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### Form **990-EZ**

# **Short Form**

2009

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

B Creeks it applicable Mander charge Manner	-	<b>A</b> !	For the	2009 cale	ndar	year, or tax year beginning , 2009, and en	ding			,
Add lines 5, bb, and 7b, to line 9b of termine gross receipts are compiler between the same termines and section 50(c)(3) supporting organizations and 4547(x)1) nonexempt charitable trusts must attain a completed Schedule A (Form 599 or 590-EZ).    Website: N/A	_			applicable			] (	D Emp	loyer	dentification number
The service of the				Ple	26	-37	61578			
Secretary Comparison			Name ch	E Teler	Telephone number					
Tarmenston   Section 501(c/x3) organizations and 4947(x/1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-E2.)   G   Accounting method   X   Cash   Accrue with a completed Schedule A (Form 990 or 990-E2.)   G   Accounting method   X   Cash   Accrue with a completed Schedule A (Form 990 or 990-E2.)   G   Accounting method   X   Cash   Accrue with a completed Schedule A (Form 990 or 990-E2.)   G   Accounting method   X   Cash   Accrue with a completed Schedule A (Form 990 or 990-E2.)   G   Accounting method   X   Cash   Accrue with a complete selection 509(c)(3) supporting organization and its gross receipts are normally not once then \$25,000 A Acrom 990-E2 or Form 990 or		X	Initial ret	(9	281	310-6441				
**Section 501(c/3) organizations and 4947(a/1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-E2).    Website: N/A   Ta exempt tabus (kinks wip one)   XI 501(c) (3										
**Section Strict(3) organizations and 4947a(7) nonevempt charitable trusts must affacts a completed Schedule A (Form 990 or 990 or 990 er 900				tio						xemption
Website: N/A   Tax-exempt status (check out one)   XI Stite   3   4 (mest no )   45A(x)(1) or   527   127	4			Section 501	(c)(3)	organizations and 4547 (a)(1) nonexempt enamed trasts			X	Cash Accrual
Website: N/A	-			mus	t atta			<del>*</del>		ganization is <b>not</b>
Schement rough (see any weight)   First shiptor   First ship	ı						required to a	ittach :	Sche	
25.500 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return function of 7b. to line 9 to determine gross receipts, if \$500,000 or more, file Form 990	÷	<u>,                                     </u>	Tax-exe	mpt status (c	heck o	$\frac{1}{100} = \frac{1}{100} = \frac{1}$				not more than
Part I   Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the Instructions for Part I.)   1   Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the Instructions for Part I.)   2   Program service revenue including government fees and contracts   1   23, 79; 3   Membership dues and assessments   2   101, 77; 3   Membership dues and assessments   3   4   Investment income   5a Gross amount from sale of assets other than inventory   5a   5b			\$25,000	0 A Form 99	90-EZ	or Form 990 return is not required, but if the organization chooses to file	a return, be sure	to file	a cor	mplete return
1   23,795	_		instead	d of Form 9	90-E	<u>7</u>			т_	129,710.
2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses 6 Gain or (loss) from sale of assets other than inventory need that it is a considered in 5b or in 5a) 6 Special events and activities (complete spiciolistics of the form spice of contributions reported on line 1) b Less direct expenses of the form spice of contributions 7a Gross sales of inventory (loss) from spice abusing expenses 6 the income of (loss) from spale states and salvage (outprest the firm line 6a) 7a Gross sales of inventory (loss) from spice states and salvage (outprest the firm line 6a) 7a Gross sales of inventory (loss) from spice states and salvage (outprest the firm line 6a) 7a Gross sales of inventory (loss) from spice states and salvage (outprest the firm line 6a) 7a Gross sales of inventory (subtract line 7b from line 7a) 8 Other revenue (describe > SEE STATEMENT 1  10 Grants and similar amounts paid (attach schedule)  11 Benefits paid to or for members 11 Senetis paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 14 Occupancy, rent, utilities, and maintenance 15 Other repeases (describe > SEE STATEMENT 3  16 Other repeases (describe > SEE STATEMENT 3  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Excess or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year ingure reported on prory year's return) 19 Net assets or fund balances at end of year Combine lines 18 through 20  20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20  22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe > ) 26 Other assets (describe > )		Pa					es (See the II	nstruc		ns for Part I.)
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a Gross revenue (not including \$ reported on line 1)										
a Gross revenue (not including \$ reported on line 1)		Ë	C Gain or (loss) from sale of assets other-than inventors (spottage in 5b from in 5a)							
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b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe SEE STATEMENT 1 ) 8 255 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<b>=</b>		C N	Jess ullect	(lose)	from special events and activities (Subtract line 64)			60	3,887.
b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe SEE STATEMENT 1 ) 8 255 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			7a (	7a Gross sales of inventory, less returns emballowantes. 7a				F		3,007.
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8 Other revenue (describe   SEE STATEMENT 1   9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8   9 129, 71.0	2							-	7 c	
10 Grants and similar amounts paid (attach schedule)  11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe ► SEE STATEMENT 3  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (attach explanation)  21 Net assets or fund balances at end of year Combine lines 18 through 20  Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ  (See the instructions for Part II)  (A) Beginning of year  (B) End of year  22 Cash, savings, and investments  22 24,312  23 24,312  24 Other assets (describe ►  10 0 25 24,312  25 Total assets  10 0 25 24,313  26 Total liabilities (describe ►  11 0 500  12 1	7							) [	8	255.
