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Form **990-EZ**

DAA

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)

Sponsomg organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$5.00,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

OMB No. 1545-1150 2009

Open to Public inspection.

Department of the Treasury Internal Revenue Service

| A | For the | 2009 calend | ar year, | or tax year beginning | <u>09/01/09 and </u> | d ending 0 | <u>8/31/1</u> | .0 | | | | |
|------------|--------------------|---------------------------|----------------------|--------------------------------|---|--|----------------|---------------------------------|--|---|--|--|
| B | | applicable | Please use iRS | C Name of organization | | | | | D Em | ployer identification number | | |
| \dashv | Address Name ch | - | label or print or | Bellville F | FA Alumni | | | | 30 | 30-0550608 | | |
| | Initial ret | urn | type. | Number and street (or P.O | . box, if mail is not delivered | to street address |) | Room/suite | | ephone number | | |
| | Terminat | tion | See | P O Box 24 | • | | • | 11001100110 | | opnone namber | | |
| X | Amende | d return | Specific | City or town, state or count | ry and 7IP + 4 | | | _l. | F Gro | oup Exemption | | |
| 7 | | on pending | Instruc- tions. | Bellville | | TX 7741 | 8 | | | mber ▶ 0776 | | |
| | | | | zations and 4947(a)(1) n | | | _ | G Accountin | | | | |
| | 0 000 | | | npleted Schedule A (Fo | | usis must atta | ICH | | | X Cash Accrual | | |
| | Websit | te: N/ | | inpicada denedado A (1 o | 1111 330 Ot 330-LZ). | | | Other (specify) | | | | |
| J | | mpt status (ch | | e) — X 501(c) (| 3) ◀ (insert no.) | 4947(a)(1) or | 527 | H Check ► required to 990-EZ, o | r tn (בא) attach Sc (1990-PF) | e organization is not hedule B (Form 990, | | |
| K | Check | > | | ganization is not a sectior | | | | ceipts are norma | ally not m | | | |
| | | | | turn is not required, but if | | | | | return | | | |
| <u>L</u> | | | | to determine gross receipts; | | | | | ▶ : | <u> </u> | | |
| F | art ! | Reven | iue, Ex | penses, and Chan | ges in Net Assets | or Fund Ba | lances (S | See the instr | uctions | for Part I.) | | |
| | 1 | | | nts, and similar amounts recei | | | | | 1 | 6,136 | | |
| | 2 | Program ser | vice reve | enue including governme | nt fees and contracts | | ••• | | 2 | <u> </u> | | |
| | 3 | | | d coccoments | | See | State | ement 1 | 3 | 1,045 | | |
| | 4 | Investment i | | | | | | | . 4 | 617 | | |
| 2011 | 5a | Gross amou | nt from s | sale of assets other than i | nventory | 1 | 5a | | | | | |
| 6 | [†] b | | | asis and sales expenses | • | – | 5b | | - | | | |
| 7- | d c | | | of assets other than inventor | v (Subtract line 5b from line ! | _ 5a) | | | 5c | 1 | | |
