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ED DEC 2 7 2010

Form **990**

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)

2009

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

Open to Public Inspection

A F	or the	2009 calendar year, or tax year beginning JUL 1, 2009 and	ending (JUN 30, 2010	
В	Check if	Please C Name of organization		D Employer identific	cation number
	pplicable	use IRS		ļ	
Х	Address	print or ARKANSAS 4-H FOUNDATION, INC.			
	Name change	type Doing Business As		71-6	060767
	Initial return		Room/suite	E Telephone number	ī
	Termin- ated	Specific 1 FOUR-H WAY		501-	<u>671-2044</u>
	☐Amende _return	City or town, state or country, and ZIP + 4		G Gross receipts \$	<u>3,859,776.</u>
	Application	LITTLE ROCK, AR 72223		H(a) Is this a group re	eturn
	pending	F Name and address of principal officer BRAD DAVIS		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	luded? Yes No
		mpt status: X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527		If "No," attach a	list (see instructions)
		E ► WWW.ARKANSAS4HFOUNDATION.COM		H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 1951 N	State of legal domicile: AR
Pa	, 	Summary			
ø	1	Briefly describe the organization's mission or most significant activities.			
Governance	_	PROGRAMS ARE DESIGNED TO DEVELOP LEADERS			D ON SCH O)
ēru		Check this box If the organization discontinued its operations or dispose	sed of more	1 1	
Š	_	lumber of voting members of the governing body (Part VI, line 1a)		3	21
<u>«</u>		lumber of independent voting members of the governing body (Part VI, line 1b)		4	21
ties		otal number of employees (Part V, line 2a)		5	17
Activities &		otal number of volunteers (estimate if necessary)		6	10832
Ac	I .	Total gross unrelated business revenue from Part VIII, column (C), line 12		7a	150 904
	Ь	let unrelated business taxable income from Form 990-T, line 34		7b	
	, ,	Cantula strong and groups (Dort VIII June 1h)		Prior Year 308,693.	Current Year 1,372,760.
Revenue	1	Contributions and grants (Part VIII, line 1h)		1,629,272.	1,717,394.
Š	1	Program service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		98,860.	264,015.
æ	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		90,864.	-34,612.
	1	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,127,689.	3,319,557.
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		47,122.	40,750.
	1	Benefits paid to or for members (Part IX, column (A), line 4)	-		
v	ہ ۔۔ ا	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	·	461,038.	464,616.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		,	7-1-1-1
ē	ьΤ	otal fundraising expenses (Part IX, column (D), line 25)	74.		
ũ	17 (Other expenses (Part IX, column (A), lines 11a-11d, 1 f-24f)		1,691,339.	1,691,643.
		otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	080	2,199,499.	2,197,009.
	19 F	Revenue less expenses. Subtract line 18 from line 12 \$ DEC 0 6 2010	<u> </u>	-71,810.	1,122,548.
Net Assets or Fund Balances			1 (///	eginning of Current Year	End of Year
sets	20 1	otal assets (Part X, line 16) OGDEN, UT		9,908,109.	10,891,162.
ASP BB	21 1	otal liabilities (Part X, line 26)		585,695.	446,200.
		let assets or fund balances. Subtract line 21 from line 20		9,322,414.	10,444,962.
Pa	art II	Signature Block			
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules an and complete. Declaration of preparer (other than officer) is based on all information of which preparer has a			ge and belief, it is true, correct,
		. # # # # # # # # # #		1 10 2	20/1
Sig	n	Signature of officer		12- 3 -	2011
Her	e			Date	
		BRAD DAVIS, EXECUTIVE DIRECTOR Type or print name and title			
		Data	Ch	1eck if Prepare	er's identifying number
Paid	. I	Preparer's signature man 12/	/, se	If- nployed ▶ ☐	structions)
Pre	n n r n r' n	Firm's name (or JEFFREY PHILLIPS MOSLEY & SCOTT			
Use		yours in self-employed), \$11300 CANTRELL ROAD, SUITE 301	, F.A.	LIN	
		address, and ZIP+4 LITTLE ROCK, ARKANSAS 72212		Phone no > 5	01-227-5800
Ma		S discuss this return with the preparer shown above? (see instructions)		(1 HOHO HO. P 3	X Yes No

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 202,813. including grants of \$

) (Revenue \$ 205, 287.)

4e Total program service expenses ▶\$ 2,108,742.

Form 990 (2009) ARKANSAS 4-H FOUNDATION, INC.

Part IV Checklist of Required Schedules

			Yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	ļ
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	-		\vdash
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
-	Schedule D. Part III	8	х	
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide	ĺ	İ	İ
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X	ŀ		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	445		v
45	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		
.0	located outside the United States? If "Yes," complete Schedule F, Part III	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		-	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		<u>X</u>
		Form	9 90 (2009)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			Ì
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			ļ
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	ŀ		
	Schedule K If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	ļ	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	ļ		
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	1		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete		İ	
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)	ŀ		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Х	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	-	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	_38	X	
		Form	990 (2009)