11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe > SEE STATEMENT 3 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe > ) 25 Total assets 26 Total liabilities (describe > ) 26 Total liabilities (describe > ) 27 Other changes in net assets or line 25, 24, 312 26 Total liabilities (describe > ) 27 Other assets (describe > ) 28 Denote the members of the payments to independent contractors 29 (B) End of year (B) End of yea	$\Rightarrow$						-	- ▶	9	129,710.
11   Benefits paid to or for members   11	_						TATEMENT 2		10	500.
12   Salaries, other compensation, and employee benefits   12	:	_							11	
16 Other expenses (describe   SEE STATEMENT 3   16 104, 200   17 Total expenses. Add lines 10 through 16   17 105, 390   18 Excess or (deficit) for the year (Subtract line 17 from line 9)   18 24, 312   19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)   20   19 Net assets or fund balances (attach explanation)   20   21 24, 312   24, 312   25 Cash, savings, and investments   22 24, 312   24, 312   24	. ,	X		-					12	<del></del>
16 Other expenses (describe   SEE STATEMENT 3   16 104, 200   17 Total expenses. Add lines 10 through 16   17 105, 390   18 Excess or (deficit) for the year (Subtract line 17 from line 9)   18 24, 312   19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)   20   19 Net assets or fund balances (attach explanation)   20   21 24, 312   24, 312   25 Cash, savings, and investments   22 24, 312   24, 312   24	(	P				•		Γ	13	
16 Other expenses (describe   SEE STATEMENT 3   16 104, 200   17 Total expenses. Add lines 10 through 16   17 105, 390   18 Excess or (deficit) for the year (Subtract line 17 from line 9)   18 24, 312   19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)   20   19 Net assets or fund balances (attach explanation)   20   21 24, 312   24, 312   25 Cash, savings, and investments   22 24, 312   24, 312   24	h '	N S	14 (	Occupancy,	rent	, utilities, and maintenance			14	
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Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (attach explanation)  21 Net assets or fund balances at end of year Combine lines 18 through 20  Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ  (See the instructions for Part II)  (A) Beginning of year  (B) End of year  22 24,312  23 24,313  24 Other assets (describe > )  25 Total assets  Total liabilities (describe > )  Column (A)) (must agree with end-of-year   19  (A) Beginning of year  (B) End of year  (B) End of year  24 24,313  25 Total liabilities (describe > )  Column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ  (B) End of year  (C) End in the interval in the interv	_								17	105,398.
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figure reported on prior year's return)  Other changes in net assets or fund balances (attach explanation)  Net assets or fund balances at end of year Combine lines 18 through 20  Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ  (See the instructions for Part II)  Cash, savings, and investments  Land and buildings  Other assets (describe >  Total assets  Total liabilities (describe >  D. 25  Total liabilities (describe >  D. 26		N S	19 1	Vet assets	or fur	nd balances at beginning of year (from line 27, column (A)) (must ac	gree with end-of-	year _		_
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Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ  (See the instructions for Part II)  (A) Beginning of year  (B) End of year  22 Cash, savings, and investments  23 Land and buildings  24 Other assets (describe >								<b>⊢</b>		
(See the instructions for Part II )  22 Cash, savings, and investments  23 Land and buildings  24 Other assets (describe > )  25 Total assets  26 Total liabilities (describe > )  27 (B) End of year  (C)  24 (C)  25 (C)  (C)  (D)  (D)  (D)  (D)  (D)  (D)	,									
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Form 990-EZ (2009) NORTHERN ARIZON	A JUNIOR LIVESTOCK		_26	-376	51578 Page <b>2</b>
Part III Statement of Program Ser	vice Accomplishments	(See the instruction	ns.)		Expenses
What is the organization's primary exempt purpose? SEI	E STATEMENT 4			(Reg	uired for section c)(3) and (4)
Describe what was achieved in carrying out th describe the services provided, the number of	e organization's exempt purp	oses In a clear and co	ncise manner,	orgai	nizations and section (a)(1) trusts, optional
describe the services provided, the number of program title	persons benefited, or other i	elevant information for	eacn	14947 for o	(a)(1) trusts, optional thers)
28 FACILITATED THE AUCTION C	F 68 PROJECT ANIMA	L LIVESTOCK FO	R THE		
BENEFIT OF COCONINO COUNT			·- <del></del>	l	
DENELTI OF COCONING COOK					
					102 205
( to	is amount includes foreign gr	ants, check here		28 a	103,285.
29					
		. <b></b>			
(Grants \$ ) If th	is amount includes foreign gr	ants, check here	▶ 🗍	29 a	
30					
		<del></del>		1	
				1	
(Grants \$) If th	is amount includes foreign gr	ants, check here		30 a	
31 Other program services (attach schedule		<u></u>			
	-) iis amount includes foreign gr	ants check here	▶ □	31 a	
32 Total program service expenses (add lin		drito, cricon nere		32	103,285.
Part IV List of Officers, Directors		nlovees List each on	e even if not com	<del></del>	
Part IV List of Officers, Directors	(b) Title and average hours		(d) Contributions		(e) Expense account
(a) Name and address	per week devoted	not paid, enter -0)	employee benefit pla	ns and	and other allowances
	to position		deferred compensa	ation	
DANA RAMOS	PRESIDENT	0.		0.	0.
8425 STARDUST TRAIL	10.00				
FLAGSTAFF, AZ 86001					
SANDY ENGELKE	VICE PRESIDENT	0.		0.	0.
PO BOX 30366	10.00				
FLAGSTAFF, AZ 86003	10.00				
	SECRETARY	0.		0.	0.
VICKI PARKS	(	0.		υ.	0.
11160 TOWNSEND-WINONA RD	10.00		1		
FLAGSTAFF, AZ 86003					
SHANNON SHOOTS	TREASURER			0.	0.
7675 CARMEL ROAD	10.00				
FLAGSTAFF, AZ 86004					
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Form 990-EZ (2009) NORTHERN ARIZONA JUNIOR LIVESTOCK

