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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) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements OMB No 1545-0047

Open to Public Inspection

A F	or the	2010 calendar year, or tax year beginning JUL 1, 2010 and endin	ng J	JN 30, 2011					
Вс	Check if	C Name of organization		D Employer identifi	cation number				
а	pplicable	NATIONAL ASSOCIATION OF AGRICULTURAL							
	Address change	EDUCATORS, INC.							
	Name change	Doing Business As		47-0	467139				
	Instial	Number and street (or P.O. box if mail is not delivered to street address)  Room	n/suite	E Telephone numbe					
	Termin- ated	300 GARRIGUS BUILDING-UNIV OF KENTU		•	359-257-2224				
	Amende			G Gross receipts \$	4 400 504				
	Applica-			H(a) Is this a group re					
	pending	F Name and address of principal officer WM . JAY JACKMAN		for affiliates?	Yes X No				
		300 GARRIGUS BLDG, , LEXINGTON, KY 40546	;	H(b) Are all affiliates inc					
1 7	ax-exer	npt status: X 501(c)(3)	527		list (see instructions)				
		: ► WWW.NAAE.ORG		H(c) Group exemptio	·				
					A State of legal domicile: CA				
		Summary	, , , , ,		0.000				
<u> </u>		nefly describe the organization's mission or most significant activities. TO FURT	'HER	AGRICULTUR	AT,				
Activities & Governance	ľ	DUCATION		1101120021011					
na	_	heck this box I if the organization discontinued its operations or disposed of	f more 1	than 25% of its net as	seets				
Ķ		umber of voting members of the governing body (Part VI, line 1a)		3	8				
ő		umber of independent voting members of the governing body (Part VI, line 1b)		4	8				
<b>ა</b> ნ თ		otal number of individuals employed in calendar year 2010 (Part V, line 2a)		5	10				
itie		otal number of volunteers (estimate if necessary)		6	0				
ξ		otal number of volunteers (estimate in necessary) otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
ĕ		et unrelated business taxable income from Form 990-T, line 34		7a 7b	0.				
		et dimetated business taxable income from 1 offi 550 1, into 54		Prior Year	Current Year				
	8 C	ontributions and grants (Part VIII, line 1h)		402,292.	410,466.				
Revenue		rogram service revenue (Part VIII, line 2g)	<del> </del>	432,104.	962,729.				
Ve		estment income (Part VIII, column (A), lines 3, 4, and 7d)	-	-52,104.	10,898.				
æ		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	15,381.	10,098.				
				797,369.	1,394,191.				
		otal revenue - add nay a turpugh: 11 (must equal Part VIII, column (A), line 12) rants and similar amounts paid (Part IX, column (A), lines 1-3)		11,250.	12,000.				
		enefits paid to or for members (Part IX, comm (A), line 4)		0.	12,000.				
		alaries, offier compensation, employee penefits (Part IX, column (A), lines 5-10)		293,759.	348,469.				
Ses		rofessional fundraising fees (Part IX, column (A), lines 5-10)		233,739.	0.				
Expenses					<u> </u>				
Ä	47 0	otal fundraising (xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	-	544,370.	1,191,667.				
	1	otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		849,379.	1,552,136.				
	ſ		-						
SS	19 R	evenue less expenses. Subtract line 18 from line 12	Boo	-52,010.	-157,945.				
Net Assets or Fund Balances	т	etal acceta (Part V. line 16)	Deg	inning of Current Year	End of Year				
Ass Bal	20 T	otal assets (Part X, line 16)		984,989.	1,022,148.				
iet/	21 T	otal liabilities (Part X, line 26)	-	82,052.	173,857.				
	rt II	et assets or fund balances Subtract line 21 from line 20 Signature Block		902,937.	848,291.				
<del>!</del>		es of perjury, I declare that I have examined this return, including accompanying schedules and s	ototomo	ate and to the heat of m	u knowledge and heliof it is				
-		and complete. Declaration of preparer (other than officer) is based on all information of which pr			y knowledge and belief, it is				
uuc,	Correct,	and complete. Declaration of preparer (officer than officer) is based on all information of which pr	iepaiei i	las ally knowledge	1.5				
C:	_	Striphibly and Survivous		Gale 115	<del>//*</del>				
Sign				54.5	,				
Her	e	WM. JAY JACKMAN, EXECUTIVE DIRECTOR Type or print name and title							
			} Da	ate Check	]] PTIN				
Da:4		Print/Type preparer's name  TERRY IN HENCLEY CDA  Preparer's aggnature		2.11-12	<del>-</del> -7				
Paid	-	JERRY W. HENSLEY, CPA			50				
		Firm's name RAY, FOLEY, HENSLEY & COMPANY, PLL		Firm's EIN					
use	Only	Firm's address 230 LEXINGTON GREEN CIRCLE, SUITE	ουυ	Dh	EO 021 1000				
		LEXINGTON, KX 40503-3326		Phone no. 8	59-231-1800				
May	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No				

Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	$\mathbf{x}$
1	Briefly describe the organization's mission:	
	TO ASSUME AND MAINTAIN NATIONAL LEADERSHIP IN THE PROMOTION AN	D
	FURTHERANCE OF ALL LEVELS OF AGRICULTURAL EDUCATION; TO BRING	TOGETHER
	VOCATIONAL AGRICULTURAL TEACHERS THROUGH MEMBERSHIP IN A NATIO	NAL
	ASSOCIATION DEVOTED EXCLUSIVELY TO THEIR INTERESTS; TO PROVIDE	AN
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	1 200 506	972,827.)
	THE ASSOCIATION IS A MEMBERSHIP ORGANIZATION DESIGNED TO FURTH	
	AGRICULTURAL EDUCATION AND RESEARCH BY PROVIDING A FORUM FOR M	
	DISCUSS INTERESTS AND CONCERNS OF THE AGRICULTURAL INDUSTRY.	
	•	
		<del></del>
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$	<u>)</u>
4c	(Code ) (Expenses \$including grants of \$) (Revenue \$	
70	/(Loode /(Loode to	
	<del></del>	
	Other program conveces (Decembe in Schodule O.)	
4d	. 1 3	
<u></u>	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 1,388,586.	
40	Total program service expenses ► 1,388,586.	Form <b>990</b> (2010)
		1 Unit 222 (2010)

			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	<u> </u>
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			1
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			•
	similar amounts as defined in Revenue Procedure 98-19? 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			
	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		X
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			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
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	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X		·	
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	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	11b		X
С	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	11c		X
d	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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	-	<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			77
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	_15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			4,
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			7.7
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17_		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			3.5
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	-	_ <u>X</u> _
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	مرا		v
00-	complete Schedule G, Part III	19		<u> </u>
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that	204		
	operate one or more hospitals must attach audited financial statements (see instructions)	20b Form	990 "	2010
		1.01111	JJU ()	2010)

