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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $100,000 and total assets less than $250,000 at the end of the year may use this form

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

OMB No 1545-1150

2007

Open to Public Inspection

A **For the 2007 calendar year, or tax year beginning** **and ending**

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Future Farmers of America and Its State Associations and Local Chapter

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO Box 355

City, town, or country State ZIP + 4
Racine OH 45771

D Employer identification number
01-0835338

E Telephone number
(740) 949-2450

F Group Exemption Number ▶

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

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ▶

I **Website:** ▶

J **Organization type** (check only one)— ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ▶ ☒ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $100,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 13,278

SCANNED JUL 28 2010

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 55 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	1,405
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	390
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory 5a		
	b	Less: cost or other basis and sales expenses 5b		
	c	Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (attach schedule)	5c	0
	6	Special events and activities (attach schedule). If any amount is from **gaming**, check here ▶ ☐		
	a	Gross revenue (not including $ _____ of contributions reported on line 1) 6a 11,483		
	b	Less: direct expenses other than fundraising expenses 6b		
	c	Net income or (loss) from special events and activities. Subtract line 6b from line 6a	6c	11,483
	7a	Gross sales of inventory, less returns and allowances 7a		
	b	Less: cost of goods sold 7b		
	c	Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a	7c	0
	8	Other revenue (describe ▶)	8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	13,278
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	464
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ See attached statement)	16	14,791
	17	**Total expenses.** Add lines 10 through 16 ▶	17	15,255
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 9	18	-1,977
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	*Net assets or fund balances at end of year. Combine lines 18 through 20* ▶	21	-1,977

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

(See page 60 of the instructions.)	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments		22	-1,977
23 Land and buildings		23	
24 Other assets (describe ▶)		24	
25 **Total assets**	0	25	-1,977
26 **Total liabilities** (describe ▶)		26	
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	0	27	-1,977

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

(HTA)

Form **990-EZ** (2007)

P 9

Part III Statement of Program Service Accomplishments (See page 60 of the instructions.)

What is the organization's primary exempt purpose? Farming activities for students

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

		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)
28	(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a	
29	(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a	
30	(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a	
31	Other program services (attach schedule) (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐ 31a	0
32	**Total program service expenses.** Add lines 28a through 31a ▶ 32	0

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 61 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Name Leanna Beegle Str Box 355 City Racine ST OH ZIP 45771	Title President Hr/WK .00	0		
Name Ruth McKelvy Str Box 355 City Racine ST OH ZIP 45771	Title V President Hr/WK .00	0		
Name Debbie Morarity Str SR 124 City Racine ST OH ZIP 45771	Title Sec-Treas Hr/WK .00	0		
Name Str City ST ZIP	Title Hr/WK .00	0		

Part V Other Information (Note the statement requirement in General Instruction V.)

			Yes	No
33	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35	*If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but* ***not*** *reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.*			
a	Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved 38b			
39	*501(c)(7) organizations* Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			

Part V **Other Information** (Note the statement requirement in General Instruction V.) *(Continued)*

			Yes	No
40 a	*501(c)(3) organizations.* Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____			
b	*501(c)(3) and (4) organizations* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation	40b		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	*All organizations*. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	40e		

41 List the states with which a copy of this return is filed. ▶ OH

42 a The books are in care of ▶ Name Debbie Morarity Telephone no. ▶ (740) 949-2450

Located at ▶ St Route 124 City Racine ST OHIO ZIP + 4 ▶ 45771

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1.**	42b		X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ _____	42c		X

43 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of* ***Form 1041*** —Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A

Please Sign Here

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

Signature of officer Debbie L. Morarity Date 6-2-10

Type or print name and title Debbie L. MORARITY TREASURER

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed	Preparer's SSN or PTIN (See Gen Inst X)
	6/2/2010	▶ X	287-54-3505

Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Phone no
Smith and Associates Accounting PO Box 289, Pomeroy, OH 45769	▶ 31-1259055	▶ (740) 992-5995

Line 16 (990-EZ) - Other Expenses

14,791

1	Travel, Meals and Entertainment		
	a Travel	1a	
	b Total meals and entertainment	1b	200
2	Fundraising	2	869
3	From Form 4562 - Amortization	3	
4	Conferences, conventions, and meetings	4	
5	Depreciation, depletion, etc.	5	
6	Equipment rental and maintenance	6	940
7	Interest	7	
8	Supplies	8	3,078
9	Telephone	9	
10	Unrelated business income taxes	10	
11	Outside Services	11	150
12	Advertising	12	744
13	Contributions	13	1,000
14	Dues and Subscriptions	14	390
15	Fundrasing Expenses	15	5,904
16	Insurance	16	880
17	Licenses and Fees	17	30
18	Postage	18	13
19	Training Classes	19	593
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	

Line 41 (990-EZ) - States with Which a Copy of this Return is Filed

	Armed Forces the Americas		Louisiana		Palau
	Armed Forces Europe		Massachusetts		Rhode Island
	Alaska		Maryland		South Carolina
	Alabama		Maine		South Dakota
	Armed Forces Pacific		Marshall Islands		Tennessee
	Arkansas		Michigan		Texas
	American Samoa		Minnesota		Utah
	Arizona		Missouri		Virginia
	California		Commonwealth of the Northern Mariana Islands		U.S. Virgin Islands
	Colorado		Mississippi		Vermont
	Connecticut		Montana		Washington
	District of Columbia		North Carolina		Wisconsin
	Delaware		North Dakota		West Virginia
	Florida		Nebraska		Wyoming
	Federated States of Micronesia		New Hampshire		
	Georgia		New Jersey		
	Guam		New Mexico		
	Hawaii		Nevada		
	Iowa		New York		
	Idaho	X	Ohio		
	Illinois		Oklahoma		
	Indiana		Oregon		
	Kansas		Pennsylvania		
	Kentucky		Puerto Rico		

M4 & SchedA