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Form 990-EZ

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)

OMB No 1545-1150

2009

Open to Public
Inspection

► 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

A For the 2009 calendar year, or tax year beginning **07/01/09**, and ending **06/30/10**

B Check if applicable <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization KANSAS FFA FOUNDATION, INC.	D Employer identification number 48-0939673
	Number and street (or P O box, if mail is not delivered to street address) 110 UMBERGER HALL	Room/suite
	City or town, state or country, and ZIP + 4 MANHATTAN KS 66506	F Group Exemption Number ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method Cash Accrual
Other (specify) ▶

I Website: ► **KSFFA.ORG**J Tax-exempt status (check only one) — 501(c) (3) ▶ (insert no) 4947(a)(1) or 527

H Check ▶ if the organization is not required to attach Schedule B (Form 990, 990-EZ, 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 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 returnL Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **275,486**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

1 Contributions, gifts, grants, and similar amounts received	RECEIVED	1 263,892
2 Program service revenue including government fees and contracts		2
3 Membership dues and assessments		3
4 Investment income		4 3,939
5a Gross amount from sale of assets other than inventory	411 NOV 15 2010 IRS-OSC	5a 3,413
b Less cost or other basis and sales expenses	OGDEN, UT	5b
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c 3,413
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ <input type="checkbox"/>		SEE STMT 1
a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b Less direct expenses other than fundraising expenses	6b	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c
7a Gross sales of inventory, less returns and allowances	7a	
b Less cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c
8 Other revenue (describe ► SEE STATEMENT 2)		8 4,242
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9 275,486
10 Grants and similar amounts paid (attach schedule)	STMT 3	STMT 4
11 Benefits paid to or for members		10 80,036
12 Salaries, other compensation, and employee benefits		11
13 Professional fees and other payments to independent contractors		12 41,161
14 Occupancy, rent, utilities, and maintenance		13 4,525
15 Printing, publications, postage, and shipping		14 6,636
16 Other expenses (describe ► SEE STATEMENT 5)		15 5,845
17 Total expenses. Add lines 10 through 16		16 45,608
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		17 183,811
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)		18 91,675
20 Other changes in net assets or fund balances (attach explanation)		19 242,002
21 Net assets or fund balances at end of year Combine lines 18 through 20		20
		21 333,677

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	222,755	22 315,109
23 Land and buildings		23
24 Other assets (describe ► SEE STATEMENT 6)	21,139	24 17,715
25 Total assets	243,894	25 332,824
26 Total liabilities (describe ► SEE STATEMENT 7)	1,892	26 -853
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	242,002	27 333,677

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others)

✓ What is the organization's primary exempt purpose?

CHARITABLE SUPPORT OF STUDENT PROGRAMS

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

28 SEE STATEMENT 8

(Grants \$ 80,036) If this amount includes foreign grants, check here ► 28a 146,675

29

(Grants \$) If this amount includes foreign grants, check here ► 29a _____

30

(Grants \$) If this amount includes foreign grants, check here ► 30a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here ► 31a

32 Total program service expenses (add lines 28a through 31a)

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV.)

(b) Title and average
(c) Compensation
(d) Contributions to
Employee benefit plan
(e) Ex-

(a) Name and address	hours per week devoted to position	(If not paid, enter -0-.)	employee benefit plans & deferred compensation	account and other allowances
JILL ZIMMERMAN	EXE DIRECTOR	40.00	41,157	0
SEE ATTACHED LIST		0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity

	Yes	No
33		X
34		X

34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes

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 why the organization did not report the income on Form 990-T.

a 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?

b If "Yes," has it filed a tax return on Form 990-T for this year?

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

37a Enter amount of political expenditures, direct or indirect, as described in the instr. ► **37a** | 0

b Did the organization file Form 1120-POL for this year?

38a 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 outstanding at the end of the period covered by this return?

b If "Yes," complete Schedule L, Part II and enter the total amount involved

39 Section 501(c)(7) organizations Enter

a 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 ► **0** ; section 4912 ► **0** , section 4955 ► **0**

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

c 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

e 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

41 List the states with which a copy of this return is filed ► **NONE**

42a The organization's books are in care of ► **STRAWN & ASSOCIATES**

Telephone no. ► **785-410-3110**

1551 WILLIAMSBURG CT

Located at ► **MANHATTAN, KS**

ZIP + 4 ► **66502**

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)?