Pa	rt IV Checklist of Required Schedules (continued)		·	age_
			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,		7.7	
	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			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
04-	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			
	Schedule K If "No", go to line 25	24a		X
b	· , , ,	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	_	
258	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			<b>.</b>
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	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	054		
06	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	000		v
07	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		X
27				
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	,	х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		
20	instructions for applicable filing thresholds, conditions, and exceptions)			
а		28a		Х
b		28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
Ŭ	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	23		
•	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
•	If "Yes," complete Schedule N, Part I	31		X
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		Х
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)?	35		X
а				<del>_</del>
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
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		Х

Form **990** (2010)

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

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Гаі	Check if Schedule O contains a response to any question in this Part V				$\overline{}$
	Check if Scriedule O contains a response to any question in this rait v			V	<u>ليا</u> -ده ا
4-	Fater the number reported in Box 2 of Form 1006. Enter 0 of not applicable	ıa   0		Yes	No
	• • • • • • • • • • • • • • • • • • • •	<u>іа                                      </u>			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	<u> </u>			
С	(gambling) winnings to prize winners?	ortable garling	1c		ĺ
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1			
24		2a 10			ĺ
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns		2b	x	l
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	•			
32	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other au	thority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account		4a		Х
ь	If "Yes," enter the name of the foreign country	,			
_	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Acc	counts			1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	on?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	organization solicit			1
	any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or gifts			1
	were not tax deductible?		6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service	ces provided to the payor?	7a		<u>X</u> _
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	<b> </b>	<b></b>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	required	_		
	to file Form 8282?	1	7с	<b> </b>	X
d	,,	7d	_		v
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cor		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract		7f		_^_
9	If the organization received a contribution of qualified intellectual property, did the organization file Form		7g 7h		<del> </del>
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did to		711		l
8	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at an		8		ĺ
9	Sponsoring organizations maintaining donor advised funds.	y time daring the year			
а	Did the organization make any taxable distributions under section 4966?		9a		
_	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	, , , , , , , , , , , , , , , , , , ,	0a			
b		0b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	1a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	·	1b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	041? 	12a		<u> </u>
b	······································	2b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>		<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	$\vdash$	ļ
	Note. See the instructions for additional information the organization must report on Schedule O.				1
b	Enter the amount of reserves the organization is required to maintain by the states in which the	l			1
	· · · · · · · · · · · · · · · · · · ·	3b			1
		3c	44-		V
14a		n	14a 14b		X
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule of			990 (	/2010\
			. 31111	(	,-010)

Form 990 (2010). EDUCATORS, INC. 47-0467139 Page 6 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 Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Yes 8 1a Enter the number of voting members of the governing body at the end of the tax year 1a 8 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 6 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the X governing body? 7a b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 8b X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Does the organization have local chapters, branches, or affiliates? 10a b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10h X 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c 13 Does the organization have a written whistleblower policy? 13 Does the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b 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 arrangement with a X taxable entity during the year? 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for 18 public inspection. Indicate how you make these available. Check all that apply Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization STEVE SCHNETTLER, CPA - 859-252-1545

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300 W MAXWELL ST, LEXINGTON, KY

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

#### 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.

- 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, if any. 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

(A) Name and Title	(B)	(C) Position						(D) Reportable	(E)	(F)	
Name and Title	Average hours per	(0	heck				lv)	compensation	Reportable compensation	Estimated amount of	
·	week (describe hours for related organizations in Schedule O)	rustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
GREGORY CURLIN				-							
PRESIDENT	5.00	X						0.	0.	0.	
KENNETH COUTURE						ļ					
PRESIDENT ELECT	5.00	X						0.	0.	0.	
ERICA WHITMORE			1								
REGION I VICE PRES	5.00	X		<u> </u>		_	_	0.	0.	0.	
KEVIN STACY											
REGION II VICE PRES	5.00	X		ļ		<u> </u>		0.	0.	0.	
CRAIG MCENANY						1			_	_	
REGION III VICE PRES	5.00	X	<u> </u>			ļ	_	0.	0.	0.	
CHARLES SAPPINGTON										_	
REGION IV VICE PRES	5.00	X			<u> </u>	<b>.</b> .		0.	0.	0.	
FARRAH JOHNSON	F 00									_	
REGION V VICE PRES	5.00	X	-		-		_	0.	0.	0.	
MICHAEL HARRINGTON	F 00									•	
REGION VI VICE PRES	5.00	10	-			┢╌		0.	0.	0.	
WM JAY JACKMAN EXEC DIRECTOR	40.00	x		х				82,545.	0.	0.	
							-				

Pa	T VII Section A. Officers, Directors, Tri		nple	oyee			High	est	T	ees (continued)				
	(A)	(B)	(C) Position						(D)	(E)			(F)	
	Name and title	Average hours per	(c				ı арр	lv)	Reportable compensation	Reportable compensation			timate rount	
		week (describe hours for related organizations in Schedule O)	istee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organization: (W-2/1099-MIS	s	com fro orga	other pensa om the anizat d relat unizati	ition e ion ed
	•													
														···
	Out and						Ļ		02 545					0
	Sub-total  Total from continuation sheets to Part V	Il Section Δ							82,545.		0.			0.
	Total (add lines 1b and 1c)	n, occuon A							82,545.		0.			0.
2	Total number of individuals (including but r	ot limited to th	ose	liste	d at	oove	e) wt	no re	eceived more than \$100	,000 in reportable	e			
	compensation from the organization												1	0
3	Did the organization list any former officer,	director or tru	stee	, key	/ em	plog	yee,	or h	nighest compensated er	nployee on	[		Yes	No
	line 1a? If "Yes," complete Schedule J for s										}	3		<u>X</u>
4	For any individual listed on line 1a, is the si and related organizations greater than \$15								•	the organization	.	4		Х
5	Did any person listed on line 1a receive or a	·				•		elate	ed organization or indivi	dual for services		_		77
Sec	rendered to the organization? If "Yes," correction B. Independent Contractors	ipiete Scheaui	<u>9 J 1</u>	or st	<u>ich j</u>	pers	on					5	1	<u> </u>
1	Complete this table for your five highest co	mpensated inc	depe	ende	nt c	ontr	acto	ors t	hat received more than	\$100,000 of com	pensa	ation fi	om	
	(A) Name and business	address							(B) Description of s	ervices	C	(Comper		n
									<del></del>		·			
					-									
2	Total number of independent contractors ( \$100,000 in compensation from the organi	-	ot lii	mite	d to		se lis	sted	above) who received m	ore than				
												Form 9	agn <i>e</i>	2010

NATIONAL ASSOCIATION OF AGRICULTURAL 47-0467139 Page 9 EDUCATORS, INC. Part VIII Statement of Revenue (D) Revenue (A) (B) (C) Total revenue Related or Unrelated excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue 1 a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and 410,466 similar amounts not included above Q Noncash contributions included in lines 1a-1f.\$ 410,466 Total. Add lines 1a-1f **Business Code** 2 a CASE PROJECT 900099 477,823. 477,823 Program Service 900099 424,500. 424,500 MEMBER DUES AND ASSESS MANAGEMENT FEES 541610 60,406. 60,406 All other program service revenue g Total. Add lines 2a-2f 962,729 Investment income (including dividends, interest, and 10,898 10,898. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross Rents **b** Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from garning activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 8,715. and allowances 6,430 b Less cost of goods sold 2,285. 2,285 Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 900099 7,813 7,813 OTHER INCOME

7,813.