Form 990 (2009) ARKANSAS 4-H FOUNDATION, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in 8ox 3 of Form 1996, Annual Summary and Transmittal of U.S. Information Returns. Enter of Annual Summary and Transmittal of U.S. Information Returns. Enter of Annual Summary and Transmittal of U.S. Information Century with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with backup with with backup with with backup with with backup with with with with with with with with					Yes	No
b Enter the number of Forms W26 included in line 1a. Enter 0-d not applicable of Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) winnings to pirzo winners? 2a. Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. b If at least one is reported on line 2a, did the organization file all required federal employment ax returns? Note. If the sum of lines 1s and 2 is greater than 250, you may be required to e-file this return. See instructions) 3b. Did the organization have unriedated business gross income of \$1,000 or more during the year covered by this return? 5b. If "Yes," has a filed a form 990-To for the year If "No, "provide an explaination is Schedule? O 4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5b. If "Yes," a set like a form 990-To for the year If "No, "provide an explaination is Schedule? O 4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accounts 5c. Was the organization as print or a prohibited tax shelter transaction? 5c. If "Yes," a financial Accounts 5c. If "Yes," a financial Accounts 6c. If "Yes," a financial accounts 6c. If "Yes," a financial accounts gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 7c. If yes," a financial accounts gross recepts that are normally greater than \$100,000, and did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided? 7c. If yes, "od the organization receive a payment in excess of \$75 made partly as a contribution and partly	1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gaming) winnings to prize workness? 2 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, feel for the calendar year ending with or within the year covered by this return 8 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-fee this return, (see instructions) 8 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 9 If "Yes," has a filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 10 If "Yes," the during the calendar year, did the organization have an interest in, or a spatiature or other authority over, a financial account in a foreign country, election as a bank account, securities account, or other financial account; or the instructions for exceptions and filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts 9 Was the organization as party to a prohibited tax sheller transaction at any time during the tax year? 10 If "Yes," in the sax of 5b, did the organization that it was or is a party to a prohibited tax sheller transaction? 11 If "Yes," or the line Sax of 5b, did the organization that it was or is a party to a prohibited tax sheller transaction? 12 If "Yes," include the organization in the organization file Form 8886 T, Daciosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 12 If "Yes," indicate the number of tax deductible? 13 If "Yes," indicate the number of tax deductible? 14 If "Yes," indicate the number of tax deductible? 15 If "Yes," indicate the number of Forms 8282 filed during the year 16 Did the organization shall may receive deductible contributions under section 1900,000, and did the organization solicit on the Form 8282 filed during the		U.S. Information Returns Enter -0- if not applicable	1a 23			
digambling) winnings to prize winners? 2 Effect the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 3 It all east one is reported on line 2a, did the organization file all required federal employment tax returns? 3 Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3 It is the sum of lines 1 and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3 It is 1 if Yes, 1 and 2 is greater than 250, you may be required to e-file this return. (see instructions) 4 It is 1 if Yes, 2 is 4 if 1 if 2 is 3 is 3.	b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0			
2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-life this return, (see instructions) a Did the organization have unnellated buseness orgos income of \$1,000 or more during the year covered by this return? b If "Yes," has it filed a Form 990 T for this year? If "No." provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account) b If "Yes," reter the name of the foreign country. Yes, see the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts a Was the organization aparty to a prohibited tax shelter transaction? c If "Yes," to lime Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to lime Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to lime Sa or 5b, did the organization file Form 8886T, Disclosure by Tax Exempt Entity Regarding Prohibited Tax Shelter Transaction? c If "Yes," to lime Sa or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? c Organizations that may receive deductible contributions under section 170(c). b If "Yes," did the organization melulae with every solicitation and express statement that such contributions or gifts were not tax destributi	С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gamıng			
the for the calendary year ending with or within the year covered by this return? Note. If the sum of lines 1 and 2 as greater than 250, you may be required to e-file this return. (see instructions) 3a Dot the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b if Yes, has a filed a Form 990-17 for this year? if 1/%, "provide an explanation in Schedule 0 the 1/Yes," enter the name of the foreign country (such as a bank account, so control account, in a foreign country (such as a bank account, see an explanation in Schedule 0 the instructions for exceptions and filing requirements for Form TD F 90 22.1, Report of Foreign Bank and Financial account)? b if Yes," enter the name of the foreign country. Important that it was or is a party to a prohibited tax shelter transaction? 5a Was the organization aparty to a prohibited tax shelter transaction? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6a Dess the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 7b Organizations that may receive deductible contributions under section 170(c). a Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). a Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b If Yes," indicate the number of Forms 8828 filed during the year Did the organization during the year previous of the payor? 7c If Yes, "did the organization measures and the vertical personal property for which it was required? 7f Did the organization, during the year perso		(gambling) winnings to prize winners?		1c	X	
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If Yes, *has a filed a Form 990 T for this year? If Yes, *provide an explanation in Schedule O 3b X 3d At any time during the celerated 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)? b If Yes, *tent 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 b If Yes, *tent the name of the foreign country, ≥ c If Yes, *to line 5 aor 5b, lith the organization file form 8886 T, Disclosure by Tax Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6a Does the organization are annual gross receipts that are normally greater than \$100,000, and did the organization such as the explanation include with every solicitation an express statement that such contributions or grifts were not tax deductible? 6b If Yes, *did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 6c Dot the organization sthat may receive deductible contributions under section 170(c). b If Yes, *did the organization notify the donor of the value of the goods or services provided? 7b If Yes, *did the organization on thity the donor of the value of the goods or services provided? 7c Dot the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c If Dot the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 For	2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
Note. If the sum of lines 1a and 2 as greater than 250, you may be required to e-file this return, (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, or other financial account)? 5 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 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Was the organization as party to a prohibited tax shelter transaction at any time during the tax year? 5 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5 Was the organization in a transaction of the sale of the same transaction of the sale of the organization and year and the sale of the sale of the organization and year and the sale of the property of the organization and year and year and year and year and year and year and year and year and year and year and year and year and year and year and year and year and year and year and year and year and year and year and year and year and year and year and year and year and year and year and year and year and year and year and year and year and year and year and year and		filed for the calendar year ending with or within the year covered by this return	2a 17			
3a X	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined	rns?	_2b	X	
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a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b if "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization of qualified intellectual property, did the organization file a Form 1098-C as required? 7 Did the organizations and an antipality of the organization file a Form 1098-C as required? 7 Did the organizations an antipality of the organization file a Form 1098-C as required? 7 Did the organizations and antipality of the organizations. Did the supporting organizations. Did the supporting organizations and any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make any taxab	_			_6b		
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		·				
			1 1	12a		
	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Sec	tion A. Governing Body and Management					ı -	г
4.	Enter the number of voting members of the governing hady	۱	1	21		Yes	No
	Enter the number of voting members of the governing body Enter the number of voting members that are independent	1a		21 21			
ь 2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	1b	any other				[
~	officer, director, trustee, or key employee?	iip wiu	any other		•		
3	Did the organization delegate control over management duties customarily performed by or under the	ho dire	et supeniision	ŀ	_2	_	X
•	of officers, directors or trustees, or key employees to a management company or other person?	ie dire	ot supervision		3	х	
4	Did the organization make any significant changes to its organizational documents since the prior Fe	orm Q	 M was filad?	ł	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's asset		o was mea:	ł	_ _		X
6	Does the organization have members or stockholders?	, (3)			6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more m	embe	e of the				
, 0	governing body?	CITIDGI	3 01 1/16		7a		X
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other pe	rsons	2		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken			i			
	by the following		g ino your				
а	The governing body?				8a	х	
b	Each committee with authority to act on behalf of the governing body?				8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	ached	at the		<u> </u>		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	40,,04	ut 1.70		9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	ie Code.)				
						Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			[10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such	chap	ters, affiliates,				
	and branches to ensure their operations are consistent with those of the organization?				10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before	filing tl	ne form?		11	Х	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990						
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that co	uld gr	e rise				
	to conflicts?				12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,	descnbe				
	ın Schedule O how this is done			Į	12c	X	
13	Does the organization have a written whistleblower policy?			ļ	13	X	
14	Does the organization have a written document retention and destruction policy?			ļ	14		Х
15	Did the process for determining compensation of the following persons include a review and approve	al by i	ndependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?		l			
а	The organization's CEO, Executive Director, or top management official			Ĺ	15a		Х
b	Other officers or key employees of the organization			ļ	15b		_X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a				
	taxable entity during the year?			-	16a		<u> </u>
þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva-		•	י			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	janizai	ion's	1			
	exempt status with respect to such arrangements?			,	16b		
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed AR	T (504	(-)(0))	-1-1-1-1			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	1 (501	(c)(3)s only) ava	aliable 1	or		
	public inspection. Indicate how you make these available. Check all that apply X Own website. X Another's website. X Upon request						
40		00-71		ha	-d #:-		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or statements available to the public	CONTIIC	t of interest pol	iicy, an	d tina	ncial	
00	statements available to the public.		do of +L				
20	State the name, physical address, and telephone number of the person who possesses the books a PATRICIA MADDOX - (501)671-2044	ırıcı red	oras or the org	janizati	on. 📂		
	1 FOUR-H WAY, LITTLE ROCK, AR 72223						
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did not	1	y cu	ırren			, dire	ecto	<u> </u>		
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	١,,		Pos			ı. s	Reportable	Reportable	Estimated
	hours per		neck	(all	tnat	арр	Iy)	compensation from	compensation from related	amount of
	week	ndividual trustee or director						the	organizations	other compensation
		Đ lạ	8			ated		organization	(W-2/1099-MISC)	from the
		rustee	trust		8	npen		(W-2/1099-MISC)		organization
		dual t	nstitutional trustee	_	Key employee	st cor	-			and related
		Indiv	Institu	Officer	Key	Highest compensated employee	Former			organizations
EWELL WELCH						 				
BOARD MEMBER	1.00	X				ļ		0.	0.	0.
CHARLIE CONKLIN									-	
PRESIDENT	2.00	X		X				0.	0.	0.
JIM BAKER										
BOARD MEMBER	1.00	X						0.	0.	0.
ETTA BELDEN	İ				İ					
BOARD MEMBER	1.00	X						0.	0.	0.
CATHY BOOZMAN		ŀ								
BOARD MEMBER	1.00	X						0.	0.	0.
RICK CRAWFORD				ŀ						
BOARD MEMBER	1.00	X	_	<u> </u>				0.	0.	0.
VONDA CROCKER										_
VICE PRESIDENT	1.00	X	_	X				0.	0.	0.
LAVERNE FEASTER	1 00								•	
BOARD MEMBER	1.00	X	├	<u> </u>				0.	0.	0.
DEWAYNE GOLDMON	1 00	,,								•
BOARD MEMBER	1.00	X			-			0.	0.	0.
DARWIN HENDRIX BOARD MEMBER	1 00	x						0.		0
STEVE LUELF	1.00	1			-			0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0
CHARLES ED MABRY, III	1.00	^	-			\vdash		<u> </u>		0.
BOARD MEMBER	1.00	X						0.	0.	0.
GLEN MANCHESTER	1.00	A			 					<u> </u>
BOARD MEMBER	1.00	Х						0.	0.	0.
JOE MILLS	1.00	-	 							<u> </u>
BOARD MEMBER	1.00	x						0.	0.	0.
TOYCE NEWTON	100	1								
BOARD MEMBER	1.00	X						0.	0.	0.
BOB ROTEN		Ī								
BOARD MEMBER	1.00	X						0.	0.	0.
KATHY SEARCY										
BOARD MEMBER	1.00	X			L			0.	0.	0.
932007 02-04-10										Form 990 (2009)