| Revenue | ተ 6 | | | rities (complete applicable pa | · · | • • • • | nina, check ho | ere D | | 1 | | |
| Tie | a | | | ncluding \$ | | _ | | | | | | |
| <u></u> | † | reported on | | | | 1 | 6a | 59,7 | 02 | | | |
| | b | • | | s other than fundraising e | | <u>-</u> | 6b | 27,2 | | | | |
| | c | | | from special events and a | • • | | 00 1 | 2/12 | | 32,464 | | |
| 4 | ₹ 7a | | | tory, less returns and allo | | ſ | · 1 | | 6c | 32,401 | | |
| • | ₹ b | Less: cost of | | • | walles | ·· ·· | 7a | | | | | |
| 9 | 4P | | - | • • • • • | | | 7b | | <u> - : : : : : : : : : : : : : : : : : : </u> | | | |
| ` | P | | | from sales of inventory (S | Subtract line 70 from line | /a) | | | . 7c | | | |
| | 8 | Other revenue | - | | 10 | · · · · · · · · · · · · · · · · · · · | | |) 8 | 40 262 | | |
| | 10 | Coasta and a | ue. Add | lines 1, 2, 3, 4, 5c, 6c, 7c, | , ano 6 | | | Charl 3 | 9 | 40,262 | | |
| | | | | mounts paid (attach schei | dule) | | | Stmt 2 | 10 | 28,565 | | |
| | 11 | Benefits paid | | | | | - O = 11 / | == | 11 | | | |
| 88 | 12 | | | ensation, and employee t | | RE RE | CEIV | ED. | 12 | | | |
| penses | 13 | | | d other payments to indep | pendent contractors | . | | S | 13 | <u> </u> | | |
| Exp | | | • | ities, and maintenance | | 18 <u>1</u> | N-1-8 | 2011 | 14 | ļ | | |
| ш | 15 | | | , postage, and shipping | | | | RS . | 15 | | | |
| | 16 | - | | cribe See Sta | atement 3 | | | <u> </u> |) 16 | 2,416 | | |
| | 17 | | | d lines 10 through 16 | | | SDEN. | UT | 17 | 30,981 | | |
| α | 18 | | | r the year (Subtract line 1 | | | | | 18 | 9,281 | | |
| set | 19 | , | | alances at beginning of ye | - | (A)) (must agre | ee with | | | | | |
| V | 1 . | - | - | ported on prior year's retu | | | | • • | 19 | 72,101 | | |
| Net Assets | 20 | | | assets or fund balances | • • | | | | 20 | | | |
| | 21 | | | alances at end of year. Co | | | <u></u> | | 21 | 81,382 | | |
| £ | art II | Balan | <u>ce She</u> | ets. If Total assets on li | | ,250,000 or mo | re, file Forn | n 990 instead of | Form 990 |)-EZ | | |
| | | | | (See the instructions fo | r Part II.) | | (A) | Beginning of yea | | (B) End of year | | |
| | | savings, and i | nvestme | nts | | | . | 72,1 | 01 22 | 81,382 | | |
| 23 | Land a | nd buildings _. | | | | | | | 23 | | | |
| 24 | Other a | assets (descri | be 🕨 | | · · · · · · · · · · · · · · · · · · · | | _) | | 24 | | | |
| 25 | Total a | ssets | | | | | | 72,1 | 01 25 | 81,382 | | |
| 26 | Total li | iabilities (des | cribe 🕨 | · | | | _) | | 0 26 | 0 | | |
| 27 | Net as: | sets or fund | <u>balance</u> | s (line 27 of column (B) n | nust agree with line 21) | | | 72,1 | 01 27 | 81,382 | | |
| Fo | r Privac | y Act and Pa | perwork | Reduction Act Notice, | see the separate instru | çtions. | | | <u>(1)</u> | Form 990-EZ (2009) | | |