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.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

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** |

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ

	Yes	No
44		X
45		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

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46 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

	Yes	No
46	X	
47	X	
48	X	
49a	X	
49b		

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

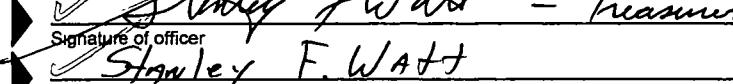
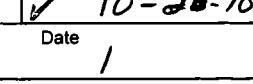
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
..				
..				
..				
..				
..				

f Total number of other employees paid over \$100,000 ► _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
..		
..		
..		
..		
..		

d Total number of other independent contractors each receiving over \$100,000 ► _____

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	
	►  - Treasurer	►  10-26-10

Paid Preparer's Use Only	Preparer's signature ► ROGER A. SINK	Date 10/06/10	Check if self-employed ► <input checked="" type="checkbox"/>	Preparer's Identifying Number (See instr) P01077210
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► SINK, GILLMORE & GORDON LLP COMMERCE BANK TOWER, 6TH FLOOR MANHATTAN, KS 66502	EIN ► 48-0787299	Phone no ► 785-537-0190	

May the IRS discuss this return with the preparer shown above? See instructions

► Yes No

Form 990-EZ (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

KANSAS FFA FOUNDATION, INC.

**Employer identification number
48-0939673**

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 (For lines 1 through 11, check only one box)

1 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.)

3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

4 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:

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.)

6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

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.)

8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)

9 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.)

10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

11 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

e 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).

f 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

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the

g 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) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

For P

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

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 beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	82,652	181,855	244,128	259,810	263,892	1,032,337
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	82,652	181,855	244,128	259,810	263,892	1,032,337
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)						
6 Public support. Subtract line 5 from line 4						1,032,337

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	82,652	181,855	244,128	259,810	263,892	1,032,337
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,307	5,968	674	2,121	3,939	16,009
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	
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						1,048,346
12 Gross receipts from related activities, etc. (see instructions)					12	4,242
13 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						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	98.47 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	98.24 %
16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input checked="" type="checkbox"/>
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		► <input type="checkbox"/>
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		► <input type="checkbox"/>
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		► <input type="checkbox"/>
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		► <input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)
Section A. Public Support

Calendar year (or fiscal year beginning in) ►

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
c 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.)						

14 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

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	%

Section 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 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
b 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		► <input type="checkbox"/>

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Form **4562**Department of the Treasury
Internal Revenue Service
(99)**Depreciation and Amortization**
(Including Information on Listed Property)

OMB No 1545-0172

2009Attachment
Sequence No **67**

Name(s) shown on return

KANSAS FFA FOUNDATION, INC.Identifying number
48-0939673

Business or activity to which this form relates

INDIRECT DEPRECIATION**Part I Election To Expense Certain Property Under Section 179****Note: If you have any listed property, complete Part V before you complete Part I.**

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
7	Listed property Enter the amount from line 29	7		
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8		
9	Tentative deduction. Enter the smaller of line 5 or line 8	9		
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10		
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11		
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12		
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 11	13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	374
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ► <input type="checkbox"/>		

Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs.	MM	S/L	
i Nonresidential real property			27 5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property Enter amount from line 28	21	3,050
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	3,424
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Form **4562** (2009)

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed?		<input checked="" type="checkbox"/> Yes	No	24b If "Yes," is the evidence written?		<input checked="" type="checkbox"/> Yes	No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)

25

26 Property used more than 50% in a qualified business use:

TUNDRA	TRUCK	01/01/08	100.00%	27,699	27,699	5.0	S/L-	3,050
			%					

27 Property used 50% or less in a qualified business use:

		%				S/L-		
		%				S/L-		

28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1

28

3,050

29 Add amounts in column (i), line 26 Enter here and on line 7, page 1

29

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30	Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
		Yes	No										
31	10,000												
32													
33	10,000												
34													
35													
36	X												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No										
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners												
39	Do you treat all use of vehicles by employees as personal use?												
40	Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?												
41	Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)												
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles												

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year (see instructions)					
43 Amortization of costs that began before your 2009 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	

04270 KANSAS FFA FOUNDATION, INC.
48-0939673
FYE: 6/30/2010

Federal Statements

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

Description	How Received	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depreciation	Gain / Loss
CAPITAL GAIN					\$ 3,813	\$	\$	\$ 3,813
CAPITAL LOSS					-400			-400
TOTAL					\$ 3,413	\$ 0	\$ 0	\$ 3,413

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Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount
MISCELLANEOUS INCOME	\$ 4,242
TOTAL	\$ 4,242

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**Statement 3 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to
Individuals**

Relationship to Organization	Date of Gift	Class of Activity	Description of Property	Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation
STUDENT MEMBERS		6,873		10,433				
		27,000						
				7,500				
					51,806			
		TOTAL						

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**Statement 4 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to
Organizations**

Name and Address	Date of Gift	Description of Property	Class of Activity	Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation
STARS OVER KANSAS VIDEO				5,400				
TOTAL				5,400				

Federal Statements

Statement 5 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
EXPENSES	\$
ADVERTISING	414
AUTO EXPENSE	981
TRAVEL	1,451
CONVENTION/CONFERENCE EXP	17,847
EVENT EXPENSE	2,757
SCCL	250
MEETING EXP	1,430
SUPPLIES	323
WEB SITE MAINT	5,919
CORPORATE FEES	180
DUES & PUBLICATIONS	261
PROGRAMS EXPENSE	11,510
COMPUTER ALLOWANCE	30
INSURANCE	2,195
TRAINING EXPENSE	23
BANK CHARGES	32
MISC. EXPENSE	5
TOTAL	<u>45,608</u>