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Page 3

	46-49b and complete the tables	for lines 50 and 5	1.	able trasts mast answer a	ucono				
<b>46</b> Did th	· · · · · · · · · · · · · · · · · · ·			f or in opposition to candidates		Yes	No		
	ne organization engage in direct or indirect by indirect of indirect office? If 'Yes,' complete Schedule C				46		X		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E									
	ne organization make any transfers to an		related organization	on?	49a		X		
<b>b</b> If 'Ye	s,' was the related organization a section	527 organization?			49 b		Ц		
<b>50</b> Comp	olete this table for the organization's five	highest compensated e	mployees (other th	nan officers, directors, trustees	and key				
emple	oyees) who each received more than \$10	(b) Title and average	(c) Compensation	(d) Contributions to employee		pense			
(a)	Name and address of each employee paid more than \$100,000	hours per week devoted to position	(-,	benefit plans and deferred compensation	accou other al	int and	s		
NONE		·							
		<del></del>							
			<del></del>						
1 Total	number of other employees paid over \$1	00,000	<del>.</del>						
51 Comp	plete this table for the organization's five pensation from the organization. If there is	highest compensated in s none, enter 'None '	ndependent contra	ctors who each received more t	han \$10	00,000	of		
	(a) Name and address of each independent contr	actor paid more than \$100,000		(b) Type of service	<b>(c)</b> Com	pensatio	n		
NONE				İ					
		<del>-</del>	<del>_</del>						
	<del></del>								
_									
	· · ·		-						
<b>d</b> Total	number of other independent contractors	s each receiving over \$	100,000	<b>&gt;</b>					
	Under penalties of perjury, I declare that I have examine true_carrect, and complete Declaration of preparer (	nined this return, including according than officer) is based on	mpanying schedules and all information of which it	d statements, and to the best of my knowledge preparer has any knowledge	edge and b	elief, it	IS		
	Ch. St								
Sign	Tham hotosy	$\overline{}$		5/14110					
Here	Signature of officer	$\mathcal{O}_{i}$	_	Date /					
	hannon N. Thoots	-treasure	-0						
	Type or print name and title				1. 1.1 .1	NI			
Paid	Preparer's	_	Date		rer's Ident		mber		
Pre-	signature DONATIONAL IGNAC			employed ► P00	37174	11			
parer's	Firm's name (or WEST CHRISTENSE yours if self-	<del></del>				11 5 0			
Use	employed), $ ightharpoonup /05 N. BEAVER_S$				-243°				
Only	ZIP+4 FLAGSTAFF, AZ 8				774-3 X Ye	$\overline{}$	No.		
BAA	RS discuss this return with the preparer sh	iowii abover See ilistiti	ICHOHS		orm 99				