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Part VII Section A. Officers, Directors,		mple	oyee			High	est			т-		
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		ual tru	i puoi		ploye.	t com		j .			and rela	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			٥ ا	rganiza	tions
RALPH SHOPTAW		 										
BOARD MEMBER	2.00	X	ļ				<u> </u>	0.	0	•		0.
KIM HARRISON	1 00	,,							•			•
BOARD MEMBER MARY ETHEL MORGAN	1.00	X			<u> </u>	-		0.	0	•		0.
BOARD MEMBER	1.00	v						0.	0			0.
PHILLIS PIPKIN			1	İ	Ì		İ		U	•		0.
BOARD MEMBER	1.00	x						0.	0	_		0.
A.M. FELAND, III												
EMERITUS	1.00	X						0.	0	•		0.
BRAD DAVIS												
EXECUTIVE DIRECTOR	40.00	 		X	<u> </u>	<u> </u>		29,376.	0	•	7,9	932.
BERNADETTE HINKLE	1 00			3,5		ŀ			0			^
TREASURER ANNE SORTOR	1.00	 		X	-			0.	0	+		0.
SECRETARY	1.00			x				0.	0			0.
DICKBIIIKI	1.00	 	-							•		
		<u> </u>										
1b Total			<u>' </u>			▶		29,376.	0	•	7,9	932.
2 Total number of individuals (including b	ut not limited to th	nose	liste	ed a	bove	e) wł	no re	eceived more than \$100	,000 in reportable			
compensation from the organization	<u> </u>										Yes	0 No
3 Did the organization list any former office	cer, director or tru	stee	. ke	v en	olar	vee.	or h	nighest compensated en	nplovee on		163	110
line 1a? If "Yes," complete Schedule J f					•	•		•		3		х
4 For any individual listed on line 1a, is th	e sum of reportab	le co	omp	ensa	atior	and	d oti	her compensation from t	the organization			
and related organizations greater than										4		X
5 Did any person listed on line 1a receive				rom	any	unr/	elat	ed organization for servi	ces rendered to	}		
the organization? If "Yes," complete Sci Section B. Independent Contractors	hedule J for such	pers	on							5	<u> </u>	
Complete this table for your five highes:	t compensated in	depe	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of compen	satio	n from	
the organization NONE										June		
(A)								(B)			(C)	
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2 Total number of independent contracto	rs (including but n	ot la	mıte	d to	tho	se lis	sted	l above) who received m	ore than			
\$100,000 in compensation from the org						00						
										For	n 990	(2009)