394,191.

d. All other revenue

Total. Add lines 11a-11d

Total revenue. See instructions.

972,827

10,898.

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				<del>-</del>
2	Grants and other assistance to individuals in				
	the U.S See Part IV, line 22	12,000.	12,000.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees			<u></u>	
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 salanes and wages	278,927.	223,142.	55,785.	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	49,222.	39,378.	9,844.	
9	Other employee benefits				
10	Payroll taxes	20,320.	16,256.	4,064.	
11	Fees for services (non-employees)				
а	Management				
b	Legal	1,744.		1,744.	
С	Accounting	12,700.		12,700.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				<u></u>
g	Other	0.505		4 550	
12	Advertising and promotion	8,797.	7,038.	1,759.	
13	Office expenses	4 204	2 442	0.51	
14	Information technology	4,304.	3,443.	861.	
15	Royalties	F 500			
16	Occupancy	7,500.	F	7,500.	
17	Travel	72,103.	57,682.	14,421.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	100 000	106 606		******
19	Conferences, conventions, and meetings	106,606.	106,606.		
20	Interest		-		
21	Payments to affiliates	A E1A	А Г1 А		
22	Depreciation, depletion, and amortization	4,514.	4,514.	42 201	·
23	Insurance	43,301.		43,301.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
а	CASE EXPENSES	639,130.	639,130.		
b	FFA FOUNDATION PROJECTS	176,367.	176,367.		-
c	NATIONAL TEACH AG CAMPA	48,589.	48,589.		
d	MEMBERSHIPS/CONTRIBUTIO	20,457.	16,366.	4,091.	
e	COMMUNITIES OF PRACTICE	9,239.	7,391.	1,848.	
f	All other expenses	36,316.	30,684.	5,632.	<del></del> -
25	Total functional expenses Add lines 1 through 24f	1,552,136.	1,388,586.	163,550.	0
26	Joint costs. Check here Inf following SOP		_, , ,		<u>_</u>
20	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

032010 12-21-10

Form 990 (2010)

Part	X	Balance Sheet			•	
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		27,395.	1	89,163.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net	i		3	
	4	Accounts receivable, net		386,739.	4	202,642
	5	Receivables from current and former officers, direct	ctors, trustees, key			
		employees, and highest compensated employees.	. Complete Part II			
		of Schedule L			5	
	6	Receivables from other disqualified persons (as de	efined under section			
		4958(f)(1)), persons described in section 4958(c)(3	)(B), and contributing			
		employers and sponsoring organizations of section	n 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructi	ions)		6	
Assets	7	Notes and loans receivable, net	·		7	
138	8	Inventories for sale or use		5,000.	8	5,000
7	9	Prepaid expenses and deferred charges		8,317.	9	5,000 5,154
1	10a	Land, buildings, and equipment cost or other	l i	•		· · · · · · · · · · · · · · · · · · ·
		- ' '	10a 83,941.			
	b	·	юь 71,052.	10,708.	10c	12,889
1	11	Investments - publicly traded securities	•	546,830.	11	707,300
	12	Investments - other securities See Part IV, line 11	•	****	12	
	13	Investments - program-related See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal l	line 34)	984,989.	16	1,022,148
	17	Accounts payable and accrued expenses		82,052.	17	173,857
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
_	21	Escrow or custodial account liability Complete Pa	rt IV of Schedule D		21	
E	22	Payables to current and former officers, directors,				······································
Liabilities		highest compensated employees, and disqualified				
: <u>"</u>		of Schedule L			22	
2	23	Secured mortgages and notes payable to unrelate	d third parties		23	
	24	Unsecured notes and loans payable to unrelated t	·	ï	24	
	25	Other liabilities Complete Part X of Schedule D	· ·		25	······································
	26	Total liabilities. Add lines 17 through 25		82,052.	26	173,857.
		Organizations that follow SFAS 117, check here	x and complete			
တ္က		lines 27 through 29, and lines 33 and 34.	•			
Net Assets or Fund Balances	27	Unrestricted net assets		589,877.	27	696,489.
e 2	28	Temporarily restricted net assets		313,060.	28	151,802.
<b>ω</b> 2	29	Permanently restricted net assets	İ	•	29	
<u>.</u> 5		Organizations that do not follow SFAS 117, che	ck here 🕨 🔲 and			
<u>ا</u> و		complete lines 30 through 34.				
ig 3	30	Capital stock or trust principal, or current funds			30	
SSE	31	Paid-in or capital surplus, or land, building, or equi	pment fund		31	
¥   3	32	Retained earnings, endowment, accumulated inco	•		32	
ž   3	33	Total net assets or fund balances	,	902,937.	33	848,291.
	34	Total liabilities and net assets/fund balances		984,989.	34	1,022,148.
						Form <b>990</b> (2010)

Form	1990 (2010). EDUCATORS, INC.	<u>47-04</u>	<u>67139</u>	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		<u> </u>	_	X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,394		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,552	1,1	<u> 36.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	<u>-157</u>	7,9	<u>45.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	902	2,9	<u>37.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5	103	1,2	<u>99.</u>
_6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	848	3,2	91.
Pa	rt XII Financial Statements and Reporting		,		
	Check if Schedule O contains a response to any question in this Part XII				$\mathbf{x}$
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	] ]		
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	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O		- [	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis			_	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audıt			
	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 requ	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		36		

### SCHEDULE A

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

NATIONAL ASSOCIATION OF AGRICULTURAL EDUCATORS, INC.

