EXTENDED TO NOVEMBER 15, 2021

Return of Organization Exempt From Income Tax ↑ Dunder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection For the 2020 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number 09-1016 RALPH AJIFU FFA MEMORIAL FOUNDATION Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ C/O J YAMAGUCHI 95-1011 MEAPA ST 808-944-8400 termin-ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return MILILANI, HI 96789 H(a) Is this a group return X Applica-F Name and address of principal officer KEN KAJIHARA for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or **りろ** If "No," attach a list. See instructions J Website: ► N/A H(c) Group exemption number ▶ K Form of organization. X Corporation Trust Association Other > Year of formation 1999 M State of legal domicile: HI [Partil Summary Briefly describe the organization's mission or most significant activities RALPH AJIFU FFA MEMORIAL FOUNDATION PROVIDES SUPPORT TO UNDERPRIVILEGED OR DISADVANTAGED Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets 2 3 Number of voting members of the governing body (Part VI, line 1a) 5 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a RECEIVER 0. b Net unrelated business taxable income from Form 990-T, Part I, line 7b Year Current Year 9,606. Contributions and grants (Part VIII, line 1h) 13,000. 7,891. 5,000. Program service revenue (Part VIII, line 2g) 39,764. 405. Investment income (Part VIII, column (A), lines 3, 4, and 7d) OGDEN 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 57,261. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 39,405. 6,000 Ο. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 0. 68,788. 11,833. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 68,788. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 17,833. -11,527. 21,572. Revenue less expenses Subtract line 18 from line 12 58 Beginning of Current Year End of Year 655,848. 759,059 20 Total assets (Part X, line 16) 0. Total liabilities (Part X, line 26) 655,848. 759,059. 22 Net assets or fund balances Subtract line 21 from line 20 [Partill∎ Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 11/11/21 Signature of officer Sign KEN KAJIHARA, PRESIDENT Here Type or print name and title Preparer's sig**y**ature Date PTIN Print/Type preparer's name 11/11/21 ANDREA CARR P01298849 Paid Firm's name ANDREA CARR CPA LLC Firm's EIN > 83-0844265 Preparer Firm's address PO BOX 30685 Use Only Phone no. (808) HONOLULU, HI 96820 436-8975

LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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

Form 990 (2020)

Nο

X Yes

APPLIED FOR

			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_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			<u></u>
	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			l
	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			٠,,
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	_	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		v
_	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,	_		v
_	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			x
_	Schedule D, Part III	8	-	 ^- -
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
10	If "Yes," complete Schedule D, Part IV Did the erronization directly or through a related erganization, held assets in department and endowments.	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in 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	10		
• •	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		·	
ŭ	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		х
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
þ	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 and XII is optional	12b		X
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		
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446		Х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18	L. I	Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	

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	•		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		<u>X</u> _
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			
	Schedule J	23		_X_
24 a	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 25a	24a		<u>X</u>
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			77
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	0.0		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	26		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? 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	21		
	instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
_	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	Ì	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		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		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		ľ	
	Part V, line 1	34		<u>X</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		ľ	17
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	_	v	
<u>[Par</u>	Note: All Form 990 filers are required to complete Schedule O tV Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
1.40	Check if Schedule O contains a response or note to any line in this Part V			
	Check it Conducte O contains a response of note to any line in this Part V		V	<u> </u>
1.	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		Yes	No
b	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
_	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
·	(gambling) winnings to prize winners?	1c	Х	
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orm 990					MEMORIAL			APPLIED	FOR	Рa	ge 5
Part V	Sta	atements Regarding	Other IRS	Filing	gs and Tax Co	mpliance	(continued)				
	•									\Box	N-

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<u>2b</u>		 					
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<u> </u>							
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a_							
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b_		├──					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	_		x					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	-	<u> </u>					
D	If "Yes," enter the name of the foreign country See untrivious for filing requirements for FinoCEN Form 114. Report of Foreign Reals and Financial Associate (FRAR)								
5 0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>-</u>		X					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5a_		X					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		 ^`					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_50_		-					
0a	any contributions that were not tax deductible as charitable contributions?	6a		x					
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	_0a							
	were not tax deductible?	6b							
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 services provided to the payor?	7a		X					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		х					
di	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
f									
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
sponsoring organization have excess business holdings at any time during the year?									
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	_	L,					
10	Section 501(c)(7) organizations. Enter		,						
	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter								
	Gross income from members or shareholders								
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
40	amounts due or received from them)			نــــا					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		 -,					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 504(5)(20) suplified parameter health increases years.								
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	12-							
a	Note: See the instructions for additional information the organization must report on Schedule O.	13a							
h	Enter the amount of reserves the organization is required to maintain by the states in which the			İ					
D	organization is licensed to issue qualified health plans								
c	Enter the amount of reserves on hand								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>x</u>					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1-75							
	excess parachute payment(s) during the year?	15		х					
	If "Yes," see instructions and file Form 4720, Schedule N								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		$\overline{\mathbf{x}}$					
	If "Yes," complete Form 4720, Schedule O			1					
		Form	990	(2020)					