| Form 990-EZ | (2009) Bellvi | lle FFA Alumni | 30 | -0550608 | | | | 1 - | Page 2 |
|---------------|---------------------------|--|--|-----------------------------|--|-----------------------|-------------|---------------------------|------------|
| Part III | Statement of Pr | ogram Service Accomplishments | | | l.) | | Ex | penses' | |
| What is the o | rganization's primary exe | empt purpose? | | | | (Re | equired f | for section | |
| See Stat | ement | | | | | 50 ⁴ | 1(c)(3) a | ind 501(c)(4) |) |
| Describe wha | t was achieved in carryir | ng out the organization's exempt purposes. In | a clear and concise | | | org | anizatio | ins and secti | on |
| manner, desc | ribe the services provide | ed, the number of persons benefited, or other | relevant information for | | | 494 | 47(a)(1) | trusts, optio | nal |
| each program | title | | | | | for | others) | | |
| 28 Provi | de scholarships a | nd financial support to Bellville | 1 | | | | | | |
| Futur | e Farmers of Amer: | ica. | | | | | | | |
| | | | | | والمسام | | | | |
| (Grants \$ | 28,5 | 65) If this amount includes foreign grants, of | check here | <u> </u> | | 28a | | 28, | <u>565</u> |
| 29 | | | | | | | | | |
| | | | | | | | | | |
| | | | | | ۲ | | | | |
| (Grants \$ | <u> </u> |) If this amount includes foreign grants, or | check here | <u></u> _ | LL | 29a | | | |
| 30 | | | | | | | | | |
| | | | | | | | | | |
| 10 | • |) If there are a short day for a second | alarah harra | _ | | | | | |
| (Grants \$ | |) If this amount includes foreign grants, or | cneck nere | | | 30a | | | |
| | gram services (attach so | | ahaali hasa | _ | | 04. | | | |
| (Grants § | |) If this amount includes foreign grants, o | check here | | L | 31a 32 | | 28, | 565 |
| Part IV | | s (add lines 28a through 31a) ectors, Trustees, and Key Employees. List e | each one even if not co | mnensated (See t | he in | | ne for P | | 303 |
| T dit iv | List of Officers, Diff | ectors, Trustees, and Key Employees. List | (b) Title and average | (c) Compensation | | Contribu | | (e) Expen | ıse |
| | (a) | Name and address | hours per week devoted to position | (If not paid, enter -0-) | | yee bene rred comp | fit plans & | account a other allowa | |
| Gary Ingl: | ich | Bellville | Director | enter -o- j | ueie | red comp | Chauch | Other allowa | iices |
| P O Box 7 | | TX 77418 | 31760001 | 0 | | | 0 | | 0 |
| Ron Eiler | • | Brenham | Director | • | | | | | <u>~</u> |
| | n Creek Road | TX 77833 | 1 2223000 | 0 | | | اه | | 0 |
| Dawn Comp | | Brenham | Director | | | | | | |
| P O Box 6 | | TX 77833 | 1 | o | | | ٥ | | 0 |
| | kermann Jr | Bellville | Director | | | | | | |
| 204 W Fis | her | TX 77418 | | o | | | 0 | | 0 |
| John Spie | | Industry | President | | | | | | |
| 13611 Thi | elemann Rd | TX 78944 |] | . 0 | | | 0 | | 0 |
| Mary C Ri | nn | Industry | Vice Preside | nt | | | | | |
| P 0 Box 1 | 46 | TX 78944 | | | <u> </u> | | o | | 0 |
| Francis K | rebs | Industry | Secretary | | | | | | |
| P O Box 3 | 13 | TX 78944 | | 0 | 4 | | 0 | <u> </u> | 0 |
| Brandon L | uedke | Bellville | Teasurer | | | | | | |
| 702 Conco | rdia Dr A | TX 77418 | | 0 | Щ. | | 0 | | 0 |
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As Amended