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Part IX | Statement of Functional Expenses

6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits 9 1,079 . 83,064 . 7,195 . 820 10 Payroll taxes 11 Fees for services (non-employees). a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other 16,348 . 14,386 . 1,962 . g Other 16,466 . 5,854 . 2,592 . 8,200 12 Advertising and promotion 14,886 . 13,658 . 1,228 13 Office expenses 24,575 . 22,198 . 2,377 . 14 Information technology Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials		All other organizations must compl		tions must complete al not required to comple		(D).
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						10 801 160
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Part XI	Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990.			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both			
	X Separate basis Consolidated basis Both consolidated and separate basis	į		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
			aan /	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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.

2009

Open to Public Inspection

Employer identification number

Name of the organization

ARKANSAS 4-H FOUNDATION. 71-6060767 Reason for Public Charity Status (All organizations must complete this part) See instructions Part I 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), 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). 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 X An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 10 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 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 I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s). (iii) Type of (vi) Is the organization in col. (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization in col. (i) listed in your organization in col. organization support (i) organized in the (described on lines 1-9 governing document? (i) of your support? U.S.3 above or IRC section (see instructions)) Yes Yes

LHA 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

932021 02-08-10

Schedule A (Form 990 or 990-EZ) 2009 ARKANSAS 4-H FOUNDATION, 71-6060767 Page 2 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 (f) Total (e) 2009 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants ") 127,373. 134,542. 309,409. 308,693. 478,042. 1358059. 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 127,373. 134,542. 309,409. 308,693. 478,042. 1358059. 4 Total. Add lines 1 through 3 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) 73,290. 1284769. 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007(d) 2008 (e) 2009 (f) Total 127,373. 134,542. 309,409. 7 Amounts from line 4 308,693. 478,042. 1358059. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 165,917. 172,043. 183,644. 123,016. 103,809. 748,429. and income from 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) 11 Total support. Add lines 7 through 10 2106488. 8,445,263. 12 Gross receipts from related activities, etc. (see instructions) 12 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 Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 60.99 14 % 56.17 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 line 14 is 33 1/3% or more, check this box and $\triangleright [X]$ 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

Schedule A (Form 990 or 990-EZ) 2009

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 Or Section A. Public Support				(jou oncomou mo bi	5.7 IIII 0 0 071 UI
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and					1-1-	
membership fees received (Do not						
ınclude 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 bus-					1	
iness under section 513				<u> </u>		
4 Tax revenues levied for the organization's benefit and either paid to						
or expended on its behalf			¦ - 	! T	1	
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				<u> </u>		
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(a) 2007	(4) 2000	(-) 2000	
9 Amounts from line 6	(a) 2003	(6) 2000	(c) 2007	(d) 2008	(e) 2009	(f) Total
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income					, i	
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
I1 Net income from unrelated business activities not included in line 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)						
13 Total support (Add lines 9, 10c, 11, and 12)		<u> </u>	L	<u> </u>	<u> </u>	
4 First five years. If the Form 990 is for t	ne organization'	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
check this box and stop here	C					
Section C. Computation of Public					T	
5 Public support percentage for 2009 (lin			column (f))		15	
6 Public support percentage from 2008 S					16	(
ection D. Computation of Invest					<u> </u>	
7 Investment income percentage for 200	•	•	ne 13, column (f))		17	
8 Investment income percentage from 20					18	
9a 33 1/3% support tests - 2009. If the o						7 is not
more than 33 1/3%, check this box and	•	-	•			. ▶∟
b 33 1/3% support tests - 2008. If the o						ınd
line 18 is not more than 33 1/3%, check			•		•	. ▶⊨
O Private foundation. If the organization	aia not check a	pox on line 14, 19	a, or 19b, check tl	nis box and see in	structions	▶

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

2009
Open to Public Inspection

Name of the organization

ARKANSAS 4-H FOUNDATION, INC.

Employer identification number

71-6060767

Par	t I Organizations Maintaining Donor Advise		s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		•
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year	- "	
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
•	are the organization's property, subject to the organization's	-	Yes No
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor of	• •	•
	impermissible private benefit?	st deliver deliver, et let dilly ettlet purpoes	Yes No
Par		ganization answered "Yes" to Form 990.	
1	Purpose(s) of conservation easements held by the organizat		
•	Preservation of land for public use (e.g., recreation or p		storically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
_	day of the tax year.		
	22, 0. 4.0 (2.1,) 2		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ructure included in (a)	2c
	Number of conservation easements included in (c) acquired	· ·	2d
3	Number of conservation easements modified, transferred, re		——————————————————————————————————————
•	year ▶		o organization daming the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?	, ·	Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expensi	
	include, if applicable, the text of the footnote to the organiza	•	· · ·
	conservation easements		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue statement and b	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these	items.	
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and balar	nce sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, of	or research in furtherance of public service	e, provide the following amounts relating to
	these items:		-
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$197,072.
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under SFAS 1	16 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1	_	> \$
ь	Assets included in Form 990, Part X		▶ \$