[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 on Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			X							
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	5									
	If there are material differences in voting rights among members of the governing body, or if the governing			ŀ							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent 1b 5										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?										
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X							
5 Did the organization become aware during the year of a significant diversion of the organization's assets?											
6											
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6		X							
	more members of the governing body?	7a		x							
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
٥	persons other than the governing body?	7b		X							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	75									
_		90	X								
	The governing body? Each committee with authority to act on behalf of the governing body?	8a 8b	X	 							
	· · · · · · · · · · · · · · · · · · ·	80									
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х							
Sec	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	<u> </u>									
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V								
10-	Did the ergonization have level chanters branches as officiates?	40-	Yes	No X							
	Did the organization have local chapters, branches, or affiliates?	10a									
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b									
	and branches to ensure their operations are consistent with the organization's exempt purposes?										
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?											
	Describe in Schedule O the process, if any, used by the organization to review this Form 990		V								
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X								
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		.,								
	ın Schedule O how this was done	12c	X								
13	Did the organization have a written whistleblower policy?	13	X								
14	Did the organization have a written document retention and destruction policy?	14	<u> </u>								
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
	The organization's CEO, Executive Director, or top management official	15a		X							
Ь	Other officers or key employees of the organization	15b		<u> </u>							
	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										
	taxable entity during the year?	16a		<u> </u>							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
	exempt status with respect to such arrangements?	16b									
sec	tion C. Disclosure		_								
17	List the states with which a copy of this Form 990 is required to be filed ▶HI		_								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))s only)	avaılal	ble							
	for public inspection. Indicate how you made these available. Check all that apply										
Own website Another's website X Upon request Other (explain on Schedule O)											
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an											
	statements available to the public during the tax year										
20	State the name, address, and telephone number of the person who possesses the organization's books and records										
	JEFFREY YAMAGUCHI - 808-944-8400	_									
	95-1011 MEAPA STREET, MILILANI, HI 96789										

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

Check if Schedule O contains a response or note to any line 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.

See instructions for the order in which to list the persons above

X Check this box if neither the organiza (A)	(B)	(C)				_	(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson (s both	n an	compensation	compensation	amount of
	week	⊢	officer and a dire			T	T	from	from related	other
	(list any hours for	direct				l,		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	io aa	stee			nsate		(W-2/1099-MISC)	(** =: *********************************	organization
	organizations	Isus	nal tr		oyee	E .				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KEN KAJIHARA	line) 4.00	Ē	<u> </u>	Ö	ջ	풀등	요	-	. <u>-</u>	
PRESIDENT/DIRECTOR	4.00	X		Х				0.	0.	0
(2) JACKIE TICHEPCO	0.25	 				T				
DIRECTOR		x						0.	0.	0
(3) STACY SASAGAWA	0.25									
DIRECTOR		x	L		L	L	L	0.	0.	0
(4) SHAUN KAMIDA	2.00									
SECRETARY		Х		X				0.	0.	0
(5) JEFFREY YAMAGUCHI	2.00	1								
TREASURER		X	<u> </u>	X				0.	0.	0
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Form 990 (2020)

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)		
Name and title	(B) Average hours per	box,	Position (do not check more than one box, unless person is both an officer and a director/trustee)			than c s both	an	(D) Reportable compensation	(E) Reportable compensation	n	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer		Highest compensated Enployee	Former (a)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	\$	other compensation from the organization and related organizations
				_						-	
·											-
1b Subtotal c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	I, Section A						>	0.		0.	0. 0.
2 Total number of individuals (including but n compensation from the organization	ot limited to the	ose	liste	d ab	ove) wh	o re		000 of reportable		0
3 Did the organization list any former officer,	director, truste	ee, k	ey e	mple	oye	e, or	hıg	hest compensated emp	loyee on	[_	Yes No
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su	m of reportable								he organization	-	3 X
and related organizations greater than \$150 5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	ccrue compen	satio	on fr	om a	any	unre			dual for services	-	4 X 5 X
Section B. Independent Contractors 1 Complete this table for your five highest co							c th	nat received more than 9	\$100,000 of comp	opeatio	
the organization. Report compensation for	•							the organization's tax y	•		
Name and business	address	NC	ONE	<u> </u>				(B) Description of s	ervices	Со	(C) empensation
	_		<u>. </u>				-				
								<u>-, -, -, -, -, -, -, -, -, -, -, -, -, -</u>			
	·		-								· · · · · · · · · · · · · · · · · · ·
							,				
Total number of independent contractors (ii \$100,000 of compensation from the organization)	_	ot lim	nited	l to t	thos 0		ted	above) who received mo	ore than		
										F	orm 990 (2020)

