS label or change extension Foundation  Change print or Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telep						20-4781422		
	Name ch							Telephone number		
님	Initial ret Terminal		4	402-472-8841						
$\vdash$			See Specific Instruc-	Ag Communications Bldg., University of Nebraska  City or town, state or country, and ZIP + 4	6	Group Ex				
$\mathbb{H}$	Amende	on pending	Number	•	uon					
므			tions.	Lincoln, NE 68583-0918				10 1 17 1		
	• Sec	ction 501(c)(3)		ations and 4947(a)(1) nonexempt charitable trusts must attach	G Account	-	1 L.	Cash Accrual		
_			a cor	npleted Schedule A (Form 990 or 990-EZ).		pecify) >				
					H Check	▶ ☐ If the	orga	inization is <b>not</b>		
1 1	Nebsi	ite: ► <u>exten</u>	sion.org	<u> </u>	required	to attach	Sche	dule B (Form 990,		
<u>J</u> :	ax-ex	empt status (	check o	nly one) — ☐ 501(c) ( 3 ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527	990-EZ,	or 990-PF	)			
Κ	Check	▶ ☐ If the	e organi	zation is not a section 509(a)(3) supporting organization and its gross rece	eipts are no	rmally <b>not</b> r	nore	than \$25,000 A		
	Form 9	990-EZ or Forn	n 990 re	turn is not required, but if the organization chooses to file a return, be s	ure to file a	complete r	eturn	l		
L	Add line	es 5b, 6b, and 7	b, to line	9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of	Form 990-E	z Þ	\$	200,590		
	art!			enses, and Changes in Net Assets or Fund Balances (			ns fo			
	201	3		s, grants, and similar amounts received		. 1	$\top$	199,187		
	3	Program s	_	evenue including government fees and contracts		. 2	1			
	<u>త</u> ్తా	_		and assessments		3	+-	0		
	4 Jung.	Investment	•			4	+	<u> </u>		
	$\geq$					· ·   <del></del>	+	1,403		
	Epa			, , , , , , , , , , , , , , , , , , , ,						
	] - D			r basis and sales expenses						
SCANNIE	∰ °			n sale of assets other than inventory (Subtract line 5b from line 5	•	<u>5c</u>	╀	0		
	# 6	•		ivities (complete applicable parts of Schedule G). If any amount is from gaming, c	neck nere ►	$\sqcup$				
	a			ot including CEIVED of contributions			}			
	╡	reported o		1201			]			
C	b	Less. direc	t exper	nses other than fundraising expenses 6b						
Ō	С	Net income	e or (los	s) from special events and activities (Subtract line 6b from line 6	6a)	. 6c		0		
Ī	7a	Gross sale	s of inv	entory, less returns and allowandes	_			-		
	b	Less: cost	of goo	is sold and all The Told		]				
	C	Gross prof	it or (lo	(loss) from sales of unventory (Subtract-Ine 7b from line 7a)		. 7c	1	0		
	8	Other reve				) 8		0		
	9		•	dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		▶ 9	1	200,590		
	10			amounts paid (attach schedule)		. 10	1	0		
	11			r for members		. 11	1	0		
Ŋ	12	•		mpensation, and employee benefits		. 12	$\top$	0		
Expenses	13			and other payments to independent contractors		. 13		125,999		
Эeг	14			utilities, and maintenance		14	-	0		
X	15			•		15				
	16	Printing, publications, postage, and shipping						93,941		
	17					) 16 • 17	-1-			
	18	Evenes or	(defect)	Add lines 10 through 16	<del></del> .	10		219,941		
ets	19			d balances at beginning of year (from line 27, column (A)) (mu			+-	(19,350)		
SS	19			reported on prior year's return)		1	-			
ţ						<u> </u>		163,498		
Net Assets	20		-	net assets or fund balances (attach explanation)			+-	0		
	21				· · · ·		ㅗ.	144,148		
	Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990									
	_			(See the instructions for Part II.)	(A) Begin	ning of year	-	(B) End of year		
2				vestments	<u> </u>	163,19				
	23 Land and buildings						<u>a 23</u>			
2				e <b>&gt;</b> )	<u></u>		q 24			
2	5 T	otal assets .				163,19	8 25	144,148		
20	3 T	otal liabilitie	s (desc	ribe > alances (line 27 of column (B) must agree with line 21)			g 26	0		
٥.	7 N	let assets or	fund b	alances (line 27 of column (B) must agree with line 21)	1	163 10	9 27	144 149		