| <u> </u> | it V Other information (Note the statement requirements in the instructions to | r Paπ V.) | | | , |
|----------|--|--------------|-------------|------|---------------|
| 22 | Did the ergopyration engage in any activity not provide the recorded to the IDC2 If "Vee " effects a detailed | | | Yes | No |
| 33 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed | | 1,2 | | x |
| 34 | description of each activity Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of | | 33 | | |
| 34 | the changes |)I | 34 | | x |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but r | of reported | 34 | | - |
| | on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T | at reported | | | |
| а | Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section | | | | Ī |
| | 6033(e) notice, reporting, and proxy tax requirements? | | 35a | | х |
| ь | If "Yes," has it filed a tax return on Form 990-T for this year? | | 35b | | |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets | | | | |
| | during the year? If "Yes," complete applicable parts of Schedule N | | 36 | | Х |
| 37a | | 7a | | | |
| b | Did the organization file Form 1120-POL for this year? | • | 37b | | х |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or w | ere | | | |
| | any such loans made in a prior year and still outstanding at the end of the period covered by this return? | | 38a | | х |
| b | and the second s | 8b | | | |
| 39 | Section 501(c)(7) organizations Enter | | | | |
| ~ a | | 9a | | | |
| b | Gross receipts, included on line 9, for public use of club facilities | 9b | | | |
| 40a | Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under | | | | |
| | section 4911 ▶, section 4912 ▶, section 4955 ▶ | | | | |
| b | Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess ber | nefit | | | |
| | transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified | | | | |
| | person in a prior year, and that the transaction has not been reported on any of the organization's prior | | | | ļ. |
| | Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | | 40b | | X |
| С | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on | | | | |
| | organization managers or disqualified persons during the year under sections 4912, | | | | |
| | 4955, and 4958 | · | _ | | |
| d | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c | | | | |
| | reimbursed by the organization | · | _ | | |
| 0 | All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter | | | | |
| | transaction? If "Yes," complete Form 8886-T | | 40e | L | X |
| 41 | List the states with which a copy of this return is filed None | | | | |
| 42a | The organization's books are in care of Brandon Luedke | Telephone no | | | |
| | 702 Concordia Dr A | | 7410 | | |
| _ | Located at ▶ Bellville, TX | | 7418 | | |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authori | ty | 1 | | |
| | over a financial account in a foreign country (such as a bank account, securities account, or other financial | | <u> </u> | Yes | No |
| | account)? | | 42b | | X |
| | If "Yes," enter the name of the foreign country | | - | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bar | K | | | |
| _ | and Financial Accounts. | | 4.5 | | . |
| С | At any time during the calendar year, did the organization maintain an office outside of the U.S.? | | 42c | | <u> </u> |
| 12 | If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here | | _ | | _ |
| 43 | - · · · · · · · · · · · · · · · · · · · | N 42 | | | |
| | and enter the amount of tax-exempt interest received or accrued during the tax year | ► <u>43</u> | | | |
| | | | ! | Yes | Na |
| 44 | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of | | [| 162 | No_ |
| | Form 990-EZ | | 44 | 1 | х |
| 45 | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? | if | | | - |
| | "Yes," Form 990 must be completed instead of Form 990-EZ | •- | 45 | | х |
| | The state of the s | | Form 99 | 0-EZ | |