Employer identification number

			EDUCATO							47	7-0467	139	
Pa	ırt I	Reason	for Public Char	ity Status (All organi	zations mu	st comple	te this par	t.) See ins	tructions				
The	orgar	ization is not	a private foundation	because it is (For lines	1 through	11, check	only one b	oox)					
1		A church, co	nvention of churche	s, or association of chui	ches desc	ribed in se	ection 170	)(b)(1)(A)(i	).				
2				'0(b)(1)(A)(ii). (Attach So									
3				tal service organization			170(b)(1)	(A)(iii).					
4				operated in conjunction					(b)(1)(A)(i	ii). Enter th	ne hospital	's nan	ne.
		city, and stat		•		•				•	•		•
5		An organizat	on operated for the	benefit of a college or u	niversity o	wned or or	perated by	a governi	mental un	t describe	ed in		
			)(b)(1)(A)(iv), (Compl		•		•						
6				ent or governmental un	t describe	d in sectio	n 170/h)/	1γαγνι					
7	一			eives a substantial part					or from the	neneral n	uhlic desc	nhad i	n
•	—,		(b)(1)(A)(vi). (Comple		or ito oupp	2011 110111 4	governin	oritar armi c	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, general p	abile desc	iibeu i	••
8				section 170(b)(1)(A)(vi).	(Complete	Part II \							
	$\overline{\mathbf{x}}$			eives (1) more than 33			rom contr	ihiitione m	amharchi	n foos an	d arnee rea	cointe	from
•				nctions - subject to certa									
				axable income (less sec							_		
			509(a)(2). (Complete	·	don 511 ta	.x, 110111 bu	311103303	acquired b	y trie orga	ii iizatioi i a	itei June J	0, 197	J.
10	Γ			perated exclusively to te	et for publ	ic eafaty 9	See seetid	n 500(a)/	•1				
11				perated exclusively for the					-	y out the r	ourocee c	of one	or
••	<u> </u>			ations described in secti							•		Ui
				organization and compl				-/ Occ <b>se</b> (	, tion sos	a)(3). One	EK IIIG DOX	ша	
		a Type		¬ ˙		e III - Func		tegrated		аГП	Type III - C	Ythar	
е	$\Box$	• .		it the organization is not			-	•	r more dis				n
Ĭ				han one or more publicl				-					
f				ten determination from						<i>σ</i> (α)(1) 01 3	0011011 000	(a)(L)	
·			rganization, check th			at 10 a 1 y	pc 1, 1 ypc	. II, OI 13PC					
g			-	organization accepted ai	ov aift or c	ontribution	from any	of the follo	awina ner	eone?			ш
9				rectly controls, either a								Yes	No
			=	upported organization?	tog	,00.101 11101	porcorio		() αα (	, 50.044,	11g(i)	103	140
		_		n described in (i) above?	)						11g(ii)		
			•	person described in (i)		e?					11g(iii)		
h			·=	about the supported or	• •						<u> </u>		
			ono ming minomication	associate supported of	gameanom	(0)							
(:)	Mama	of supported	/:.\ EIN	(iii) Type of	(iv) Is the c	organization	(v) Did vo	u notify the	(vi) Is	the	/::!!\ Am		
(1)		anization	(iı) EIN	organization		sted in your		ion in col.	organizáti (i) organiz	on in col. l	(vii) Am gups		1
	o. g.	ameunon		(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	U.S	?	<b>սս</b> իլ	JUI L	
				(see instructions))	Yes	No	Yes	No	Yes	No			
					<del> </del>								
				100000							_		
		· · · · · · · · · · · · · · · · · · ·											
Γota	ıl				1	1							

032021 12-21-10

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2010

Pa	Support Schedule for (Complete only if you checke	_					
	fails to qualify under the tests			_			
Se	ction A. Public Support			<u> </u>			
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	ınclude any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ızatıon'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					<u></u>	
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		1				
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)					<u> </u>	
	Public support. Subtract line 5 from line 4 ction B. Total Support		1	L			
	endar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 4	(4)	(6) = 0 0	(0) 2000	(0)200	(0) 20 / 0	(1) 1014
8	Gross income from interest,						
•	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
	Total support. Add lines 7 through 10		<u></u>				
12	Gross receipts from related activities	, etc (see instructi	ions)			12	
13	First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3)	<b></b>
Se	organization, check this box and storection C. Computation of Publ		rcentage	·			<b>&gt;</b> L
	Public support percentage for 2010 (			column (f)		14	0/
	Public support percentage from 2009	, ,,	•	Column (i))		15	% %
	a 33 1/3% support test - 2010.If the o		•	n line 13, and line :	14 is 33 1/3% or i		
.00	stop here. The organization qualifies	=			13 33 1/0/0 01 1	nore, ericen una bu	<b>.</b>
ŀ	33 1/3% support test - 2009. If the o		-		line 15 is 33 1/39	6 or more check th	ıs box
•	and stop here. The organization qual	-					<b>▶</b> □
17:	a 10% -facts-and-circumstances tes	•			e 13. 16a. or 16b	and line 14 is 10%	or more.
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						▶ 🗀
ŧ	10% -facts-and-circumstances tes	•	•		_	17a, and line 15 is	10% or
	more, and if the organization meets to						

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.

Schedule A (Form 990 or 990 EZ) 2010 EDUCATORS, INC.

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants.")	465,290.	750,368.	691,931.	834,396.	834,966.	3576951.
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose	312,814.	10,500.	12,481.	11,343.	10,528.	357,666.
3	Gross receipts from activities that					į	
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	778,104.	760,868.	704,412.	845,739.	845,494.	3934617.
7 a	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	<b>_</b>					0.
c	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6)						3934617.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6	778,104.	760,868.	704,412.	845,739.	845,494.	3934617.
	Gross income from interest,	•					
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources	26,747.	42,295.	9,965.	7,778.	10,898.	97,683.
h	Unrelated business taxable income				, , , , ,		
_	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	26,747.	42,295.	9,965.	7,778.	10,898.	97,683.
	Net income from unrelated business	<i>, .</i>		_ , _ , _ ,			
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain						
	or loss from the sale of capital	21,761.	26,782.	23,455.	8,172.	544,229.	624,399.
13	assets (Explain in Part IV) Total support (Add lines 9, 10c, 11, and 12)	826,612.	829,945.	737,832.	861,689.	1400621.	4656699.
	First five years. If the Form 990 is for				<u> </u>		
,	check this box and stop here	o organization s	o., occoria, tilli	ے, انتظام ان اللہ اللہ اللہ اللہ اللہ اللہ اللہ ا	, oa. ao a ocono	. Jo . (J)(J) Organiz	<b>▶</b>
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
	Public support percentage for 2010 (I			column (fi)		15	84.49 %
16	Public support percentage for 2010 (in Public support percentage from 2009)	• • • • • • • • • • • • • • • • • • • •	•			16	95.19 %
	ction D. Computation of Inves				<u>.                                    </u>		JJ • 1 J 70
	Investment income percentage for 20			ne 13 column (fil)		17	2.10 %
	•	· ·	-	ie 13, colullii (I))			0 11
18	, ,			on line 14 and line	15 is more than ?	18   3 1/3% and line 1	
198	a 33 1/3% support tests - 2010. If the	_					/ is not ►X
	more than 33 1/3%, check this box a	•	•	• •			
Ţ	33 1/3% support tests - 2009. If the	•			-		anu 🛌 🦳
20	line 18 is not more than 33 1/3%, che			•		~	
	Private foundation. If the organization	п ии погспеска	DOX OF THE 14, 19	a, or 190, check tr			0 or 000 E7\ 0040
0320	23 12-21-10				Scn	euule A (FORM 99	0 or 990-EZ) 2010

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

#### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organiza	itions. Complete Part III	, , ,	_,, ,	y rang alon			
		L ASSOCIATION OF	AGRICULTUR	AL Er	mployer identification numb			
	EDUCATO	RS, INC.			47-0467139			
Pa	art I-A Complete if the org	ganization is exempt und	er section 501(c)	or is a section 527	organization.			
2	Provide a description of the organic Political expenditures Volunteer hours	zation's direct and indirect politic	al campaign activities		* \$			
Pa	art I-B Complete if the org	ganization is exempt und	er section 501(c)	(3).				
1	Enter the amount of any excise tax			<del></del>	<b>\$</b>			
2	Enter the amount of any excise tax	incurred by organization manage	ers under section 4955	•	<b>\$</b>			
3	If the organization incurred a section	on 4955 tax, did it file Form 4720	for this year?		Yes No			
4a	Was a correction made?				Yes No			
_	If "Yes," describe in Part IV	· · · · · · · · · · · · · · · · · · ·						
Pa	art I-C Complete if the org	ganization is exempt und	er section 501(c),	except section 50	)1(c)(3).			
1	Enter the amount directly expende	d by the filing organization for sec	ction 527 exempt func	tion activities	<b>*</b> \$			
2	Enter the amount of the filing organ	nization's funds contributed to oth	ner organizations for se	ection 527				
	exempt function activities				· \$			
3	Total exempt function expenditures	s. Add lines 1 and 2 Enter here a	nd on Form 1120-POL	·				
	line 17b			•	·\$_ <del></del>			
	Did the filing organization file Form	•			Yes No			
5	Enter the names, addresses and er							
	made payments. For each organization contributions received that were pr							
	political action committee (PAC) If				arate segregated fund or a			
	<u> </u>			1				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fror filing organization's funds. If none, enter	contributions received and			