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2009

	dule D (Form 990) 2009 ARKANSA t III Organizations Maintaining C	S 4-H FOUN				or Othe				Page 2
3	Using the organization's acquisition, accessi									
	(check all that apply):	,	.,	,	.		3			
а	X Public exhibition	(ı 🗌 Lo	an or exc	hange progra	ams				
b	Scholarly research	•		her	• • •					
С	X Preservation for future generations									•——
4	Provide a description of the organization's co	ollections and expla	n how they	further t	he organizati	on's exer	npt purpo	se in Pai	t XIV.	
5	During the year, did the organization solicit of		-		_					
	to be sold to raise funds rather than to be ma	aintained as part of	the organiz	ation's co	ollection?				Yes	X No
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if orgar	nization ar	nswered "Ye	s" to Forr	n 990, Pa	rt IV, line	9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for co	ntribution	s or other as	sets not	ıncluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing tab	ole.						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	212						Yes	No
	If "Yes," explain the arrangement in Part XIV									
Par	t V Endowment Funds. Complete	f the organization ar	nswered "Y	es" to Fo	rm 990, Part	IV, line 10	0	•		
		(a) Current year	(b) Prio	r year	(c) Two year	rs back ((d) Three y	ears back	(e) Four	ears back
1a	Beginning of year balance	858,350.	1,037	,805.			<u>-</u>			
b	Contributions	458,356.	-191	,483.						
С	Net investment earnings, gains, and losses	84,587.	12	,028.						
d	Grants or scholarships		·							
е	Other expenditures for facilities									
	and programs	32,994.								
f	Administrative expenses									
g	End of year balance	1,368,299.	858	,350.						
2	Provide the estimated percentage of the year					<u>'</u>				
а	Board designated or quasi-endowment	12.50	%							
b	Permanent endowment ► 87.50	%	_							
С	Term endowment ▶ .00	 %								
За	Are there endowment funds not in the posse	ssion of the organiz	ation that a	are held a	nd administe	red for th	e organiz	ation		
	by	_					· ·		- G	res No
	(i) unrelated organizations								3a(i)	Х
	(ii) related organizations								3a(ii)	Х
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Schedul	e R?					3b	
4	Describe in Part XIV the intended uses of the							•		
Par	t VI Investments - Land, Building	s, and Equipm	ent. See l	Form 990,	, Part X, line	10				_
	Description of investment	(a) Cost or o	other	(b) Cost	or other	(c) Ac	cumulate	d	(d) Book	value
		basis (investi	ment)	basis	(other)		reciation		` `	
1a	Land	210,	200.						210	,200.
b	Buildings	9,311,				4,2	97,88	34.		,456.
С	Leasehold improvements									
d	Equipment	518,	550.			4	29,59	4.	88	,956.
е	Other	1,044,					81,94		562	,828.
Total	. Add lines 1a through 1e (Column (d) must e			(B), line 1	0(c).)				5,875	,440.

Schedule D (Form 990) 2009

932053 02-01-10

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

88, 236.

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

	t XI Reconciliation of Change in Net Assets from Form 990	INC.	Financial Ctata		6060767 Page 4
		to Audited		men	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		3,319,557.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		2,197,009.
3	Excess or (deficit) for the year Subtract line 2 from line 1		3		1,122,548.
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities		5		
6	Investment expenses		6		
7	Prior period adjustments .		7		
8	Other (Describe in Part XIV.)		8		
9	Total adjustments (net) Add lines 4 through 8		9		0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3		10		1,122,548.
Pai	t XII Reconciliation of Revenue per Audited Financial Stater	nents With	Revenue per H	eturr	· · · ·
1	Total revenue, gains, and other support per audited financial statements			1	3,422,669.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains on investments	2a			
þ	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	31,149.		
е	Add lines 2a through 2d	-		2e	31,149.
3	Subtract line 2e from line 1			3	3,391,520.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a]	
þ	Other (Describe in Part XIV)	4b	<u>-71,963.</u>	.	
С	Add lines 4a and 4b			4c	<u>-71,963.</u>
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	<u>3,319,557.</u>
Pa	t XIII Reconciliation of Expenses per Audited Financial State	ments With	n Expenses per	Retu	
1	Total expenses and losses per audited financial statements			1	2,300,121.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1			
а	Donated services and use of facilities	2a		.	
b	Pnor year adjustments	2b			
С	Other losses .	2c			
d	Other (Describe in Part XIV.)	2d	103,112.		
е	Add lines 2a through 2d			2e	103,112.
3	Subtract line 2e from line 1			3	2,197,009.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
þ	Other (Describe in Part XIV)	4b] [
C	Add lines 4a and 4b		•	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		<u>. </u>	5	<u>2,197,009.</u>
Pa	t XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pare 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also co				
	RT XII, LINE 2D - OTHER ADJUSTMENTS:				
CO	ST OF GOODS SOLD: 31149.				
PAI	RT XII, LINE 4B - OTHER ADJUSTMENTS:				
FUI	NDRAISING EXPENSES INCLUDED IN STATEMENT	OF REVE	NUE: -7196	3.	
PAI	RT XIII, LINE 2D - OTHER ADJUSTMENTS:			O. t.	tul D.C. 2003 COS
				Scued	dule D (Form 990) 2009

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

► Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Department of the Treasury

Internal Revenue Service

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

Open To Public Inspection

ARKANSA	S 4-H FOUNDATION,	TNC			71-6060	ntification number
	. Complete if the organization answer			Form 990, Part IV,		
a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p eviduals or entities (fundraisers) pursu	ion of ion of fundra (includ	non-g gover using ding o ional f	overnment grants nment grants events fficers, directors, trui undraising services?	stees orYes	
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have cr or con contribi	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
						_
~~						
			-			
Total . 3 List all states in which the organization	n is registered or licensed to solicit f	unds c	r has	been notified it is ex	empt from registration	on or licensing.
-						