orm	990-EZ (2009)					Page 2
Par	t III Statement of Program Service Accom	plishments (See the instr	uctions for Part II	1.)		Expenses
 Wha	t is the organization's primary exempt purpose?	Nationwide internet-based e	ducation network		(Requ	ired for section
	cribe what was achieved in carrying out the org		)(3) and 501(c)(4)			
	ner, describe the services provided, the number of					izations and section a)(1) trusts; optional
each	program title.				for otl	,, , , , , , , , , , , , , , , , , , ,
28	Developed and disseminated hundreds of educations	al modules for public consum	notion on the exten	sion		
	website. 942,605 unique users visited the website 1,0					
	in numerous subject areas in 2009. This is 87% incre		Judity, research			
		includes foreign grants, che	ock hore	▶ □	28a	219,940
29					200	210,040
23						
	(Cronto \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	includes foreign grants, che			29a	
~~	(Grants \$ ) If this amount	includes foreign grants, chi	eck nere		294	
30						
	(O)	landa S				
		includes foreign grants, ch			30a	
31	p 5 (					
	(Grants \$ ) If this amount				31a	
	Total program service expenses (add lines 28a t				32	219,940
Par	t IV List of Officers, Directors, Trustees, and Key			<del></del>		<del></del>
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contribution		(e) Expense account and
	···	devoted to position	enter -0)	deferred comper	isation	other allowances
Kare	n Hinton, University of Nevada - Reno, Mail Stop 404			}		
Reno	o, NV 89557	Chair, 2 hr per week	(	1		
Keith	Smith, Ohio State University					
2120	Fyffe Rd., Rm 3 Ag Admin, Columbus OH	Vice Chair, 1 hr per week	(			
Jimn	ny Henning, University of Kentucky					
S-10	7 Ag Science Center North, Lexington, KY 40546	Secretary, 1 hr per week	(	1		
Paul	Bonaparte-Krogh, University of New Hampshire					
59 C	ollege Road, Taylor Hall, Durham, NH 03824-3587	Treasurer, 1 hr per week		1		
	on McAfee, Alcorn State University					
	ASU Dr., #479, Alcorn State, MS 39073	1890 Rep, 1 hr per week	(	i		
	nas Coon, Michigan State University	, , , , , , , , , , , , , , , , , , , ,		<del></del>		
	Agriculture Hall, East Lansing, MI 48824	Ex-Officio, 1 hr	(	ł		
	es Wade, 1307 New York Ave., NW Ste. 400		<u> </u>	<del></del>		
	nington, DC 20005	NASULG Rep,0.5 hr	,	j		
	Cotton, 6 Ag Communications Bldg., UNL	1.0024 1.00,0.0 111		1		
		Director, 8 hrs	(	J		
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Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			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? 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 why the organization did not report the income on Form 990-T.			
а	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		·
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		~
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 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			·
b	Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		,
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
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's books are in care of ▶ Dan Cotton, Director Telephone no. ▶	402-47	2-884	1
	Located at ▶ 6 Ag Communications Bldg., Lincoln, NE ZIP + 4 ▶	68583	-0918	
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		Yes	
	account)?	42b		/
	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		1
	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		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Var	NI-
44	Did the organization maintain any donor advised funded if "Voc." Form 000 must be semi-lated material at		Yes	No
•	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	<u> </u>	<u>'</u>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	44		/
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		· •

•• , , , , •

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	section 4947(a)(1) none 47(a)(1) nonexempt char nd 51.	xempt charita table trusts mu	<b>ble trusts only.</b> A st answer question	II sections 46–	n 49b			
	Did the organization engage in direct or indirect				Y	es No			
	candidates for public office? If "Yes," complete				46	V			
	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II								
	Is the organization a school as described in section		•		48 49a	V			
	·								
	If "Yes," was the related organization a section 5 Complete this table for the organization's five hi				49b				
	employees) who each received more than \$100,								
		(b) Title and average	(c) Compensation	(d) Contributions to	(e) Ex	pense			
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position		employee benefit plans & deferred compensation		int and owances			
None									
			<del> </del>						
			·						
				<del></del>					
					ł				
f	Total number of other employees paid over \$100	0.000	0	<u> </u>	i				
None	(a) Name and address of each independent contractor	paid more than \$100,000	(b) T	ype of service	(c) Compo	ensation			
d	Total number of other independent contractors e	each receiving over \$100,0		0					
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete Declaration	ed this return, including accompan of preparer (other than officer) is b	lying schedules and spased on all information	tatements, and to the bes on of which preparer has	st of my kn any knowle	owledge edge			
Sign Here	Surfiatore of officer	<u> </u>		4 - 14 Date	- 2	010			
	Dan Cotton, Director Type or print name and title								
Paid Prepare	Preparer's signature ALM	Date 4-14.	Check if self- employed ▶ [	Preparer's identifying nur	nber (See in:	structions)			
Use On	ly yours if self-employed), Amy Light Mills, 15975	J D Sapp Rd.	E	EIN ► 48	38949182	!			
	address, and ZIP + 4								
iviay th	e IRS discuss this return with the preparer showi	above? See instructions	<del>· · · · ;</del>		<u>,</u>	No F7 (2009)			