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

Schedule C (Form 990 or 990-EZ) 2010

032041 02-02-11

#### NATIONAL ASSOCIATION OF AGRICULTURAL

Schedule C (Form 990 or 990-EZ) 2010	EDUCATORS	INC.	OI MORICOLI	<u>47-0</u>	467139 Page 2
Part II-A Complete if the org		mpt under sectio	n 501(c)(3) and fil	ed Form 5768	· ·
(election under sec	tion 501(h)).				
	ition belongs to an aff	iliated group			
B Check 🕨 🔛 if the filing organiza	tion checked box A a	nd "limited control" pro	visions apply.		
	ts on Lobbying Expe ditures" means amo	enditures unts paid or incurred.	)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infli	uence public opinion	(grass roots lobbying)		<u> </u>	
<b>b</b> Total lobbying expenditures to infli	•			44,600.	
c Total lobbying expenditures (add l	ines 1a and 1b)			44,600.	
d Other exempt purpose expenditure	es			1,507,536.	
e Total exempt purpose expenditure	es (add lines 1c and 1	d)	·	1,552,136.	
f Lobbying nontaxable amount. Enter	er the amount from th	e following table in bot	h columns.	227,607.	-
If the amount on line 1e, column (a) o	or (b) is: The lot	bying nontaxable am	ount is:	•	~
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,00	0,000 \$100,0	00 plus 15% of the exc	ess over \$500,000		
Over \$1,000,000 but not over \$1,5	500,000 \$175,0	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000 \$225,0	00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000	000			
g Grassroots nontaxable amount (er	nter 25% of line 1f)			56,902.	
h Subtract line 1g from line 1a If zer	o or less, enter -0-			0.	
i Subtract line 1f from line 1c If zero	o or less, enter -0-			0.	
j If there is an amount other than ze	ro on either line 1h or	line 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this	year?	•			Yes No
	ations that made a	eraging Period Under section 501(h) election se instructions for line	n do not have to comp		
	Lobbying Expe	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	( <b>d</b> ) 2010	(e) Total
2a Lobbying nontaxable amount	131,944.	134,096.	159,097.	227,607.	652,744.
<ul> <li>b Lobbying ceiling amount (150% of line 2a, column(e))</li> </ul>		:			<u>9</u> 79,116.
c Total lobbying expenditures	44,600.	44,600.	44,600.	44,600.	178,400.
d Grassroots nontaxable amount	32,986.	33,524.	39,774.	56,902.	163,186.
e Grassroots ceiling amount (150% of line 2d, column (e))					244,779.

Schedule C (Form 990 or 990-EZ) 2010

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990 EZ) 2010 EDUCATORS, INC. 47 – 046713

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 47-0467139 Page 3 (election under section 501(h)).

During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities? If "Yes," describe in Part IV  j Total. Add lines 1c through 1i  a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If "Yes," enter the amount of any tax incurred under section 4912  c If "Yes," enter the amount of any tax incurred by organization managers under section 4912  d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year?  art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)  Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5), or se		ount
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities? If "Yes," describe in Part IV  j Total. Add lines 1c through 11  a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If "Yes," enter the amount of any tax incurred under section 4912  c If "Yes," enter the amount of any tax incurred by organization managers under section 4912  d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year?  art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)  501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?	(5), or se	ction	
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Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?		Yes	No
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?		103	
Did the organization agree to carryover lobbying and political expenditures from the prior year?	1		
	3		
"Yes."	····		
Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	1		
, , , , , , , , , , , , , , , , , , , ,			
expenses for which the section 527(f) tax was paid).			
a Current year b Carryover from last year	2a		
•	2b		
C Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	2c		
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	. 3		
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political			
expenditure next year?	4		
Taxable amount of lobbying and political expenditures (see instructions)	5		
Irt IV Supplemental Information	1 3		

Schedule C (Form 990 or 990-EZ) 2010

#### 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.

2010
Open to Public Inspection

Name of the organization

NATIONAL ASSOCIATION OF AGRICULTURAL EDUCATORS, INC.

Employer identification number 47-0467139

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) Aggregate grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 24 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III | Organizations Maintaining Collections of Art, Historical Treasures, or 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051

Schedule D (Form 990) 2010

#### NATIONAL ASSOCIATION OF AGRICULTURAL

Sche	dule D (Form 990) 2010 EDUCATO	RS, INC.	1011	OI MON	LCODIO	Щ		47-04	67139	Page 2
	t III Organizations Maintaining C		rt. His	torical Tr	easures.	or Othe				
3	Using the organization's acquisition, accessi			•						
•	(check all that apply)	, a	,				g			
а	Public exhibition	c	. $\square$	Loan or exc	hange progr	ams				
b	Scholarly research	e		Other	nango progr	ш1113				
	Preservation for future generations	•		Oli 161					· · · ·	
C	Provide a description of the organization's co	alloctions and avalo	n how th	agu furthar t	ho organizati	on's avai	mot ouro	see in Bord	VIV	
4	During the year, did the organization solicit of							ose iii raii	. AIV	
5	to be sold to raise funds rather than to be m					iei Siiiiiai	assets		Yes	☐ No
Da	t IV Escrow and Custodial Arran	<del></del>				"Voo" to		Dort IV 1		NO
rai	reported an amount on Form 990, Pa		ete ii tiit	organizatio	ni answereu	162 10	roiiii <del>9</del> 90	, Fail IV, I	ille 9, Oi	
			dia 6a-				المماريط مط			<del></del>
та	Is the organization an agent, trustee, custod	ian or other intermed	nary for	CONTRIBUTION	is or other as	ssets not	included		١	г <del>-</del> Т
	on Form 990, Part X?								Yes	∟ No
Ь	If "Yes," explain the arrangement in Part XIV	and complete the fo	niowing	table.				_	A	
									Amount	
C	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year	•					1e			
f	Ending balance						1f		1	
2a	Did the organization include an amount on F		217					L	Yes	L No
	If "Yes," explain the arrangement in Part XIV			W4 # 5	000 5 1					
Pai	t V Endowment Funds. Complete							<del></del>		<del></del>
		(a) Current year	<b>(b)</b> P	Prior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four ye	ears back
1a	Beginning of year balance						<del></del>			<del></del>
b	Contributions						<del> </del>	<del></del>		
С	Net investment earnings, gains, and losses								·····	
d	Grants or scholarships				ļ <u>.</u>					<del></del>
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance				<u> </u>					
2	Provide the estimated percentage of the year	r end balance held a	as.							
а	Board designated or quasi-endowment	<del></del>	_%							
b	Permanent endowment	%								
С	Term endowment	%								
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	ind administe	ered for th	ne organiz	ation	_	
	by:								Υ.	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organization:	s listed as required o	n Sche	dule R?					3b	
4	Describe in Part XIV the intended uses of the									<del></del>
Pai	t VI Land, Buildings, and Equipn	nent. See Form 990	), Part X	, line 10						
	Description of investment	(a) Cost or o		, , ,	or other	, , ,	ccumulate	ed	(d) Book v	alue
		basis (investr	nent)	basis	(other)	dep	reciation			
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment									
е	Other			8	3,941.		71,0	52.	12	,889.