932081 02-03-10

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

Schedule G (Form 990 or 990-EZ) 2009

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events LEADERSHIP NONE (add col. (a) through AWARD DINNER col (c)) (event type) (total number) (event type) 138,940 138,940. 1 Gross receipts 106,740 2 Less Charitable contributions 106,740. 32,200 32,200. Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes Direct Expenses 27,234 27,234. Rent/facility costs 41 41. Food and beverages 8 Entertainment 44,688 44,688. Other direct expenses 71,963 10 Direct expense summary Add lines 4 through 9 in column (d) -39,763.11 Net income summary Combine line 3, column (d), and line 10 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than Part III \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Noncash prizes Rent/facility costs 5 Other direct expenses Yes % Yes Yes 6 Volunteer labor No Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column (d), and line 7 Yes No 9 Enter the state(s) in which the organization operates gaming activities. a is the organization licensed to operate gaming activities in each of these states? 9a b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b If "Yes," explain 11 Does the organization operate gaming activities with nonmembers? 11 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Schedule G (Form 990 or 990 EZ) 2009 ARKANSAS 4-H FOUNDATION, INC.	71-6060	76	7 Pa	age 3
			Yes	No
13 Indicate the percentage of gaming activity operated in:				
a The organization's facility	%	١.		
b An outside facility	%			
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records	S			
Name				
Address ▶				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	_	15a		
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$	nt			
c If "Yes," enter name and address of the third party				
Name				
Address ▶				
16 Gaming manager information:				
Name				
Gaming manager compensation \$				
Description of services provided				
Director/officer Employee Independent contractor				
17 Mandatory distributions			İ	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to				
retain the state gaming license?	<u> </u>	17a		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the	ľ		

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2009
Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

Nam	Name of the organization ARKANSAS 4	4-H FOUNDATION	ATION, INC.					Employer identification number $71-6060767$
Pai		Assistance						
-	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the select	
0	criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use	nce? edures for monit		of orant funds in the United States	States			X Yes No
Pal	Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "\es" to Form 990, Part IV, line 21, for any	vernments and	l Organizations in the	• United States. C	omplete if the orga	Inization answered "\	es" to Form 990, Part	IV, line 21, for any
	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I: (Form 990) if additional space is needed	000 Check this	box if no one recipien	it received more th	an \$5,000 Use Pa	irt IV and Schedule I-	(Form 990) if addition	al space is needed
	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
0	Enter total number of section 501(c)(3) and government organizations	government or	ganizations					
က								•
Ŧ	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	on Act Notice,	see the Instructions	for Form 990.				Schedule I (Form 990) 2009

71-6060767

Page 2

(Form 990) 2009 ARKANSAS 4-H FOUNDATION, INC.
Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Schedule I (Form 990) 2009

Part III Grants and Othe

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appreisal, other)	(f) Description of non-cash assistance
SOLITOR COURT AD CUT DO	č.	C C C C C C C C C C C C C C C C C C C	c		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the informatio	n required in Part I, I	line 2, and any other	additional information.	
COLLEGE AND CAMP SCHOLARSHIP APPLICANTS SUBMIT AN APPLICATION FOR	CANTS SU	BMIT AN AP	PLICATION	FOR THE	
SCHOLARSHIP. THE APPLICATIONS ARE EVALUATED.	EVALUATE	- 1	ONCE THE SCHOLARSHIP	HIP IS	
AWARDED, COLLEGE SCHOLARSHIP RECIPIENTS MUST SUBMIT A COPY OF THEIR	IENTS MU	ST SUBMIT	A COPY OF	THEIR	
REGISTRATION AND CLASS SCHEDULE FROM THE	OM THE C	OLLEGE FOR	COLLEGE FOR EACH SEMESTER	STER	
BEFORE A CHECK IS ISSUED. ALL CAMP		RSHIP RECI	SCHOLARSHIP RECIPIENTS MUST SUBMIT	T SUBMIT	
A COPY OF THEIR REGISTRATION FOR CAMP	AND	A CAMP DEPOSIT	OSIT BEFORE	E A CAMP	
SCHOLARSHIP IS AWARDED. ALL CAMPS	ARE HELD	AT THE AR	HELD AT THE ARKANSAS 4-H CENTER.	CENTER.	

Schedule I (Form 990) 2009

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization ► Attach to Form 990. ► See separate instructions.

ARKANSAS 4-H FOUNDATION, INC. Part I Questions Regarding Compensation

71-6060767

Employer identification number

	acoustic riogarania compensación		V	Na
4-	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,		Yes	No
М	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			ĺ
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			-
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
_				ĺ
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	Compensation committee Written employment contract			[
	Independent compensation consultant Compensation survey or study			l
	Form 990 of other organizations X Approval by the board or compensation committee			l
	Approval by the board of compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization.			1
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			
а	The organization?	5a		_x_
	Any related organization?	5b		X
_	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			ĺ
-	contingent on the net earnings of			
а		6a		X
	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III	0.5		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			l
•	not described in lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
-	initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			_
-	Regulations section 53 4958-6(c)?	9		
		lule J (Form	9901	2009

ARKANSAS 4-H FOUNDATION,

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is need ed

INC.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(0)	(a)	(E)	(F)
(A) Name	1	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Hetirement and other deferred compensation	Non-axable benefits	lotal of columns (B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
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SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered

OMB No 1545-0047

Open To Public Inspection

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the	ne organization								_		Employe			number
Dont	ARK	ANSAS	4-H	FO	UNDA'	rion, i	NC.				<u>71-60</u>	6076	<u> 7 </u>	
Part I	Excess Benefit Complete if the organ					-		-	• • •		t V. lino 40	\h		
1			-	163	OII / OIIII	330, 1 211 14,					t v, iii je 40	ю.	(c) Cor	rected?
	(a) Name of disc	qualified per	son				(b)	Description	of transa	action			Yes	No
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										_				
2 Enter	the amount of tax impo	sed on the o	organiz	zation	manager	s or disqualifi	ed person	s during the	year un	der			•	·
sectio	n 4958										▶ \$			
3 Enter	the amount of tax, if an	y, on line 2,	above	, reımt	oursed by	the organiza	ation				▶ \$			
Part II	Loans to and/or	From Int	eres	ted F	ersons	 3.		<u> </u>	-					
	Complete if the organ						line 26. or	Form 990-F	7 Part \	/ line 3	18a			
	ame of interested	(b) Loan	to or fr	om	(c) Origi	nal principal		ance due	1) In	(f) App	oroved ard or	(g) W	ritten
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Part III				_										
	Complete if the organal Name of interested p		werea			onship betwe		sted nerson	and		(c) Am	ount an	d type o	
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Part IV	Business Transa	actions In	volvi	ng Ir	nterest	ed Person	s.		-	1				
	Complete if the organ	nization ansy	vered	"Yes"	on Form	990, Part IV,	line 28a, 2	28b, or 28c		_				
(;	a) Name of interested p	erson				ip between ir d the organiz		(c) Amo transa		(d)) Descript transacti		(e) Sha organiz reven	
DEDVI				DO 7	DD 27		<u> </u>			-			Yes	No
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

ARKANSAS 4-H FOUNDATION, INC.

Employer identification number 71 – 6060767

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE ARKANSAS 4-H PROGRAMS. PROGRAMS ARE DESIGNED TO DEVELOP LEADERSHIP & LIFE SKILLS; DEVELOPING YOUTH TO BE SELF-DIRECTING, PRODUCTIVE, AND CONTRIBUTING MEMBERS OF SOCIETY THROUGH 82 PROJECT AREAS THAT HELP YOUTH GAIN THE KNOWLEDGE, SKILLS, AND BEHAVIOR NEEDED TO BE SUCCESSFUL ADULTS. PREPARING YOUTH FOR THEIR FUTURE ROLES IN AREAS CRITICAL TO OUR WORKFORCE, LIKE SCIENCE, TECHNOLOGY, ENGINEERING AND MATHEMATICS. ALSO, THE 4-H PROGRAM FOCUSES ON THE "5 C'S" OF POSITIVE YOUTH DEVELOPMENT: COMPETENCE. CONFIDENCE. CONNECTION. CHARACTER AND CARING/COMPASSION. BY INSTILLING AND DEVELOPING THE "5 C'S". CONTRIBUTION IS OFTEN DEVELOPED. A CONTRIBUTION TO SELF. FAMILY. COMMUNITY AND THE INSTITUTION OF A CIVIL SOCIETY. YOUTH WHO DO NOT DEVELOP A HIGH LEVEL OF THE FIVE C'S WOULD BE AT HIGHER RISK FOR A DEVELOPMENTAL PATH THAT INCLUDED PERSONAL, SOCIAL AND BEHAVIORAL PROBLEMS AND RISKS (LERNER 2004). FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: ARKANSAS 4-H ALSO PROVIDES PROGRAMMING IN THE FORM OF OUTDOOR CAMPS, WORKSHOPS, SEMINARS AND STATEWIDE COMPETITIONS TO TEACH YOUTH ABOUT THE ENVIRONMENT, AGRICULTURAL SCIENCES, FAMILY AND CONSUMER SCIENCE. CONSERVATION, WILDLIFE AND ITS HABITAT AND HUNTER SAFETY EDUCATION. THE ARKANSAS 4-H PROGRAM TEACHES KNOWLEDGE AND LIFE SKILLS WHICH ENHANCE QUALITY OF LIFE FOR YOUNG PEOPLE IN ARKANSAS. ALSO, THE FOUNDATION CREATES OPPORTUNITIES, WHICH PROMOTE POSITIVE YOUTH ARKANSAS 4-H CURRENTLY REACHES OVER 131,000 YOUTH AGES 5 DEVELOPMENT. 'ONE MILLION NEW 19 YEARS OF AGE IN ALL 75 COUNTIES OF ARKANSAS. LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2009 932211 02-03-10

SCHEDULE O

Department of the Treasury

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Internal Revenue Service

Name of the organization

ARKANSAS 4-H FOUNDATION, INC.

Employer identification number 71-6060767

SCIENTISTS, ONE MILLION NEW IDEAS' (TM) WAS DEVELOPED AND IS IMPLEMENTED IN ARKANSAS TO DIRECTLY CONNECT 4-H YOUTH AND THE 4-H PROGRAM WITH OVER 106 LAND GRANT UNIVERSITIES AND COLLEGES OF COOPERATIVE EXTENSION SYSTEM. THIS CONNECTION STRATEGICALLY POSITIONS 4-H TO STRENGTHEN US GLOBAL COMPETITIVENESS AND LEADERSHIP. THROUGH 4-H YOUTH ARE EXPOSED TO NEWER PROJECTS AND EMERGING TECHNOLOGIES. FOSTERING INTEREST IN ROCKETRY, ROBOTICS, BIO-FUELS, RENEWABLE ENERGY AND COMPUTER SCIENCE. CURRENTLY, ONLY 18 PERCENT OF US HIGH SCHOOL SENIORS ARE PROFICIENT IN SCIENCE (NAEP 2005), WHILE ONLY 5 PERCENT OF US COLLEGE GRADUATES EARN SCIENCE, ENGINEERING OR TECHNOLOGY DEGREES. EXPANDING AND DEVELOPING PROJECTS IN THESE THREE AREAS, 4-H WILL HELP TO BRIDGE THE GAP IN SCIENCE APTITUDE OF HIGH SCHOOL STUDENTS. WHILE EXPANDING PROJECT FOCUS, ARKANSAS 4-H AND ITS FOUNDATION ARE FOCUSING THEIR EFFORTS ON THE 5 C'S. A STUDY BY TUFTS UNIVERSITY FOUND 4-H YOUTH WERE 25% HIGHER ON THE CONTRIBUTION MEASURE AND 41% LOWER ON THE RISK/PROBLEM BEHAVIOR MEASURE THAN YOUTH WHO PARTICIPATED IN OTHER OUT OF SCHOOL ACTIVITIES. IN ADDITION, THEY HAD BETTER GRADES, WERE MORE BEHAVIORALLY AND EMOTIONALLY ENGAGED WITH SCHOOL, AND WERE MORE LIKELY TO SEE THEMSELVES GOING TO COLLEGE THAN OTHER MATCHED GROUPS WITHIN THE STUDY. IT IS THE GOAL OF THE FOUNDATION AND THE ARKANSAS 4-H PROGRAM TO CONTINUE TO FOSTER THE DEVELOPMENT OF THESE SPECIFIC SKILLS WITHIN OUR YOUTH BY DEVELOPING CURRICULA AND PROJECTS WHILE ALSO FUNDING AND IMPLEMENTING PROGRAMS THAT HELP THEM TO ACHIEVE SUCCESS IN GRADES 3 THROUGH 12, POST COLLEGE AND FROM A PERSONAL DEVELOPMENT WE ARE CHARGED WITH DEVELOPING TOMORROW'S LEADERS AND FEEL IT NECESSARY TO SPEND BOTH THE FINANCIAL AND VOLUNTEER CAPITAL NEEDED LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2009 932211 02-03-10