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

Department of the Treasury

Internal Revenue Service

## **Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 4781422 **eXtension Foundation** Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). 6 7 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.) R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33\% % 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 331/3 % 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). 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. a 🗌 Type I **b** Type II c Type III-Functionally integrated **d** Type III-Other e 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 II, Type III, or Type III supporting f Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (III) below, the governing body of the supported organization? (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 supported organization(s). h (n) EIN (iii) Type of organization (i) Name of supported (iv) is the organization (v) Did you notify (vi) is the (vii) Amount of in col. (i) listed in your organization (described on lines 1-9) the organization in organization in col support above or IRC section. governing document? col (i) of your (i) organized in the (see instructions)) support? US? Yes Yes No Yes Total

	Support Schedule for Org (Complete only if you check	anizations ked the box	Described in on line 5, 7,	Sections 170 or 8 of Part I.)	(b)(1)(A)(iv)	and 170(b)(1 	)(A)(vi)
	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")			8,473	38,132	37,873	84,478
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 through 3			8,473	38,132	37,873	84,478
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						71,232
6	shown on line 11, column (f)	<del></del>					13,246
	tion B. Total Support		<del></del>	<u> </u>			,
	lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4			8,473	38,132	37,873	84,478
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			0	494	1,403	1,897
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	· · · · · · · · · · · · · · · · · · ·					
11	Total support. Add lines 7 through 10 .		<u> </u>		_		86,375
12	Gross receipts from related activities, etc.	•				12	161,314
13	First five years. If the Form 990 is for organization, check this box and stop he tion C. Computation of Public Suj	re <u>.</u>	<u> </u>	nd, third, fourth,			
<u>360</u> 14				41 (0)	· · · · · · · · · · · · · · · · · · ·	44	
	Public support percentage for 2009 (line 6		-	1, column (f))	}	15	<u>%</u> %
15 16a	Public support percentage from 2008 Sch 331/3 % support test—2009. If the organization	•	•		L		
104	and stop here. The organization qualifies						k this box ▶ □
b	331/3 % support test - 2008. If the organiz						check this
	box and stop here. The organization qua	lifies as a pub	licly supported	organization .			▶ □
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circums organization meets the "facts-and-circums	<b>09.</b> If the orgar	nization did not e mstances" test,	check a box on li	ne 13, 16a, or nd stop here.	16b, and line 14 Explain in Part I	ıs 10% or V how the
b 18	10%-facts-and-circumstances test – 2008 more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circun nces" test. The	nstances" test, o organization qua	check this box ar alifies as a publicly	nd <b>stop here</b> . It y supported org	Explain in Part I janization	V how the

	dule A (Form 990 or 990-EZ) 2009							Page 3
Pai	Support Schedule for Orga (Complete only if you checked				1)(2)			
Sec	tion A. Public Support	d the box of	Time 9 OF Fa		<del></del>			
	alendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2	009	(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	<del></del> -						
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							
8	Public support (Subtract line 7c from line 6)							
	tion B. Total Support	<del></del>						,
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2	009	(f) Total
9 10a	Amounts from line 6							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b					<u> </u>		
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	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)							
14	First five years. If the Form 990 is for to organization, check this box and stop	here	<u></u>	nd, third, fourt				
Sec	tion C. Computation of Public Su	port Perce	ntage					
15	Public support percentage for 2009 (lin	e 8, column (f	) divided by lir	ne 13, column	(f)	15		%

	organization, check this box and stop here		
Sec	tion C. Computation of Public Support Percentage		
15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)	15	%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	%
Sec	tion D. Computation of Investment Income Percentage		
17	Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) .	17	%
18	Investment income percentage from 2008 Schedule A, Part III, line 17	18	%_
19a	33% % support tests - 2009. If the organization did not check the box on line 14, and line 15 is r	nore t	han 33½ %, and line
	17 is not more than 33% %, check this box and stop here. The organization qualifies as a publicly	suppo	orted organization 🕨 🗀
b	331/3 % support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 1	6 is m	ore than 331/3 %, and

line 18 is not more than 331/3 %, check this box and stop here. The organization qualifies as a publicly supported organization  $\blacktriangleright$ 

chedule A (Form 990 or 990-EZ) 2009 Page <b>4</b>							
Part IV	Supplemental Information. Com	plete this part to provide the explanations req III, line 12. Provide any other additional informa	uired by Part II, line 10;				
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