Schedule D (Form 990) 2010

12,889.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Part VII Investments - Other Securities. Se	e Form 990, Part X, line	12		· -
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuate to rend-of-year mark	
(1) Financial derivatives				•
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				<del></del>
(D)				
(E)	,	<del>                                     </del>		
(F)				· · · · · · · · · · · · · · · · · · ·
(G) (H)	·- · -		<del></del>	
(1)		-	····	<del> </del>
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	<u>-,</u>			<del></del>
Part VIII Investments - Program Related. Se	ee Form 990, Part X, line	: 13		
(a) Description of investment type	(b) Book value		(c) Method of valuate tor end-of-year mark	
(1)				-
(2)				
(3)				
(4)				
(5)				
(6)				· · · · · · · · · · · · · · · · · · ·
(7)				
(8)				
(9) (10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line	15			
	Description			(b) Book value
(1)		···		
(2)				
(3)				
(4)				
(5)			·	
(6)				
(7)				
(8)				
(9)				<del></del>
(10)	451			
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. See Form 990, Part X,				
(a) December of liability	III le 23	(b) Amount	<del></del>	
(1) Federal income taxes		(5)		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col (B) line FIN 48 (ASC 74b) Footnote in Part XIV, provide the text of the footnote to 2. FIN 48 (ASC 740)	e 25 ) of the organization's financial state	tements that reports the organiz	ration's liability for uncertain	n tax positions under

NATIONAL ASSOCIATION OF AGRICULTURAL

Sche	dule D (Form 990) 2010 EDUCATORS, INC.			_		0467139	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 t	to Audit	ed Finan	cial State	ement	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		1,394	<u>,191.</u>
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		1,552	<u>,136.</u>
3	Excess or (deficit) for the year Subtract line 2 from line 1			3		-157	<u>,945.</u>
4	Net unrealized gains (losses) on investments			4		103	,299.
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		103	299.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 a			10		-54	646.
Pai	t XII Reconciliation of Revenue per Audited Financial Statem	nents W	ith Rever	nue per R	leturn		
1	Total revenue, gains, and other support per audited financial statements				1	1,503	<u>,920.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1			·		
а	Net unrealized gains on investments	2a	10	<u>3,299.</u>			
b	Donated services and use of facilities	2b					
С	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIV)	2d		<u>6,430.</u>			
е	Add lines 2a through 2d				2e		<u>,729.</u>
3	Subtract line 2e from line 1				3	1,394	<u>,191.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a_			] ]		
b	Other (Describe in Part XIV)	4b			]		
С	Add lines 4a and 4b				4c		0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5	1,394	<u>,191.</u>
Pa	rt XIII Reconciliation of Expenses per Audited Financial State	ments V	Vith Expe	nses per	Retu		
1	Total expenses and losses per audited financial statements				1	1,558	<u>,566.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25						
а	Donated services and use of facilities	2a			<u> </u>		
b	Prior year adjustments .	2b			<u>.</u>		
С	Other losses	2c					
d	Other (Describe in Part XIV)	2d		6,430.			
е	Add lines 2a through 2d				2e		<b>430.</b>
3	Subtract line 2e from line 1				3	1,552	<u>,136.</u>
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			] ]		
b	Other (Describe in Part XIV)	4b			]		
С	Add lines 4a and 4b	•			4c		0.
_5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)				5	1,552	<u>.136.</u>
Pa	rt XIV Supplemental Information						
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part	t III, lines 1	ia and 4; Pa	rt IV, lines 1	b and	2b; Part V, line	4; Part
X, lın	e 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also cor	nplete this	s part to pro	vide any ad	ditional	Information	
FU	NDS OF \$292,998 RAISED BY THE NATIONAL FF.	A FOU	NDATIO	N PRIC	R T	O JUNE 3	30,
20	10, FOR THE CASE INITIATIVE WERE TRANSFER	RED T	O THE	<u>NATION</u>	IAL	COUNCIL	FOR
AG:	RICULTURAL EDUCATIORS IN JULY, 2010.						
							<del></del>
				<del></del>			
					<b>~</b> .		~~ ~~ ~~

SCHEDULE I (Form 990) Internal Revenue Service

Part I

Part II

Department of the Treasury

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

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

OMB No 1545-0047 Open to Public

Inspection

**2** Employer identification number 47-0467139 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" 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 Part II can be duplicated if additional space is needed and address of organization (belong it applicable cash grant or government assistance or government assistance or government assistance assistance or government assistance assistance or government assistance assistance or government assistance as assistance as a second assistance as 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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Name of the organization NATIONAL ASSOCIATION OF AGRICULTURAL General Information on Grants and Assistance criteria used to award the grants or assistance? EDUCATORS, 1 (a) Name and address of organization

3 Enter total number of other organizations

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of section 501(c)(3) and government organizations

Schedule I (Form 990) (2010)

NATIONAL ASSOCIATION OF AGRICULTURAL

Schedule | (Form 990) (2010) EDUCATORS, INC.

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed

Page 2

47-0467139

Schedule I (Form 990) (2010) (f) Description of non-cash assistance (book, FMV, appraisal, other) Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance Ö 12,000, (c) Amount of cash grant 28 (b) Number of recipients SCHOLARSHIPS OF \$750 EACH TO 16 INDIVIDUALS (a) Type of grant or assistance 032102 01-13-11

#### SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

NATIONAL ASSOCIATION OF AGRICULTURAL EDUCATORS, INC.