Form **990-EZ** (2009)

74-2093848

979-865-5959

► X Yes

Preparer's Identifying Number (See instr.)

P00085872

Check if

employed > X

EIN

self-

01/07/11



77418-0026

Wehring Wealth Management

₹TX

PO Box 26

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

Bellville.

Paid

Preparer's

Use Only

Preparer's

signature

Firm's name (or yours

address and ZIP + 4

if self-employed).

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (d) 2008 (b) 2006 (c) 2007 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") 13,714 18,014 6,136 37,864 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 24,035 33,205 60,747 117,987 organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 37,749 51,219 66,883 155,851 Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Add lines 7a and 7b Public support (Subtract line 7c from line 6) 155,851 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 6 37,749 51,219 66,883 155,851 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 144 617 761 sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b 144 617 761 C 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) 37,749 67,500 156,612 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 15 99.51% Public support percentage from 2008 Schedule A, Part III, line 15 16 99.84% Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 19a 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

As Amended

Schedule A (Form 990 or 990-EZ) 2009 Bellville FFA Alumni

30-0550608

Page 4

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



SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding

Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

See separate instructions.

OMB No 1545-0047

Inspection

| Bellville FFA Alı | ımni | | | | 30-05506 | |
|---|------------------------|---|---------------------|-----------------------------------|---|---|
| Part i Fundraising Activities. Complete Form 990-EZ filers are not requir | e if the organizat | | | red "Yes" to Form | _ | |
| 1 Indicate whether the organization raised funds through | h any of the following | activities | Che | eck all that apply | | |
| a Mail solicitations | e Solicitation | n of non- | gove | rnment grants | | |
| b Internet and email solicitations | f Solicitation | n of gove | rnme | ent grants | | |
| c Phone solicitations | g 🔲 Special fu | ndraising | j evei | nts | | |
| d In-person solicitations | | | | | | |
| 2a Did the organization have a written or oral agreement or key employees listed in Form 990, Part VII) or entity | | | | | | Yes No |
| b If "Yes," list the ten highest paid individuals or entities to be compensated at least \$5,000 by the organization | | nt to agre | emer | nts under which the fur | ndraiser is | |
| (i) Name of individual or entity (fundraiser) | (II) Activity | (III) Did f raiser h custody control contributi | ave y or l of | (IV) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
| | | Yes | No | | | |
| | 1 | | | | | |
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| Total | ····· | - | • | • | | |
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List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Page 2

| F | art | | vents. Complete | if the orga | anization answered " 6a. List events with | Yes" to F | orm 990, Part IV | , line 18, o | or rep | orted | I |
|-----------------|-------|---|--|-----------------|--|-----------------|----------------------|--------------|--------------------------------|----------|-------------|
| | | more than \$10 | (a) Event # | | (b) Event #2 | gross rec | (c) Other events | 11 \$3,000. | <u></u> | | |
| o | | | Clay Shoot (event type) | | (event type) | <u>:</u> | None (total number) | | i) Total (id col (a col |) throug | gh . |
| Revenue | 1 2 | Gross receipts Less Charitable | | 59,702 | | | | | | 59, | 702 |
| _ | 3 | contributions Gross revenue (line 1 minus line 2) | | 59,702 | | - | | | | 59,' | 702 |
| | 4 | Cash prizes | | <u>.</u> | | | | | | | |
| | 5 | Noncash prizes | | 2,490 | | | | | | 2,4 | 490 |
| nses | 6 | Rent/facility costs | | | | | | | | | |
| Direct Expenses | 7 | Food and beverages | | 939 | | | · | | | | 939 |
| Direc | 8 | Entertainment | | | ··· | | | | | | |
| | 9 | Other direct expenses | | 23,809 | | | | | | 23, | 809 |
| | 10 | Direct expense summary | - | | | | | > | | 27,2 | 238 |
| P | art l | | plete if the organi | zation ans | owered "Yes" to Forn | n 990, Pa | rt IV, line 19, or r | eported n | | 32,4 | <u> 164</u> |
| | | than \$15,000 c | on Form 990-EZ, | line 6a. | (b) Pull tabs/instant | | - | (d) T | otal gam | nina (Ad | |
| Revenue | | | (a) Bingo | | bingo/progressive bing | jo | (c) Other gaming | | a) throug | | |
| <u>~</u> | 1_ | Gross revenue | | | | | | | | | |
| ses | 2 | Cash prizes | | | | | | | | | |
| Expenses | 3 | Noncash prizes | · | | | | | | | | |
| Direct | 4 | Rent/facility costs | | | | | | | | | |
| _ | 5 | Other direct expenses | —————————————————————————————————————— | | | | 1 | | | | |
| | 6 | Volunteer labor | X No | % | Yes X No | % [| Yes X No | % | | | |
| | 7 | Direct expense summary | Add lines 2 through 5 | in column (d) |) | | | • | | | |
| _ | 8 | Net gaming income summ | nary Combine line 1, o | column d, and | line 7 | | | • | | · | |
| 9 | | ter the state(s) in which the | | | | | | | П | Yes | No |
| a b | | he organization licensed to No," Explain | operate gaming activi | ities in each o | f these states? | | | | 9a | | Х |
| 10a b | | ere any of the organization' Yes," Explain | s gaming licenses revo | oked, suspend | ded or terminated during th | ne tax year? | | | 10a | | х |
| 11 | Do | es the organization operate | e gaming activities with | n nonmembers | s? | | | | 11 | | x |
| 12 | | he organization a grantor, med to administer charitab | · · | of a trust or a | member of a partnership o | or other entity | y | | 12 | | x |
| DAA | | | | 9/5- | Amended | | Schedule | G (Form 99 | | 0-EZ) | |