Form	990	(20)	20)
Par	ŧVI	П	S

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Revenue excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts. 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e 1 All other contributions, gifts, grants, and 13,000. similar amounts not included above 1f Q Noncash contributions included in lines 1a-1f 13,000. h Total. Add lines 1a-1f **Business Code** 2 a TRAVEL PAYMENTS FROM P 5,000. 5,000. 900099 Program Service Revenue f All other program service revenue 5,000. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 7,025. 7,025. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6 a Gross rents 6b b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of 14,380. assets other than inventory b Less cost or other basis 0 and sales expenses 14,380. c Gam or (loss) 14,380. 14,380. d Net gain or (loss) 8 a Gross income from fundraising events (not 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 gaming activities. See Part IV, line 19 9b b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a b Less cost of goods sold c Net income or (loss) from sales of inventory **Business Code** d All other revenue Total. Add lines 11a-11d 39,405. 5,000. Total revenue See instructions

SECTI	on 501(ċ)(3) and 501(c)(4) organizations must compi Check if Schedule O contains a respons		his Part IX	ipiele column (A)	
Do r	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations			1 1 ₂ M ₂₁ #	.
	and domestic governments. See Part IV, line 21	6,000.	6,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	Individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members Compensation of current officers, directors,				
5	trustees, and key employees				
6	Compensation not included above to disqualified			-	
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				<u> </u>
8	Pension plan accruals and contributions (include				·
5	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				-
11	Fees for services (nonemployees)				
а	Management				
b	Legal	5,000.		5,000.	
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				· <u>- · - · - · · · · · · · · · · · · · ·</u>
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	600.	600.		
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	2.77	200		
17	Travel	377.	377.		
18	Payments of travel or entertainment expenses		İ		
	for any federal, state, or local public officials	250	250		
19	Conferences, conventions, and meetings	250.	250.		
20	Interest				<u> </u>
21	Payments to affiliates				
22	Depreciation, depletion, and amortization Insurance				
23	Other expenses. Itemize expenses not covered		•		
24	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)	٠		•	•
а	SUPPLIES	4,326.	4,326.		
h	NATIONAL FFA DUES	1,200.	1,200.		
o.	BANK CHARGES	80.	80.		
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	17,833.	12,833.	5,000.	0.
<u></u> 26	Joint costs. Complete this line only if the organization			·	
-	reported in column (B) joint costs from a combined			1	
	educational campaign and fundraising solicitation.				
	Check here I if following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or note		(A)		(B)
_	•			Beginning of year		End of year
	1	Cash non-interest-bearing	41,187.	_1_	62,758	
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or	·			
		trustee, key employee, creator or founder, subst	·		-	
		controlled entity or family member of any of thes	•		5	
ŀ	6	Loans and other receivables from other disqualif			_	
ł		under section 4958(f)(1)), and persons described	ın section 4958(c)(3)(B)		6	
3	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
•	9	Prepaid expenses and deferred charges			9	
1	10a	Land, buildings, and equipment cost or other		g g		ų
- [basis Complete Part VI of Schedule D	10a		_	
	b	•	10b	7117	10c	4.7.7.
-	11	Investments - publicly traded securities		614,661.	11	696,30
1	12	Investments - other securities See Part IV, line 1		12		
	13	Investments - program-related See Part IV, line 1	1		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
4	16	Total assets. Add lines 1 through 15 (must equa	al line 33)	655,848.	16	759,05
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete F	art IV of Schedule D		21	
.	22	Loans and other payables to any current or form	er officer, director,			
		trustee, key employee, creator or founder, substa	antial contributor, or 35%		_	
		controlled entity or family member of any of thes	e persons		22	
	23	Secured mortgages and notes payable to unrelate	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, pay	ables to related third			
		parties, and other liabilities not included on lines	17-24) Complete Part X			
		of Schedule D			25	
4	26	Total liabilities. Add lines 17 through 25		0.	26	
.		Organizations that follow FASB ASC 958, chec	ck⁻here ▶ X			
		and complete lines 27, 28, 32, and 33.			_	
	27	Net assets without donor restrictions		655,848.	27	759,059
	28	Net assets with donor restrictions			28	
		Organizations that do not follow FASB ASC 95	i8, check here 🕨 🖳		i	ū
		and complete lines 29 through 33.			_	
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equ	•		30	
	31	Retained earnings, endowment, accumulated inc	ome, or other funds		31	-
	32	Total net assets or fund balances		655,848.	32	759,059
- 1	33	Total liabilities and net assets/fund balances		655,848.	33	759,059