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

**Public Charity Status and Public Support** 

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

ame c	f the	organization NORTH	ERN ARIZONA J	UNIOR LIVESTOCK							on number		
		ASSOC	IATION INC.						26-37	7 <u>61578</u>	<u> </u>		
art	: [	Reason for Pub	lic Charity Status	s (All organizations	must c	omple	te this	part.)	See II	nstructi	ons		
he c	rga	nization is not a privi	ate foundation becau	se it is (For lines 1 throi	ugh 11,	check o	nly one	box )					
1	$\Box$	A church, conventio	n of churches or asso	ociation of churches desc	ribed in	section	170(b)(	(1)(A)(i)					
2	П	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)											
3		A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	П			d in conjunction with a h					0(b)(1)(A	A)(iii) En	ter the hos	spital's	;
5		name, city, and state  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section  170(bX1)(AXiv). (Complete Part II)											
6 7		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)											
8		•		1 <b>70(b)(1)(A)(vi)</b> . (Complet									
9	X	from activities related	Lto its exempt function	more than 33-1/3 % of its s s – subject to certain exce ss taxable income (less s omplete Part III)	entions, a	and (2) n	o more t	han 33-	1/3 % of	its suppo	ort from aros	SS	fter
10		An organization org	anized and operated	exclusively to test for pu	ıblıc safe	ety See	section	509(a)	(4).				
11		An organization or	anized and operated orted organizations d of supporting organiz	exclusively for the benef escribed in section 509(a ation and complete lines	it of, to a)(1) or : s 11e thr	perform section ough 11	the fun 509(a)(2 h	ctions o ?) See	of, or ca section	rry out th <b>509(a)(3</b> )	ne purpose ). Check t	s of or ne box	ne or that
		a Type I	<b>b</b> Type II		– Fund	-	-			d 📙	Type III-		
е		By checking this both than foundation mai 509(a)(2)	x, I certify that the or- nagers and other than	ganization is not controll n one or more publicly si	ed direc upportec	tly or in d organia	directly zations (	by one describe	or more ed in sec	disquali ction 509	fied perso (a)(1) or s	ns oth ection	ier
f		check this box		ermination from the IRS		_	-					n,	
g		Since August 17, 20	006, has the organiza	tion accepted any gift or	r contrib	ution fro	om any	of the fo	ollowing	persons	7		
		(i) a person who below, the gov	directly or indirectly overning body of the si	controls, either alone or fupported organization?	together	with pe	rsons d	escribe	d ın (ıı) a	and (III)	11 g (i)	Yes	No
		(ii) a family memi	ber of a person desc	ribed in (i) above?							11 g (ii)		
		(iii) a 35% control	led entity of a person	described in (i) or (ii) al	bove?						11 g (iii)		
h		Provide the following	g information about t	he supported organization	ns _	_							
	(	i) Name of Supported Organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed gove	Is the tion in cold in your trning ment?	(v) Did y the organ col o your su	ou notify ization in (i) of ipport?	organizat	Is the tion in col zed in the S?	(vii) Amour	nt of Sup	port
					Yes	No	Yes	No	Yes	No			
									1				
									<del>                                     </del>		_	_	
										<u> </u>			
otal													