| Sche | dule G (Fo | rm 990 or 990-EZ) 2009 Bellville FFA Alumni | 30-055060 | 8 | Р | age 3 |
|------|-------------------|---|-----------|-----|-----|-------|
| | • | | | | Yes | No |
| 13 | Indicate t | ne percentage of gaming activity operated in | | | | |
| а | The organ | nization's facility | 13a % | _[| | |
| þ | An outsid | e facility | 13b % | _[| | |
| 14 | Provide th | ne name and address of the person who prepares the organization's gaming/special events books | | | | |
| | and recor | ds | | | | |
| | Name ► | Brandon Luedke | | | | |
| | | 702 Concordia Dr A | | | | |
| | Address > | Bellville | TX 77418 | | | |
| 15a | Does the revenue? | organization have a contract with a third party from whom the organization receives gaming | | 15a | | х |
| b | | nter the amount of gaming revenue received by the organization > \$ | and the | | | |
| | | f gaming revenue retained by the third party > \$ | | | | |
| С | | nter name and address of the third party | | | | |
| | Name ► | | | | | |
| | Address ► | | | | | |
| 16 | Gaming n | nanager information | | | | |
| | Name > | , | | | | |
| | Gaming r | nanager compensation > \$ | | + | | |
| | Description | on of services provided ▶ | | | | |
| | Direc | ctor/officer Employee Independent contractor | | | | |
| 17 | Mandator | y distributions | | | | |
| а | Is the org | anization required under state law to make charitable distributions from the gaming proceeds to | | | | |
| | retain the | state gaming license? | | 17a | | _X_ |
| b | Enter the | amount of distributions required under state law distributed to other exempt organizations or spent | | | | |
| | in the org | anization's own exempt activities during the tax year ▶ \$ | | | | |

Schedule G (Form 990 or 990-EZ) 2009



BE3521 Bellville FFA Alumni 30-0550608

FYE: 8/31/2010

Federal Statements

1/7/2011 3:59 PM

Amended Return Explanation

Description

Amended return to reflect their fiscal year instead of the calendar year.

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

DescriptionAmountMembership Dues\$ 1,045Total\$ 1,045



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BE3521 Bellville FFA Alumni 30-0550608 FYE: 8/31/2010

Federal Statements

| | State | Statement 2 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to <u>Organizations</u> | :Z, Part I, Line 10 - Gra <u>Órganizations</u> | Grants and Simila | ır Amounts Pai | d to | |
|-------------------------------------|-----------------|---|---|-------------------------|----------------|---------------------------|--------------------|
| Name and Address | and iss | | Class of Activity | | | | |
| Da | Date of Gift | Description of Property | Cash Contribution | Noncash Contribution | Book Value | Book Value Explanation | FMV Explanation |
| Bellville Future Farmers of America | rmers of | America | 393 86 | | | | |
| 850 Schumann Road | | | 000000 | | | | |
| Bellville, TX 77418 | | | | | | | |

28,565

Total



Federal Statements

1/7/2011 3:59 PM

FYE: 8/31/2010

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

| Description | Amount |
|---------------|-------------|
| Expenses | \$ |
| Accounting | 500 |
| Advertising | 741 |
| Meetings | 107 |
| Miscellaneous | 403 |
| Memorials | 140 |
| Office | 56 |
| Postage | 24 |
| Supplies | 445 |
| Total | \$ 2,416 |



BE3521 Bellville FFA Alumni 30-0550608

Federal Statements

1/7/2011 3:59 PM

FYE: 8/31/2010

Statement 4 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

Provide scholarships and financial support for Bellville Future Farmers of America.