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form **990** (2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2020

Employer identification number

Open to Public Inspection

RALPH AJIFU FFA MEMORIAL FOUNDATION APPLIED FOR Reason for Public Charity Status. (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3), Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed in your governing document? (i) Name of supported (III) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes Nο above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

Total

Schedule A (Form 990 or 990-EZ) 2020 RALPH AJIFU FFA MEMORIAL FOUNDATION

APPLIED FOR Page 2

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not				į		
	ınclude any "unusual grants ")	6,798.	1,492.	6,828.	9,606.	13,000.	37,724.
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						
4	Total. Add lines 1 through 3	6,798.	1,492.	6,828.	9,606.	13,000.	37,724.
5	The portion of total contributions	c				ა	
	by each person (other than a				۰	i	
	governmental unit or publicly	a					
	supported organization) included						
	on line 1 that exceeds 2% of the			۰			
	amount shown on line 11,		•	ď			
	column (f)			3			
	Public support. Subtract line 5 from line 4		•		0	, 0	37,724.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	6,798.	1,492.	6,828.	9,606.	13,000.	37,724.
8	Gross income from interest,			İ			
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	6,107.	6,354.	7,481.	7,136.	7,025.	34,103.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain			İ			
	or loss from the sale of capital						
	assets (Explain in Part VI)				<u></u> . ,		
11	Total support. Add lines 7 through 10						71,827.
12	Gross receipts from related activities,	etc (see instructio	ns)		Į	12	
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, fo	ourth, or fifth tax ye	ear as a section 50)1(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Public	c Support Per	centage				
14	Public support percentage for 2020 (li	ne 6, column (f), di	vided by line 11, co	olumn (f))		14	52.52 %
15	Public support percentage from 2019	Schedule A, Part I	I, line 14		Į	15	43.55 %
16a	33 1/3% support test - 2020. If the o	rganization did not	check the box on	line 13, and line 1	4 is 33 1/3% or mo	ore, check this box	
	stop here. The organization qualifies a	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2019. If the o	rganization did not	check a box on lir	ne 13 or 16a, and I	ine 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization quali	fies as a publicly si	upported organizat	tion			▶□
17a	10% -facts-and-circumstances test	 2020. If the orga 	anızatıon dıd not ch	neck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the facts	s-and-circumstance	s test, check this t	oox and stop her	e.Explain in Part \	/I how the organiz	ation
	meets the facts-and-circumstances tes	st The organization	n qualifies as a pub	olicly supported or	ganization		▶□
b	10% -facts-and-circumstances test	- 2019. If the orga	anization did not cl	neck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets th	e facts-and-circum	stances test, chec	k this box and sto	op here. Explain in	Part VI how the	
	organization meets the facts-and-circu	imstances test. The	e organization qua	lifies as a publicly s	supported organiz	ation	▶□
18	Private foundation. If the organization	n did not check a b	ox on line 13, 16a	<u>, 16b, 17a, or 17b,</u>	check this box an	d see instructions	 ▶□
					Sche	dule A (Form 990	or 990-EZ) 2020

b 33'1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

032023 01-25-21

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E If you checked box 12d, Part I, complete Sections A and D, and complete Part V)

S

Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation of historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below	3a		
b				
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	ļ		
	organization made the determination	3b		
С	The state of the s			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below	4a	_	
b				
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С				
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes."			
	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			Ì
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (III) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	, , , , , , , , , , , , , , , , , , , ,			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	, , , , , , , , , , , , , , , , , , , ,			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			}
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer line 10b below	10a	ļ	