SCHEDULE O

(Form 990)

Supplemental Information to Form 990

Department of the Treasure

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

ARKANSAS 4-H FOUNDATION, INC.

Employer identification number 71-6060767

TO DO SO.

EXPENSES \$ 202813. INCLUDING GRANTS OF \$ 0. REVENUE \$ 205287.

FORM 990, PART VI, SECTION A, LINE 3: THE FOUNDATION OPERATES UNDER A COOPERATIVE AGREEMENT WHEREBY SIGNIFICANT ADMINISTRATIVE SERVICES ARE PROVIDED TO THE FOUNDATION BY THE UNIVERSITY OF ARKANSAS COOPERATIVE EXTENSION SERVICES (CES) AT NO COST TO THE FOUNDATION. THESE SERVICES INCLUDE PROGRAM, ADMINISTRATION, AND ACCOUNTING SERVICES PROVIDED BY CES. IN ADDITION, CES ALSO PROVIDES OFFICE FACILITIES FOR THE EXECUTIVE DIRECTOR, FOUNDATION ACCOUNTANT AND HALF TIME SECRETARY. IN CONSIDERATION OF THIS AGREEMENT, CES RECEIVES AN IN-KIND GIFT OR COMPENSATION TO USE THE C.A. VINES ARKANSAS CENTER FOR PROGRAM ACTIVITIES AT REDUCED OR NO COST TO CES. IN ADDITION, 11,400 SQUARE FEET (FELAND HALL) OF OFFICE SPACE AND CLASSROOM SPACE, ALONG WITH ALL UTILITY, TELEPHONE AND COMPUTER NETWORKS FOR CES EMPLOYEES, NOT AFFILIATED TO THE ARKANSAS 4-H FOUNDATION AT NO COST. THE ARKANSAS 4-H FOUNDATION ALSO PROVIDES A ROPES COURSE, THE NATURE CABIN AND OTHER EDUCATIONAL FACILITIES FOR USE. IN DECEMBER 2008, THE FACILITIES WERE APPRAISED AS FOLLOWS: FELAND HALL (\$835,123); NATURE CABIN (\$80,118); AND ROPES COURSE (\$20,000). FOUNDATION'S EMPLOYEE PAYROLL IS ADMINISTERED BY CES. BUT REIMBURSED BY THE FOUNDATION.

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED BY EXECUTIVE DIRECTOR, ACCOUNTANT, AND BOARD MEMBERS. FORM 990 WILL BE EMAILED TO BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 12C: A CONFLICT OF INTEREST STATEMENT

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2009

932211

92-03-10

SCHEDULE O

(Form 990)

Supplemental Information to Form 990

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

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990.

Inspection **Employer identification number**

ARKANSAS 4-H FOUNDATION, INC.	<u> 71-6060767 </u>
IS REQUIRED YEARLY FROM EACH DIRECTOR.	<u> </u>
FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE PRES	SENTED AND HARD
COPIES PROVIDED TO BOARD MEMBERS AT QUARTERLY BOARD MEETI	NGS. DOCUMENTS ARE
ALSO POSTED ON THE ORGANIZATION'S WEBSITE AND ARE AVAILAB	BLE UPON REQUEST.
SCHEDULE L, PART IV, BUSINESS TRANSACTIONS WITH INTERESTE	ED PERSONS:
SEE DISCLOSURE ABOVE FOR FORM 990, PART VI, SECTION A, LI	NE 3.
BERNADETTE HINKLE, ASSOCIATE DIRECTOR OF FINANCE AND ADMI	NISTRATION OF
CES, SERVES AS THE TREASURER OF THE BOARD OF DIRECTORS OF	THE
FOUNDATION.	
	·

Form **8868**

1.3

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.		
Partition Automatic 3-Month Extension of Time. Only submit original (no copies needed).		
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.		
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.lrs.gov/efile and click on e-file for Charities & Nonprofits.		
ype or	name of Exempt Organization	Employer Identification number
1	ARKANSAS 4-H FOUNDATION, INC.	71-6060767
iling your	I P.O. BOX 391	
Check type of return to be filed (file a separate application for each return): X Form 990 Form 990-T (corporation) Form 4720 Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5227 Form 990-EZ Form 990-T (trust other than above) Form 6069 Form 990-PF Form 1041-A Form 8870		
PATRICIA MADDOX The books are in the care of ▶ 2301 SOUTH UNIVERSITY - LITTLE ROCK, AR 72204 Telephone No. ▶ (501)671-2044 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If this is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension will cover.		
I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2011 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: □ calendar year or □ X tax year beginning JUL 1, 2009 , and ending JUN 30, 2010 .		
2 If this t	tax year is for less than 12 months, check reason: Initial return Final return	Change in accounting period
nonrefi b If this a tax pay	application is for Form 990-BL, 990-PF, 990-T, 4720; ﴿ TO SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF SALE PROPERTY OF	3a \$ 3b \$
c Baland deposi	ce Due, Subtract line 3b from line 3a. Include your payment with this form, or, if required, it with FTD coupon or, if required, by using EFTPS (Electronic Eederal Tax Payment System).	3c \$ N/A
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.		