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Form **990-EZ****Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2009**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 7/1/2009 , and ending 6/30/2010														
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	<table border="1"> <tr> <td rowspan="4">Please use IRS label or print or type. See Specific Instructions.</td> <td colspan="2">C Name of organization THE ARIZONA AGRICULTURAL EDUCATION/Ffa FOUNDATION</td> <td>D Employer identification number 86-0531662</td> </tr> <tr> <td colspan="2">Number and street (or P.O. box, if mail is not delivered to street address) Room/suite PO BOX 33455</td> <td>E Telephone number (602) 542-5356</td> </tr> <tr> <td>City, town, or country</td> <td>State</td> <td>ZIP + 4</td> </tr> <tr> <td>PHOENIX</td> <td>AZ</td> <td>85067</td> </tr> </table>	Please use IRS label or print or type. See Specific Instructions.	C Name of organization THE ARIZONA AGRICULTURAL EDUCATION/Ffa FOUNDATION		D Employer identification number 86-0531662	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite PO BOX 33455		E Telephone number (602) 542-5356	City, town, or country	State	ZIP + 4	PHOENIX	AZ	85067
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	City, town, or country		State	ZIP + 4										
	PHOENIX	AZ	85067											
F Group Exemption Number ►														

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

G Accounting Method ☒ Cash ☐ Accrual
Other (specify) **►**

I Website: **► www.azffa.org/foundation****J** Tax-exempt status (check only one)— ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ **► \$ 446,832****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	309,715
	2 Program service revenue including government fees and contracts	2	129,808
	3 Membership dues and assessments	3	
	4 Investment income	4	168
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Special events and activities (complete applicable parts of Schedule G. If any amount is from gaming, check here ☐)		
	a Gross revenue (not including \$ of contributions reported on line 1)	6a	7,141
b Less direct expenses other than fundraising expenses	6b	6,508	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	633	
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8 Other revenue (describe ►)	8	0	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►	9	440,324	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	240,958
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	47,053
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ► See Attached Statement)	16	12,920
17 Total expenses. Add lines 10 through 16 ►	17	300,931	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	139,393
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	364,793
	20 Other changes in net assets or fund balances (attach explanation)	20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21	504,186

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

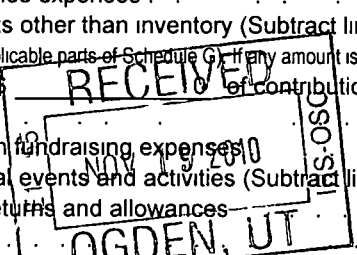
	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	364,793	504,186
23 Land and buildings		
24 Other assets (describe ►)	0	0
25 Total assets	364,793	504,186
26 Total liabilities (describe ►)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	364,793	504,186

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

Form **990-EZ** (2009)

(HTA)

SCANNED DEC 16 2010



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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)**Expenses**What is the organization's primary exempt purpose? Agricultural Education

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

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

28 The Organization is dedicated to providing expanded educational opportunities for agricultural education and the FFA. Programs supported by the organization assist 10,000 agricultural students and 100 teachers/advisors.		
(Grants \$ 213,858) If this amount includes foreign grants, check here ☐	28a	213,858
29 The Organization supports the educational and leadership effectiveness of the AZ Assoc. FFA, the AZ FFA Alumni Assoc., the Dept of Agricultural Education at the University of AZ, and the AZ Agriculture Teacher's while maintaining good relationships with students, teachers, business & industry representatives, & the c.		
(Grants \$ 8,200) If this amount includes foreign grants, check here ☐	29a	8,200
30 Scholarships to be utilized in AZ FFA scholarship program. Awarded to AZ FFA.		
(Grants \$ 18,900) If this amount includes foreign grants, check here ☐	30a	18,900
31 Other program services (attach schedule)		
(Grants \$ 0) If this amount includes foreign grants, check here ☐	31a	0
32 Total program service expenses. (add lines 28a through 31a)	32	240,958