10b

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

Sche Par	dule A (Form 990 or 990-EZ) 2020 RALPH AJIFU FFA MEMORIA t V Type III Non-Functionally Integrated 509(a)(3) Supporting			APPLIED FOR Pag
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI) See instruction
	All other Type III non-functionally integrated supporting organizations mus		•	,
ecti	on A - Adjusted Net Income	-	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
5	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
1	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	. 6		
7_	Other expenses (see instructions)	7		
8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ecti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		i di s	,
	instructions for short tax year or assets held for part of year)		- *	
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			٥
	(explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 0 015 of line 3 (for greater amount,			
	see instructions).	4_		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5_	-	
6	Multiply line 5 by 0 035.	6		
7	Recoveries of prior-year distributions	7		
8_	Minimum Asset Amount (add line 7 to line 6)	8		-
ecti	on C - Distributable Amount			Current Year
1_	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1	2	5	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3	4	4	
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6	<u>_</u>	1
7	Check here if the current year is the organization's first as a non-functional	lly integra	ited Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990 EZ) 2020 RALPH AJIFU FFA MEMORIAL FOUNDATION APPLIED FOR Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Current Year Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 6 Other distributions (describe in Part VI) See instructions. 7 7 Total annual distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions 8 Distributable amount for 2020 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount 10 (1) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2020 Amount for 2020 1 Distributable amount for 2020 from Section C, line 6 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions 3 Excess distributions carryover, if any, to 2020 a From 2015 **b** From 2016 c From 2017 d From 2018 e From 2019 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2020 distributable amount Carryover from 2015 not applied (see instructions) 1 Remainder Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2020 from Section D. a Applied to underdistributions of prior years **b** Applied to 2020 distributable amount c Remainder Subtract lines 4a and 4b from line 4 5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2021. Add lines 3 and 4c 8 Breakdown of line 7 a Excess from 2016 **b** Excess from 2017 c Excess from 2018 40 March 1984 and seep to the order of the d Excess from 2019 or(Establish and of the street part of part

Schedule A (Form 990 or 990-EZ) 2020

e Excess from 2020

Schedule A	Form 990 or 990-EZ) 2020 RALPH AJIFU FFA MEMORIAL FOUNDATION APPLIED FOR Page
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information
•	(See instructions)
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SCHEDULE (Form 990)

Grante and Other Accietano

OMB No 1545-0047	2020	Open to Public Inspection	
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(Form 990)		OO O	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990. Part IV, line 21 or 22.	er Assistant d Individuals ranswered "Yes" (s in the Unit	ications, ted States		2020
Department of the Treasury Internal Revenue Service			Go to www.irs	► Attach to Form 990. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for the latest information.	n 990. the latest inform	iation.		Open to Public Inspection
Name of the organization	n RALPH AJIFU FFA MEMORIAL	U FFA MEN	ORIAL FOUND	FOUNDATION				Employer identification number APPLIED FOR
Part I■ General In	General Information on Grants and Assistance	d Assistance						
1 Does the organiza	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	substantiate the	amount of the grants c	or assistance, the g	rantees' eligibility	for the grants or assis	stance, and the selectic	:
criteria used to av	criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ance? edures for monito	ring the use of grant fu	unds in the United	States			Ves No
	Grants and Other Assistance to Domestic Organizations and Domestic Governments.	omestic Organiza	ations and Domestic	Governments. Co	omplete if the orga	anization answered "Y	Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	IV, line 21, for any
recipient th	recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	5,000 Part II can t	oe duplicated if additio	onal space is neede	d.	(6) Mothod of		
1 (a) Name and ad	(a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal; other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
HAWAII DEPARTMENT OF EDUCATION	OF EDUCATION							6 GRANTS TO HAWAII PUBLIC
1390 MILLER ST. HONOLULU, HI 96813		99-0266482		6,000.	0			SCHOOLS FOR AGRISCIENCE PROJECTS
				,				
2 Enter total numbe 3 Enter total numbe	Enter total number of section 501(c)(3) and government organizations listed in Enter total number of other organizations listed in the line 1 table	d government organisted in the line 1	anizations listed in the table	the line 1 table				1.

	n 990.
line 1 table	LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
Enter total number of other organizations listed in the line 1 table	e, see the Inst
ier organizatio	tion Act Notic
number of oth	work Reduct
Enter total	For Paper
	H

Schedule I (Form 990) 2020

26

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) DIRECTOR(S) FOLLOW UP WITH GRANT RECIPIENTS TO MONITOR HOW THE GRANTS ARE Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance PART I, LINE 2: BEING UTILIZED