Statement 6 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
VEHICLES	\$ 27,699	\$ 27,699
FURNITURE & FIXTURES	2,782	2,782
ACCUMULATED DEPR - F&F		
LESS ACCUMULATED DEPRECIATION	<u>9,342</u>	<u>12,766</u>
	<u>21,139</u>	<u>17,715</u>

Statement 7 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
UNSECURED NOTES AND LOANS PAYABLE	\$	\$ -853
FEDERAL WITHHOLDING PAYABLE	<u>1,892</u>	<u>-853</u>
	<u>1,892</u>	<u>-853</u>

Federal Statements

Statement 8 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description

CREATED AWARENESS OF KANSAS AG. EDUCATION
PROGRAMS, RECEIVED CHARITABLE CONTRIBUTIONS IN SUPPORT OF
SAME, DISTRIBUTED GIFTS TO PROGRAMS BENEFITING THE 9000
KANSAS AG. EDUCATION STUDENTS

*Kansas FFA Foundation - Board Members
2009 - 2010*

2009 - 2010

Company	Chair	lname	fname	address1	address2	city	state	zip	Work Phone	Call Phone	Email Address
Frontier Farm Credit	Chair	Hofbauer	Doug	2401 N Seth Child Road	P.O. Box 1807	Manhattan	KS	66505	(785) 776-7144	(785) 565-8107	doug.hofbauer@frontierfarmcredit.com
Cargill Meat Solutions	Post Chair	Niemann	John	151 North Main Street		Wichita	KS	67202	(316) 291-3317	(316) 371-9009	john.niemann@cargill.com
Hartford State Bank	Vice Chair	Wiedehohi	Pat	208 Commercial	P.O. Box 8	Hartford	KS	66854	(620) 392-5541	(620) 344-4276	pat@hartfordstatebank.com
Landmark National Bank	Treasurer	Watt	Stanley	701 Poyntz	P.O. Box 308	Manhattan	KS	66505	(785) 564-4551	(785) 313-3996	stwatt@banklandmark.com
Salomon Corporation	Tom	Heimert	Lee	1533 West Main Street	P.O. Box 245	Solomon	KS	67480	(785) 655-2191	(785) 342-0816	lheimert@salomoncorp.com
KanTech Research Foundation	Bob	Dr	Greg	2621 Carnage Lane	P.O. Box 397	Garden City	KS	67846	(620) 275-6445	(620) 271-4772	bob@kantech.net
ICM, Inc	Krissek	Mr	Jackie	310 N First Street		Colwich	KS	67030	(316) 977-6549	(316) 213-6110	gregory.krissek@cmiinc.com
KSU College of Agriculture	McClaskey	Mrs	Wagner	117 Waters Hall	Kansas State University	Manhattan	KS	66506	(785) 532-5738	(785) 770-7735	lax@ksu.edu
Heritage Tractor, Inc	Ken	Mr	Daugherty	9115 Industrial Park Road		Baldwin City	KS	66006	(785) 594-6486	(785) 423-1227	qm@heritagetractor.com
The National Agricultural Center and Daugherty	Tim	Mr.	Broeckeme	630 Hall of Fame Drive (N 125)		Bonner Springs	KS	66012	(913) 721-1075	(816) 225-9439	tdaugherty@agatnolafame.com
FCCServices & Summit Point Consul	Robert	Dr	Meghan	245 N Waco		Wichita	KS	67201	(800) 999-2687	(316) 259-4761	bob.broeckelman@fccservices.com
Cargill Meat Solutions	Bliss	Ms	Dan	2901 N Mead		Wichita	KS	67219	(316) 832-7557	(316) 250-3050	meghan.museeulen@cargill.com
Kansas FFA Alumni Association	Stevie	Mr	Haitspiel	31041 1/2 Road		Ogallala	KS	67656		(785) 743-8344	ksfaalumni@wralink.net
KSU Agricultural Education	Spare	Dr	Umberger	111 Umberger Hall	Kansas State University	Manhattan	KS	66506	(785) 532-5928	(785) 808-0846	stih@ksu.edu
Stafford High School	Will	Mr	Marilyn	430 East Broadway		Stafford	KS	67578	(620) 234-5248	(620) 546-4993	spare@stafford349.com
Kansas Department of Education	Vernon	Mr		P.O. Box 352		Chapman	KS	67431	(785) 922-6300 (h)	(620) 761-7249	dwwill@qnsb.com.net
Kansas FFA Association	Garett	Ms		120 SE 10th Avenue		Topka	KS	66812	(785) 296-3956	(785) 587-5592	yschwee@qisite.org
Kansas FFA Association	Mary	Ms		110 Umberger Hall	Kansas State University	Manhattan	KS	66506	(785) 532-6421	(785) 565-2785	mrkane@ksu.edu
				110 Umberger Hall	Kansas State University	Manhattan	KS	66506	(785) 532-6424		