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Clifford Saylor PO Box 33455 Phoenix AZ 85067	Title President Hr/WK 2 00	0	0	0
George Seperich PO Box 33455 Phoenix AZ 85067	Title Secretary Hr/WK 2 00	0	0	0
Tyler Grandil PO Box 33455 Phoenix AZ 85067	Title Trustee Hr/WK 2 00	0	0	0
Dale Deal PO Box 33455 Phoenix AZ 85067	Title Trustee Hr/WK 2 00	0	0	0
Donna Davis PO Box 33455 Phoenix AZ 85067	Title Dev Dir former Hr/WK 40.00	0	0	0
Patrick Bray PO Box 33455 Phoenix AZ 85067	Title Treasurer Hr/WK 2 00	0	0	0
Ken Williams PO Box 33455 Phoenix AZ 85067	Title Trustee Hr/WK 2 00	0	0	0
Heather Rayner PO Box 33455 Phoenix AZ 85067	Title Trustee Hr/WK 2 00	0	0	0
Trindy LeForge PO Box 33455 Phoenix AZ 85067	Title Trustee Hr/WK 2 00	0	0	0
Jerry Cullison PO Box 33455 Phoenix AZ 85067	Title Trustee Hr/WK 2 00	0	0	0
Tom Smith PO Box 33455 Phoenix AZ 85067	Title Trustee Hr/WK 2 00	0	0	0
Steve Reiley PO Box 33455 Phoenix AZ 85067	Title Trustee Hr/WK 2 00	0	0	0
Gary McKenzie PO Box 33455 Phoenix AZ 85067	Title Trustee Hr/WK 2 00	0	0	0
Steve Goucher PO Box 33455 Phoenix AZ 85067	Title Trustee Hr/WK 2.00	0	0	0
Ken Johnson PO Box 33455 Phoenix AZ 85067	Title Vice Pres Hr/WK 2 00	0	0	0
Greg Bamford PO Box 33455 Phoenix AZ 85067	Title Trustee Hr/WK 2 00	0	0	0
Ken Greenwade PO Box 33455 Phoenix AZ 85067	Title Trustee Hr/WK 2 00	0	0	0
Bobbie Bolt PO Box 33455 Phoenix AZ 85067	Title Dir of Dev Hr/WK 40 00	49,503	0	0

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b Did the organization file Form 1120-POL for this year?		
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0		
39 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 , section 4955 ▶ 0		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed ▶ AZ		
42 a The organization's books are in care of ▶ Tyler Grandil Telephone no ▶ (602) 542-5356 Located at ▶ 1535 W. Jefferson, Bldg 42 City Phoenix ST AZ ZIP + 4 ▶ 85007		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	No
If "Yes," enter the name of the foreign country ▶		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
If "Yes," enter the name of the foreign country: ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

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

- 46** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. **Yes** **No**
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. **46** **47** **48** **49a** **49b**
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. **46** **47** **48** **49a** **49b**
- 49 a** Did the organization make any transfers to an exempt non-charitable related organization? **46** **47** **48** **49a** **49b**
- b** If "Yes," was the related organization a section 527 organization? **46** **47** **48** **49a** **49b**
- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <u>None</u> Str _____	Title _____			
City <u>ST</u> ZIP _____	Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____	Title _____			
City <u>ST</u> ZIP _____	Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____	Title _____			
City <u>ST</u> ZIP _____	Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____	Title _____			
City <u>ST</u> ZIP _____	Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____	Title _____			
City <u>ST</u> ZIP _____	Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name <u>None</u> Str _____		
City <u>ST</u> ZIP _____		
Name _____ Str _____		
City <u>ST</u> ZIP _____		
Name _____ Str _____		
City <u>ST</u> ZIP _____		
Name _____ Str _____		
City <u>ST</u> ZIP _____		
Name _____ Str _____		
City <u>ST</u> ZIP _____		

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

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	11/15/10			Patrick Bray Treasurer
Paid Preparer's Use Only	11/8/2010		SECHLER CPA, PC EIN ▶	
	921 E ORANGE DRIVE, PHOENIX, AZ 85014 Phone no ▶ (602) 230-2700		☒ Yes ☐ No ☒ Yes ☐ No	

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

THE ARIZONA AGRICULTURAL EDUCATION/Ffa FOUNDATION

Employer identification number

86-0531662

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state. _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
- h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
									0
Total									0

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	236,338	339,872	308,162	266,174	309,715	1,460,261
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0				0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0				0
4 Total. Add lines 1 through 3	236,338	339,872	308,162	266,174	309,715	1,460,261
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)						727,210
6 Public support. Subtract line 5 from line 4						733,051

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	236,338	339,872	308,162	266,174	309,715	1,460,261
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,427	4,636	2,909	440	168	9,580
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0	8,141		8,141
11 Total support. Add lines 7 through 10						1,477,982
12 Gross receipts from related activities, etc. (see instructions)					12	129,808
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))	14	49.60%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	55.40%
16a 33 1/3% support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☒		
b 33 1/3% support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
17a 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization. ☐		
b 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐		