Page 2

APPLIED FOR

RALPH AJIFU FFA MEMORIAL FOUNDATION

Schedule I (Form 990) 2020

Part III

Schedule I (Form 990) 2020

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2020
Open to Public Inspection

Name of the organization

RALPH AJIFU FFA MEMORIAL FOUNDATION

Employer identification number APPLIED FOR

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
HAWAII AGRICULTURAL EDUCATION STUDENTS IN THE STATE OF HAWAII. THE
ORGANIZATION WILL SUPPORT LOCAL, YOUNG PEOPLE THAT WANT TO BECOME
FARMERS IN HAWAII BY PROVIDING EDUCATIONAL GRANTS OR SCHOLARSHIPS TO
STUDENTS LACKING SUFFICIENT FINANCIAL MEANS TO SEEK EDUCATIONAL
OPPORTUNITIES, ENROLL IN CURRICULUMS, AND ATTEND EVENTS AFFILIATED WITH
THE HAWAII FFA (FUTURE FARMER OF AMERICA) LOCALLY AND WITH THE NATIONAL
FFA ACROSS THE USA. THE ORGANIZATION WILL ALSO DEVELOP AND OPERATE
LOCAL EVENTS DESIGNED TO ENCOURAGE LOCAL, YOUNG PEOPLE TO PURSUE A
FARMING CAREER IN HAWAII. FUNDAMENTALLY, THE ORGANIZATION SEEKS TO
SPREAD ALOHA (LOVE AND FELLOWSHIP) AND KOKUA (TO HELP OTHERS) IN
CULTIVATING AND CARING FOR HAWAIIAN NATURAL RESOURCES.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EDUCATIONAL GRANTS OR SCHOLARSHIPS TO STUDENTS LACKING SUFFICIENT
EDUCATIONAL GRANTS OR SCHOLARSHIPS TO STUDENTS LACKING SUFFICIENT FINANCIAL MEANS TO SEEK EDUCATIONAL OPPORTUNITIES, ENROLL IN
FINANCIAL MEANS TO SEEK EDUCATIONAL OPPORTUNITIES, ENROLL IN
FINANCIAL MEANS TO SEEK EDUCATIONAL OPPORTUNITIES, ENROLL IN CURRICULUMS, AND ATTEND EVENTS AFFILIATED WITH THE HAWAII FFA (FUTURE
FINANCIAL MEANS TO SEEK EDUCATIONAL OPPORTUNITIES, ENROLL IN CURRICULUMS, AND ATTEND EVENTS AFFILIATED WITH THE HAWAII FFA (FUTURE FARMER OF AMERICA) LOCALLY AND WITH THE NATIONAL FFA ACROSS THE USA.
FINANCIAL MEANS TO SEEK EDUCATIONAL OPPORTUNITIES, ENROLL IN CURRICULUMS, AND ATTEND EVENTS AFFILIATED WITH THE HAWAII FFA (FUTURE FARMER OF AMERICA) LOCALLY AND WITH THE NATIONAL FFA ACROSS THE USA. THE ORGANIZATION WILL ALSO DEVELOP AND OPERATE LOCAL EVENTS DESIGNED TO
FINANCIAL MEANS TO SEEK EDUCATIONAL OPPORTUNITIES, ENROLL IN CURRICULUMS, AND ATTEND EVENTS AFFILIATED WITH THE HAWAII FFA (FUTURE FARMER OF AMERICA) LOCALLY AND WITH THE NATIONAL FFA ACROSS THE USA. THE ORGANIZATION WILL ALSO DEVELOP AND OPERATE LOCAL EVENTS DESIGNED TO ENCOURAGE LOCAL, YOUNG PEOPLE TO PURSUE A FARMING CAREER IN HAWAII.
FINANCIAL MEANS TO SEEK EDUCATIONAL OPPORTUNITIES, ENROLL IN CURRICULUMS, AND ATTEND EVENTS AFFILIATED WITH THE HAWAII FFA (FUTURE FARMER OF AMERICA) LOCALLY AND WITH THE NATIONAL FFA ACROSS THE USA. THE ORGANIZATION WILL ALSO DEVELOP AND OPERATE LOCAL EVENTS DESIGNED TO ENCOURAGE LOCAL, YOUNG PEOPLE TO PURSUE A FARMING CAREER IN HAWAII. FUNDAMENTALLY, THE ORGANIZATION SEEKS TO SPREAD ALOHA (LOVE AND

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

UNDERPRIVILEGED YOUTH ATTEND STUDENT EVENTS, SUCH AS BY PROVIDING

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

Schedule O (Form 990 or 990-EZ) 2020

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