Employer identification number 47-0467139

LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FORM 990, PART III, OPORTUNITY FOR AGRICULTURAL TEACHERS TO DISCUSS PROBLEMS AFFECTING AGRICULTURAL EDUCATION ON A NATIONAL LEVEL; TO SERVE STATE OR LOCAL ASSOCIATIONS OF AGRICULTURAL TEACHERS IN THE SOLUTION OF PROBLEMS WHICH MAY ARISE; TO COOPERATE WITH AMERICAN VOCATIONAL ASSOCIATION IN FURTHERING THE CAUSE OF VOCATIONAL EDUCATION; TO COOPERATE WITH EDUCATION ENTITIES IN FURTHERING THE MISSION OF AGRICULTURAL EDUCATION IN ORDER TO PROVIDE A DYNAMIC EDUCATION SYSTEM. FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION CIRCULATES THE FORM 990 TO THE MEMBERS OF THE GOVERNING BODY FOR REVIEW BEFORE FILING. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE POSTED ON THE NAAE WEBSITE, WHICH IS OPEN TO THE GENERAL (NOT MEMBERS-ONLY PROTECTED). NAAE IS IN THE PROCESS OF DEVELOPING CONFLICT OF INTEREST POLICY FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC: GREGORY CURLIN - 1020 WEST MAIN, VEVAY, IN 47043 KENNETH COUTURE - 226 PUTNAM PIKE, DAYVILLE, CT 06241 ERICA WHITMORE - P. O. BOX 248, ODESSA, WA 99159 KEVIN STACY - RR 1 BOX 377-7, SOUTH COFFEYVILLE, OK 74072 CRAIG MCENANY - 2006 S ANKENY BLVD, BLDG 8, ROOM 15, ANKENY, IA 50023 CHARLES SAPPINGTON - 1496 IL RT 121, TOLEDO, IL 62468 FARRAH JOHNSON - 100 WOLFPACK RUN, DELTONA, FL 32725 MICHAEL HARRINGTON - 101 CUMMINGS DRIVE, BRUNSWICK, MD

032211 01-24-11

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

Schedule O (Form 990 or 990-EZ) (2010)

Schedule O (Form 990 or 990 EZ) (2010)	Page 2
Name of the organization NATIONAL ASSOCIATION OF AGRICULTURAL EDUCATORS, INC.	Employer identification number 47-0467139
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED GAINS ON INVESTMENTS:	103,299.
FORM 990, PART XII, LINE 2C	
THERE WAS NO CHANGE IN PROCESS FROM PRIOR YEAR.	

Department of the Treasury Internal Revenue Service (99)

## **Depreciation and Amortization** (Including Information on Listed Property)

990

OMB No 1545-0172

Attachment Sequence No 67

Name(s) shown on return

► See separate instructions. ► Attach to your tax return. Business or activity to which this form relates

Identifying number

NATIONAL ASSOCIATION O					PAGE 1	-		47-0467139
Part   Election To Expense Certain Property	Under Section 1	79 Note: If you hav	e any listed	propert	y, complete P	Part V t	before yo	
1 Maximum amount (see instructions)							1	500,000.
2 Total cost of section 179 property placed	•				•		2	
3 Threshold cost of section 179 property b	efore reduction	ın lımıtatıon					3	2,000,000.
4 Reduction in limitation. Subtract line 3 fro	om line 2. If zero	or less, enter -0-					4	
5 Dollar limitation for tax year Subtract line 4 from line 1	•						5	
6 (a) Description of prop	erty	(ь) (	Cost (business	use only)	(c) El	ected co	ost	
					<del> </del>			
<del></del>					<del> </del>			
					<del> </del>			
			<del></del>	<del></del>	<del> </del>			
7 Listed property Enter the amount from li				7	1.		+-	
8 Total elected cost of section 179 proper	-	in column (c), line	s 6 and 7				8	
9 Tentative deduction Enter the smaller of							9	
10 Carryover of disallowed deduction from I	-						10	
11 Business income limitation. Enter the sm		•	•				11	
12 Section 179 expense deduction Add line	•				1		12	
13 Carryover of disallowed deduction to 20				▶ 13	<u> </u>			
Note: Do not use Part II or Part III below for I  Part II Special Depreciation Allowan				intod pr	onorty )			
		•					1 1	
14 Special depreciation allowance for qualif	iea property (otr	ier triari listed pro	perty) place	a in serv	vice during			
the tax year	*						14	
15 Property subject to section 168(f)(1) elec	HOT						15	6,254.
Part III MACRS Depreciation (Do not	include listed or	operty ) (See instr	uctions )				16	0,434.
MACNO Depreciation (DO Not	include listed pr	Section						<del>-</del>
17 MACRS deductions for assets placed in	service in tax ve				-		17	
	-			a abadı ba			''	
18 If you are electing to group any assets placed in service Section B - Assets F						eciatio	on Syste	
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depre (business/investme only - see instruc	ciation ent use	(d) Recove			) Method	(g) Depreciation deduction
19a 3-year property								
b 5-year property								
c 7-year property								<del>' '</del>
d 10-year property								
e 15-year property								
f 20-year property								
g 25-year property				25 yrs			S/L	
	/			27.5 yrs			S/L	
h Residential rental property	/			27.5 yrs	s MM		S/L	
	/	.,,		39 yrs	MM		S/L	-
i Nonresidential real property	/				ММ		S/L	
Section C - Assets Pla	aced in Service	During 2010 Tax	Year Using	the All	ternative Dep	recia	tion Sys	tem
20a Class life							S/L	
b 12-year				12 yrs	1	1	S/L	
c 40-year				40 yrs	. ММ		S/L	
Part IV Summary (See instructions )								
21 Listed property Enter amount from line	28						21	
22 Total. Add amounts from line 12, lines 1		es 19 and 20 in co	olumn (g), a	nd line 2	<u>!</u> 1			
Enter here and on the appropriate lines of	-						22	6,254.
23 For assets shown above and placed in s	•	•						
portion of the basis attributable to section	n 263A costs			23				

Form 4562 (2010)