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants").	0	0				0
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.	0	0				0
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.	0	0				0
5 The value of services or facilities furnished by a governmental unit to the organization without charge.	0	0				0
6 Total. Add lines 1 through 5.	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						0
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.						0
c Add lines 7a and 7b.	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6.	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0
c Add lines 10a and 10b.	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0				0
13 Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)).	15	0.00%
16 Public support percentage from 2008 Schedule A, Part III, line 15.	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)).	17	0.00%
18 Investment income percentage from 2008 Schedule A, Part III, line 17.	18	0.00%
19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ☐		
b 33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ☐		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐		

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

Part II Line 10 \$ 7141 - Silent Auction

Part II Line 10 \$ 222,415 - Revenue generated from the different events and programs held

in order to educate the public, members and students of the importance of agricultural

education

Part I, Line 10 (990-EZ) - Grants and Similar Amounts Paid

	Class of activity	Grantee's name	Check (X) if grantee is a business	Address	City	State	Zip code	Foreign Country
1	PROGRAMATIC SUPPORT	ARIZONA ASSOCIATION FFA	X	1535 W JEFFERSON, BIN 32	PHOENIX	AZ	85007	
2	PROGRAMATIC SUPPORT	ARIZONA FFA ALUMNI	X	1535 W JEFFERSON, BIN 32	PHOENIX	AZ	85007	
3	PROGRAMATIC SUPPORT	UNIVERSITY OF ARIZONA	X	PO BOX 210033	TUCSON	AZ	85271	
4	SCHOLARSHIP	CODY LANE		4855 E BELLERIVE DR	CHANDLER	AZ	85249	
5	SCHOLARSHIP	HEATHER GARDNER		1622 E GARDENIA ST	CASA GRANDE	AZ	85122	
6	SCHOLARSHIP	ALLISON VAUGHN		6762 ROCKHOUSE RD	MCNEAL	AZ	85617	
7	SCHOLARSHIP	KALEA TAYLOR		711 N PHEASANT DR	GILBERT	AZ	85234	
8	SCHOLARSHIP	TRICIA SCHOOLER		13147 W OCOTILLO RD	GLENDALE	AZ	85307	
9	SCHOLARSHIP	JEANNE SCHULTE		716 N 80TH PLACE	MESA	AZ	85207	
10	SCHOLARSHIP	CLAUDIA CASTRO		1190 S HERITAGE PLACE	SAFFORD	AZ	85546	
11	SCHOLARSHIP	COURTNEY KENNEDY		2258 N FLINTLOCK PLACE	CHANDLER	AZ	85286	
12	SCHOLARSHIP	JOSE VILLEGAS		525 N CHIPPEWA DR	CHANDLER	AZ	85224	
13	SCHOLARSHIP	KAYLA SEXTON		460 BITTER CREEK RD	DUNCAN	AZ	85534	
14	SCHOLARSHIP	CATHERINE MILLER		2172 N LOMA VISTA DR	TEMPE	AZ	85282	
15	SCHOLARSHIP	JARED BICOLIS		5101 N 78TH DRIVE	GLENDALE	AZ	85303	
16	SCHOLARSHIP	LUKE MENGES		PO BOX 842	SAFFORD	AZ	85546	
17	SCHOLARSHIP	MELISSA TURNER		26054 W BASELINE	BUCKEYE	AZ	85326	
18	SCHOLARSHIP	SONORA CUBILLAS		PO BOX 569	SONOITA	AZ	85637	
19	SCHOLARSHIP	JESSICA NIELSEN		1655 E UNIVERSITY DR	TEMPE	AZ	85381	
20	SCHOLARSHIP	CHRISTEN LUKERT		8021 E FOUNTAIN ST	MESA	AZ	85207	
21	SCHOLARSHIP	MATTHEW HERRINGTON		6252 E HWY 70	SAFFORD	AZ	85546	
22								
23								

Part I, Line 16 (990-EZ) - Other Expenses

		12,920
1 Travel	1	7,940
2 Meals and entertainment	2	
3 Fundraising	3	
4 Amortization	4	0
5 Conferences, conventions, and meetings	5	
6 Depreciation	6	0
7 Depletion	7	
8 Equipment rental and maintenance	8	
9 Interest	9	
10 Supplies	10	
11 Telephone	11	
12 Unrelated business income taxes	12	0
13 Insurance	13	1,075
14 Office Expenses	14	1,921
15 Bank Charges	15	484
16 ATA Payment	16	1,500
17	17	
18	18	
19	19	
20	20	
21	21	
22	22	
23	23	
24	24	
25	25	
26	26	
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35	35	