26-3761578 NORTHERN ARIZONA JUNIOR LIVESTOCK Page 2 Schedule A (Form 990 or 990-EZ) 2009 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge Total. Add lines 1-through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ► (b) 2006 (d) 2008 (e) 2009 (f) Total (a) 2005 (c) 2007 7 Amounts from line 4 Gross income from interest dividends, payments received on securities loans, rents, royalties and income form similar sources. 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) Total support. Add lines 7 through 10 11 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage % 14 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 % 16a 33-1/3 support test - 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. b 33-1/3 support test - 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test — 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts- and circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

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

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

_	4 10 11 0						
	tion A. Public Support	<del></del>	<del></del>	<del></del>			
	idar year (or fiscal yr beginning in)	(a) 2005_	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
'	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')					25,293.	25,293.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose					104,562.	104,562.
3	Gross receipts from activities that are not an unrelated trade or business under section 513					,	0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5	0.	0.	0.	0.	129,855.	129,855.
7a	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
Ь	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the	0	0	0.	0	0	
_	year Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support (Subtract line	0.	0.	0.	0.	0.1	<u> </u>
Ü	7c from line 6)			,			129,855.
Sec	tion B. Total Support	<u>.</u>	<u>_</u> _		<u></u>		123,033.
	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
	Amounts from line 6	0.	0.	0.	0.	129,855.	129,855.
iva	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						0
b	dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0.
b	dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses	0.	0.	0.	0.	0.	0.
6 11	dividends, payments received on securities loans, rents, royalties and income form similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included inline 10b, whether or not the business is	0.	0.	0.	0.	0.	0.
12 13	dividends, payments received on securities loans, rents, royalties and income form similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (add lins 9, 10c, 11, and 12.)  First five years. If the Form 990.	is for the organiza					0. 0. 0. 129,855.
12 13 14	dividends, payments received on securities loans, rents, royalties and income form similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (add lins 9, 10c, 11, and 12.)  First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, second				0. 0. 0. 129,855.
11 12 13 14 Sec	dividends, payments received on securities loans, rents, royalties and income form similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (add lins 9, 10c, 11, and 12.)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	is for the organiza stop here blic Support P	ation's first, second	f, third, fourth, or		a section 501(c)(3	0. 0. 0. 129,855.
11 12 13 14 Sec 15	dividends, payments received on securities loans, rents, royalties and income form similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on.  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV).  Total support. (add ins 9, 10c, 11, and 12).  First five years. If the Form 990 organization, check this box and tion C. Computation of Pu.	is for the organiza stop here <b>blic Support P</b> 109 (line 8, column	ercentage	f, third, fourth, or		a section 501(c)(3	0. 0. 0. 129,855. ) ► [X]
12 13 14 Sec 15 16	dividends, payments received on securities loans, rents, royalties and income form similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV).  Total support. (add lins 9, 10c, 11, and 12).  First five years. If the Form 990 organization, check this box and tion C. Computation of Pu.  Public support percentage from.	is for the organizatop here blic Support Polic Support Support Polic Support Polic Support Polic Support Polic Support Support Polic Support Support Support Polic Support Sup	ercentage  (f) divided by line Part III, line 15	f, third, fourth, or		a section 501(c)(3	0. 0. 0. 129,855.
12 13 14 Sec 15 16	dividends, payments received on securities loans, rents, royalties and income form similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carned on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV).  Total support. (add lins 9, 10c, 11, and 12).  First five years. If the Form 990 organization, check this box and tion C. Computation of Public support percentage for 20.  Public support percentage from tion D. Computation of Inventors.	is for the organization here blic Support Police 8, column 2008 Schedule A, estment Incon	ercentage n (f) divided by line Part III, line 15 ne Percentage	i, third, fourth, or	r fifth tax year as	a section 501(c)(3	0. 0. 0. 129,855. ) ► [X]
11 12 13 14 Sec 15 16 Sec	dividends, payments received on securities loans, rents, royalties and income form similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (add lins 9, 10c, 11, and 12.)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pu.  Public support percentage from tion D. Computation of Invention D. Computation of Invention of Inve	is for the organization here blic Support Pool (line 8, column 2008 Schedule A, restment Incon or 2009 (line 10c,	ercentage  n (f) divided by line Part III, line 15 ne Percentage column (f) divided	t, third, fourth, or 13, column (f))	r fifth tax year as	a section 501(c)(3	0. 0. 0. 129,855. ) ► [X]
11 12 13 14 Sec 15 16 Sec 17	dividends, payments received on securities loans, rents, royalties and income form similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (add lins 9, 10c, 11, and 12.)  First five years. If the Form 990 organization, check this box and tion C. Computation of Public support percentage from the second process of the support percentage from the	is for the organizatop here blic Support Po 09 (line 8, column 2008 Schedule A, restment Incon or 2009 (line 10c, rom 2008 Schedul	ercentage  n (f) divided by line Part III, line 15 ne Percentage column (f) divided e A, Part III, line 1 check the box on line	t, third, fourth, or 13, column (f)) by line 13, column 7 ne 14, and line 15 is	r fifth tax year as	a section 501(c)(3  15  16  17  18  %, and line 17 is not	0. 0. 0. 129,855. ) ► X
12 13 14 Sec 15 16 Sec 17 18 19 a	dividends, payments received on securities loans, rents, royalties and income form similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carned on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV).  Total support. (add lins 9, 10c, 11, and 12).  First five years. If the Form 990 organization, check this box and tion C. Computation of Pupublic support percentage from the support percentage for support percentage for support percentage for support percentage for support percentage from the support percentage for support percentage	is for the organizatop here blic Support Pool (line 8, column 2008 Schedule A, restment Incon or 2009 (line 10c, rom 2008 Schedul organization did not look and stop here, the organization did not line	ercentage  (f) divided by line Part III, line 15  ne Percentage column (f) divided e A, Part III, line is check the box on lin The organization d not check a box	by line 13, column (f)) the 14, and line 15 is qualifies as a pub on line 14 or 19a,	r fifth tax year as on (f)). It more than 33-1/39 olicly supported on and line 16 is m	a section 501(c)(3  15  16  17  18  %, and line 17 is not rganization here than 33-1/3%,	0. 0. 0. 129,855. ) ► [X] %