P	art V Listed Proper amusement )		utomobiles,			cles, cer	taın con	puters	s, and pro	perty us	ed for e	ntertainr	nent, red	creation,	or
_	Note: For any through (c) of	Section A, all	of Section	B, and Se	ction C i	f applica	ble						-		nns (a)
	Section A	- Depreciation	on and Oth	er Inform	ation (C	aution:	See the	nstruc	tions for l	mits for	passeng	ger autor	nobiles )		
24	a Do you have evidence to	support the bu	sıness/invest	ment use c	laimed?	Y	es L	_] No_	24b If "Y	'es," ıs t	he evide	nce writ	ten?	] Yes [	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Busines investme use percer	ent   _	(d) Cost or other basis	l (bu	(e) sis for depr isiness/inve use onl	stment	(f) Recovery period	Me	(g) ethod/ vention	Depre	(h) eciation uction	Ele sectio	(i) cted on 179 ost
25	Special depreciation all used more than 50% in				y placed	in servi	ce durin	g the t	ax year ar	nd	25		_		
26	Property used more that				· -									<del>!</del> _	
20	1 Toperty asca more tria	1 3070 117 2 4	Camea bas	%	•				1						
_				%		-	-		<del>-</del> -					-	
-		4		%						<del> </del>		+			
27	Property used 50% or I	ess in a duali	fied husines						<u> </u>	1		-			
<u> </u>	1 Toperty asca 3070 of 1	C33 III a quaii	The busines	%					i	S/L				Γ	
_	<del></del>	<del> </del>		%						S/L	<del></del>			1	
_		<del> </del>		%						S/L	_	+		1	
20	Add amounts in column	(h) lines 25	through 27		re and o	n line 21	nage 1		<u></u> -	10/2	28	+		1	
	Add amounts in column		_				, page 1						29		
<u>25</u>	Add amounts in column	1 (I), III 16 20. L	illei fie <u>le al</u>	Section			on Hea	of Vet	nicles						
If y	mplete this section for ve ou provided vehicles to y se vehicles	ehicles used l your employe	by a sole pr es, first ans	oprietor, p	oartner, d	or other	"more th	an 5%	owner,"	or relate an exce	d persor	n complet	ing this s	section fo	or
				_ j	(a)	(	<b>b</b> )	ĺ	(c)	(	d)	(	e)	(1	7)
30	Total business/investment year (do not include comi		uring the	Ve	hicle	Vel	hicle	V	'ehicle	Ve	hicle ,	Vel	hicle	Veh	icle
31	Total commuting miles	driven during	the year												
32	Total other personal (no	ncommuting	) miles												
	driven							<u> </u>							
33	Total miles driven during	g the year.													
	Add lines 30 through 32	2													
34	Was the vehicle availab	le for person	al use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?									<u> </u>			į		
35	Was the vehicle used p	rimarily by a	more				i								
	than 5% owner or relate	ed person?			<u> </u>			<u> </u>	<u> </u>	<u> </u>	<u></u>				
36	Is another vehicle availa	able for perso	onal							İ					
	use?				<u> </u>		<u> </u>				<u></u>		<u></u>		
		Section C	- Question	s for Emp	oloyers V	Nho Pro	vide Vel	hicles	for Use b	y Their	Employ	ees			
An	swer these questions to	determine if y	you meet ar	exceptio	n to com	pleting :	Section	B for v	ehicles us	ed by e	mployee	s who a	re not m	ore than	5%
<u>ow</u>	ners or related persons													-	,
37	Do you maintain a writte employees?	en policy stat	tement that	prohibits	all perso	nal use	of vehicl	es, inc	luding cor	nmuting	, by you	ır		Yes	No
38	Do you maintain a writte	en policy stat	ement that	prohibits	personal	luse of v	vehicles,	excep	t commut	ing, by	your			1	
	employees? See the ins	structions for	vehicles us	ed by cor	porate o	fficers, c	directors	, or 1%	or more	owners					
39	Do you treat all use of v	ehicles by er	nployees as	personal	use?										
40	Do you provide more th	an five vehic	les to your e	employees	s, obtain	ınformat	tion from	your (	employee	s about					
	the use of the vehicles,	and retain th	e informatio	n receive	d۶										
41	Do you meet the require	ements conc	eming quali	fied auton	nobile de	emonstra	ation use	?							
	Note: If your answer to	37, 38, 39, 4	0, or 41 is "	Yes," do n	ot comp	lete Sec	tion B <sub>f</sub> c	or the c	covered ve	hicles					
P	art VI Amortization														
	(a) Description of	of costs	(	(b) Pate amortization begins	1	(c) Amortizal amoun	ble t		(d) Code section		(e) Amortizz penod or pe	ation		(f) mortization or this year	
42	Amortization of costs th	nat begins du	ring your 20		ar						<u>.</u>	<u></u> 1			
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43	Amortization of costs th	nat began be	fore your 20	10 tax ye	ar							43			
	Total. Add amounts in	_	•	•		o report						44			

Form 4562 (2010)

016252 12-21-10

# Form **8868**(Rev January 2011) 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

 $\triangleright \boxed{X}$  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 Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Chanties & Nonprofits 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 Type or Name of exempt organization **Employer identification number** NATIONAL ASSOCIATION OF AGRICULTURAL print EDUCATORS, INC. 47-0467139 File by the Number, street, and room or suite no. If a P O box, see instructions. due date for filing your 300 GARRIGUS BUILDING-UNIV OF KENTUCKY return See City, town or post office, state, and ZIP code. For a foreign address, see instructions LEXINGTON, KY 40546-0215 0 | 1 Enter the Return code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Code Is For Is For Code Form 990 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 990-EZ Form 4720 01 09 04 Form 5227 Form 990-PF 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 06 12 STEVE SCHNETTLER, CPA The books are in the care of ► 300 W MAXWELL ST - LEXINGTON, KY 40508 Telephone No ► 859-252-1545 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 If it is for part of the group, check this box 🕨 🔲 and attach a list with the names and EINs of all members the extension is for I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2012 , to file the exempt organization return for the organization named above. The extension is for the organization's return for. ▶ \_\_\_ calendar year \_\_\_ 2010 ► X tax year beginning JUL 1, , and ending JUN 30, 2011 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 0. 3a If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and b estimated tax payments made Include any prior year overpayment allowed as a credit 0. 3b Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions 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 For Paperwork Reduction Act Notice, see Instructions. Form 8868 (Rev. 1-2011)

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If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box  Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.  If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).  Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).  Name of exempt organization  NATIONAL ASSOCIATION OF AGRICULTURAL  EDUCATORS, INC.  Number, street, and room or suite no. If a P.O. box, see instructions.  300 GARRIGUS BUILDING-UNIV OF KENTUCKY  City, town or post office, state, and ZIP code. For a foreign address, see instructions.	Form 8868 (Rev. 1-2011)					Page 2
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Extractions LEXINGTON, KY 40546-0215  Enter the Return code for the return that this application is for (file a separate application for each return)  D 1  Application S 6 or Code S 7 or Code S 8 or Code S 8 or Code S 900-B.  O 2 Form 1041-A.  O 8 or M 990-B.  O 2 Form 990-B.  O 3 Form 990-B.  O 4 Form 5227  O 5 Form 6099  O 6 Form 8870  S 7 Or M 990-T (trust other than above)  S 7 Or M 990-T (trust other than above)  S 7 Or M 990-T (trust other than above)  S 7 Or M 990-T (trust other than above)  S 8 Or Form 8870  S 7 Or M 990-T (trust other than above)  S 8 Or Form 8870  N The books are in the care of ▶ 300 W MAXWELL ST - LEXINGTON, KY 40508  T 12 STOPL Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  S 7 N N ▶ The books are in the care of ▶ 300 W MAXWELL ST - LEXINGTON, KY 40508  T 12 STOPL Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  S 7 N N N N S 59 - 252-1545  If the organization does not have an office or place of business in the United States, check this box I fit this is for the whole group, check this box N N S 59 - 252-1545  If the organization does not have an office or place of business in the United States, check this box I fit this is for all members the extension N N N S 59 - 252-1545  If the organization does not have an office or place of business in the United States, check this box I fit this is for the whole group, check this box N N N S 59 - 252-1545  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) I fit this is for the whole group, check this box N N N S 59 - 252-1545  If this apprication is for form group fit and the previous in the state of the previous in the state of the previous in the state of the previous in the state of the previous in the state of the previous in the state of the previous in the state of the previous in the state of the previous in the state of the previous in the stat	ling your					
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Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.  Signature   Title CPA  Date   2/13/12			nd Verification		· Ψ	
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Signature ► felly Stamper Title ► CPA Date ► 2/13/12	onue: penalues of perjury, i declare that I have examined this form, include it is true, correct, and complete, and had I am authorized to prepare this fo	om.	panying someonies and statements, and to t	יים הפסנ נייי	/ //	Dolloly
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