Schedule A	(Form 990 or 9	990-EZ) 2009	NORTHERN	ARIZONA	JUNIOR	LIVESTOCK	26-3761578	Page 4
Part IV	Supplement	tal Informa	tion. Comple	te this part	to provid	e the explan	ations required by Part II, line onal information. See instruction	10;
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2009	FEDERAL STATEMENTS		PAGE 1
CLIENT NAJLA	NORTHERN ARIZONA JUNIOR LIVESTOCK ASSOCIATION INC.		26-3761578
5/13/10			03 40PM
STATEMENT 1 FORM 990-EZ, PART I, LIN OTHER REVENUE	E 8		
CLINIC FEES		TOTAL	\$ 255. 255.
STATEMENT 2 FORM 990-EZ, PART I, LIN GRANTS AND SIMILAR AN	E 10 IOUNTS PAID	-	
CASH AMOUNT GIVEN:			\$ 500.
STATEMENT 3 FORM 990-EZ, PART I, LIN OTHER EXPENSES	E 16		
ADVERTISING AND PROMO AWARDS CREDIT CARD FEES EQUIPMENT RENTAL EXHIBITOR FEES/PAYOUT FOOD FORMATION FEES INSURANCE LIVESTOCK SUPPLIES MISCELLANEOUS OFFICE EXPENSES PROFESSIONAL FEES TRAVEL			\$ 1,814. 286. 669. 1,208. 95,900. 999. 750. 232. 743. 574. 756. 140.
UNIFORMS		TOTAL	\$ 62. 104,209.

#### STATEMENT 4 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

NORTHERN ARIZONA JUNIOR LIVESTOCK ASSOCIATION, INC'S PURPOSE IS TO PROMOTE AND SUPPORT THE COCONINO COUNTY 4-H AND FFA CHAPTER BY ASSISTING IN THE SALE OF PROJECT ANIMALS, RUNNING LIVESTOCK CLINICS, AND PROVIDING SCHOLARSHIPS, FELLOWSHIPS, AND GRANTS TO PERSONS OR ORGANIZATIONS IN THE FURTHERANCE OF THE CORPORATE PURPOSE.

2009

#### **FEDERAL STATEMENTS**

PAGE 2

**CLIENT NAJLA** 

## NORTHERN ARIZONA JUNIOR LIVESTOCK ASSOCIATION INC.

26-3761578

5/13/10

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STATEMENT	5				
<b>FORM 990-EZ</b>	, PART V				
REGARDING	TRANSFERS	<b>ASSOCIATED</b>	WITH PERSONAL	. BENEFIT	CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO