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Form **990-EZ**

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

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here reported on line 1) Less: direct expenses other than fundraising expenses 1 Note in the complete applicable parts of Schedule G). If any amount is from gaming, check here reported on line 1) Less: direct expenses other than fundraising expenses 1 Note in the complete applicable parts of Schedule G). If any amount is from gaming, check here reported on line 1) Less: direct expenses other than fundraising expenses 1 Note in the complete applicable parts of Schedule G). If any amount is from gaming, check here for some gaming, check here for gaming, check here for some gaming, check here for gaming	A			and endi	ing SEP	30, 20	010
Section 501(c)(3) organizations and 497(a)(1) nonexempt charable trusts must attach a completed School (1) (1) (2) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	В	applica	ble Please C Name of organization		D	Employer ide	ntification number
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Methods Social and schedule A Form 990 reg species Social and schedule A Form 990 reg species Form 99		Initia retu:	Number and street (or P.O. box, if mail is not delivered to street address)		oom/suite E		
BUCKHANDON WY 2 6201 ■ Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule 4 (from 990 or 990-22). Website: N/A H Check N/A		Tern		ŀ		304-4	72-2080
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Tax-teering status (check only one)	ī	Wehsi		_			organization is not
K Check ■ XJ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to the a return, be sure to file a complete return. Add lines 5b, 6b, and 7b, 10 ine 9 to determine gross receipts; if \$50,000 or mors, the Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1 Contributions, grits, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership diuss and assessments 4 Investment income 5 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5 Septiments of the sale of assets other than inventory (Subtract line 5b from line 6a) 6 Septiments (complete applicable parts of Schedule 6). If any amount is from gaming, check here □ 1 Less: cost or other bases other than fundraising expenses 1 Less: cost of goods sold 2 Office assets of the sale of a seed of the sale of a seed				527			
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For	m <u>990-EZ (2009) </u>	J FOUNDA	I MOITA	NC	<u> 5</u> 5-	<u>-07467</u>	49 Page 2
	Statement of Program Service Accomplishme						xpenses
Wh	at is the organization's primary exempt purpose? SEE STATEMENT					⊣	or section 501(c)(3)
	· · · · · · · · · · · · · · · · · · ·						4) organizations and
	scribe what was achieved in carrying out the organization's exempt pur				nbe	1	7(a)(1) trusts, optional
_	services provided, the number of persons benefited, and other relevan					for others)	
28	ORGANIZATION PROVIDED FFA STUDENTS	WITH FI	SES FOR	SUMMER A	<u>\G</u>		
	INSTITUTE						
	(Grants \$) If this amount includes foreign of	grants, check	here	<u> </u>		28a	9,177.
29	ORGANIZATION PROVIDED SUPPLIES FOR			OOM		1	
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30	PROVIDED MOBILE AGRICULTURE LABORAT					1 1	
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31	Other program services (attach schedule)	,					
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00		grants, check	<u>riere</u>		<u> </u>	1 1	64,157.
32	Total program service expenses (add lines 28a through 31a)					32	<u>04,13/.</u>
	List of Officers, Directors, Trustees, and Key E	mproyees	List each one ev	en if not compensated	_		
		(h) Title and a	waraga baura	(a) Companyation		ontributions	(e) Expense
	(a) Name and address		everage hours devoted to	(c) Compensation (If not paid, enter		employee efit plans &	account and
	(a) Hairio aira addisob		rtton	-0)	1	leferred	other allowances
		pos	100	v .,		pensation	
B 1	LL PARKER	BOARD N	VEMBED		1	<u> </u>	
		-1		^		^	_
	VALLEY STREET, ROMNEY, WV 26757	0.5		0.	+	0.	0.
_	ORGE LEATHERMAN, III	BOARD N		_	1	_	
_	BOX 22, OILFIELDS, WV 26845	0.5		0.	-	<u> </u>	0.
PF	IILIP L GREGG	BOARD N	MEMBER				
RI	R 2 BOX 250, MASONTOWN, WV 26542	0.5	50	0.		0.	0.
B	LL INGRAM	BOARD N	MEMBER		1		
	5 NEXT ROAD, SISTERSVILLE, WV 26175			0.	.1	0.	0.
	NZIL HUFF, 2343 SINKING CREEK	VICE PI	_		†		
	OAD, COXS MILL, WV 26342	0.5		0.		0.	0.
_			_		1		
	LPH BLAIR, 11671 HARRIS HWY,	BOARD N	_	_			
_	ELLEVILLE, WV 26133	0.5		0.	 	0.	0.
	RED GRAHAM	BOARD 1					
31	.2 MILL ROAD, HURRICANE, WV 25526	0.5	50	0.	<u> </u>	0.	0.
CF	IARLES WILFONG	PRESIDE	INT	_			
RF	1 BOX 77, DUNMORE, WV 24934	0.5	50	0.		0.	0.
	ELLEN BLAIR, 11671 HARRIS HWY,	BOARD N					1
	ELLEVILLE, WV 26133	0.5		0.		0.	0.
_		1			'		
	EVEN COREY LAMBERT	BOARD N				•	
	2 BOX 148, GRAFTON, WV 26354	0.5		0.	 	0.	0.
_	PEPHEN P BUTLER	SECRETA			1		
1	RED ROCK ROAD, BUCKHANNON, WV 26201	. 0.5	50	0.		0.	0.
J	OHN PITSENBARGER, 5051 WILDERNESS	EXECUT	IVE COM	MITTEE	1		
	GHWAY, NALLEN, WV 26880	0.5	50	0.	.	0.	0.
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.932	172	1	-		Ь		000 F7 (222
02-	172 08-10					Form	990-EZ (2009

	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33_		X
34	Were any changes made to the organizing or governing documents? 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, 6a, and 7a (among others), but not			
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,			ı
	and proxy tax requirements?	35a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	<u>A</u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			ı
	complete applicable parts of Sch. N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
	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 outstanding at the end of the period covered by this return?	38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved Section FO4(x)/3) assessment as Fo4x			
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9 Cross receives included as line 0, for sub-line was of slick facilities.			
40 a	44, 11			
4U 2	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ►			
U	year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction			
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers	400		Â
·	or disqualified persons during the year under sections 4912, 4955, and 4958			
đ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
•	organization • O •			
е	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		Х
41	List the states with which a copy of this return is filed. NONE			
42 a	The organization's books are in care of ▶ BRENDA SNYDER Telephone no. ▶ 304-47	2-2	080	
	Located at ►ONE RED ROCK ROAD, BUCKHANNON, WV ZIP+4 ► 2			
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		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c_		X
	If "Yes," enter the name of the foreign country:			_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			Ш
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			\	
		•	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
4-	Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be			لكبد
	completed instead of Form 990-EZ	45		X
		rorm 9	90-F7 (ZURJ41

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51. 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public No Yes office? If "Yes." complete Schedule C, Part I X 46 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47 X Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 48 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a X b If "Yes," was the related organization a section 527 organization? 49b Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None," (d) Contributions (b) Title and average hours (c) Compensation (e) Expense to employee (a) Name and address of each employee paid more per week devoted to account and benefit plans & than \$100,000 position other allowances deferred NONE compensation f Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." NONE (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation d Total number of other independent contractors each receiving over \$100,000 scetum, including accompanying schedules and statements, and to the best of my knowledge and be ficer) is based on all information of which preparer has any knowledge Sign Here Administrator Secretary Paid Preparer's signature Check if self-Preparer's identifying number (See instr.) Preparer's nemployed -Use Only EIN ▶ Firm's name (or yours P.O. BOX 908 rf self-employed), Phone ▶

(304)624-5471 ► X Yes ____N

Form 990-EZ (2009)

address, and ZIP + 4

BRIDGEPORT, WV 26330

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

SCHEDULE A (Form 990 or 990-EZ)

Internal Revenue Service

Department of the Treasury

Public Charity Status and Public Support

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

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

OMB No 1545-0047 2009

Name of the organization

Employer identification number

				<u>RGINIA FARM</u>						<u>5</u> 5	<u>5-0746</u>	<u>749</u>	
7		Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	t.) See inst	tructions.				
The	organi	zation is not a	a private foundation	because it is (For lines 1	through '	l1, check	only one b	ox.)					
1	\square	A church, co	nvention of churche	s, or association of churc	ches desc	nbed ın se	ction 170	(b)(1)(A)(i)	.				
2	\square			'0(b)(1)(A)(ii). (Attach Sc									
3	Ш			tal service organization o									
4	Ш	A medical res	search organization	operated in conjunction	with a hos	pıtal descı	nbed in se	ction 170	(b)(1)(A)(i ii	i). Enter ti	he hospital	s nam	e,
		city, and stat	:e:				_						
5		An organizati	on operated for the	benefit of a college or ur	niversity ov	vned or op	erated by	a governi	nental unit	t describe	ed in		
			(b)(1)(A)(iv). (Comple										
6	닏			ent or governmental und									
7	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	닏			ection 170(b)(1)(A)(vi).									_
9	Ш			eives: (1) more than 33 1							-		
				nctions - subject to certa							_		
				axable income (less sect	ion 511 ta	x) from bu	sinesses a	cquired b	y the orga	nızatıon a	fter June 3	0, 197	5.
			509(a)(2). (Complete		- 			=007.37					
10	님			perated exclusively to te						4 4 5		£	
11	ш			perated exclusively for that tions described in section					_)r
				organization and comple				.). See Se C	Jeuci nous	адој. Опе	CK IIIG DOX	ша	
		a Type I		7 <u>.</u>		e III - Func		earsted		d□	Type III - C)ther	
_	\Box	• •		t the organization is not			•	-	r more disc		• •		n
Ŭ		•	•	han one or more publicly		-	•	•		•			••
f			=	ten determination from t		_				(-)(-)		(-)(-)	
_		_	rganization, check th					7.					
g		Since August	t 17, 2006, has the o	rganization accepted an	y gift or co	ontribution	from any	of the follo	owing pers	ons?			
•		(i) A persor	n who directly or ind	rectly controls, either al	one or tog	ether with	persons o	lescnbed i	n (ii) and (i	ıi) below,		Yes	No
		the gove	eming body of the si	upported organization?							11g(i)		
		(ii) A family	member of a persor	n described in (i) above?			•				11g(ii)		
		(iii) A 35% d	controlled entity of a	person described in (i) o	or (ii) above	?	•				11g(iii)		
h		Provide the fo	oliowing information	about the supported org	ganızation(s).							
(i)	Name	of supported	(ii) EIN	(iii) Type of organization		rganızatıon			(vi) ls organizatio	on in col. H	(vii) Am	ount o	f
	orga	nızatıon		/decembed on lines 1.0	in col. (i) lis governing (organızat (i) of youi		(i) organizi U.S.	ed in the	sup	port	
				above of IRC section									
				(see instructions))	Yes	No	Yes	No	Yes	No			
			1		ļ				ļ				
				_									
					 	_		-					
											•		
									<u> </u>				

Schedule A (Form 990 or 990-EZ) 2009 WEST VIRGINIA FARM BUREAU FOUNDATION INC55-0746749 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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008(e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 15,954. 1,100. 65,640. 9,425. 10,128. 102,247. 2 Tax revenues levied for the organization'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 15,954. 1,100. 65,640. 9,425. 10,128. 102,247. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 43,996. 58,251. 6 Public support. Subtract line 5 from line Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 15,954. 1,100. 65,640 9,425 10,128. 102,247. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 227. 176. 231 11. 8. 653. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 102,900. 11 Total support. Add lines 7 through 10 131,743. 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 56.61 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 53.71 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and ightharpoons Xstop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Section A. Public Support	Organizations	bescribed in	<u> </u>	(Complete only	rif you checked the be	ox on line 9 of Part I				
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total				
1 Gifts, grants, contributions, and	(4) 2500	10,2000	(0) 2001	(0) 2000	(6) 2003	(I) TOTAL				
membership fees received. (Do not										
include any "unusual grants.")										
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose										
3 Gross receipts from activities that				_						
are not an unrelated trade or bus-										
iness under section 513			i							
4 Tax revenues levied for the organ-										
zation's benefit and either paid to or expended on its behalf										
5 The value of services or facilities furnished by a governmental unit to the organization without charge										
6 Total. Add lines 1 through 5		 		 	-					
7a Amounts included on lines 1, 2, and	,		·-							
3 received from disqualified persons	l l									
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year										
c Add lines 7a and 7b	-									
8 Public support (Subtract line 7c from Jine 6) Section B. Total Support		•								
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total				
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources										
b Unrelated business taxable income										
(less section 511 taxes) from businesses acquired after June 30, 1975	5									
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	3									
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)										
13 Total support (Add lines 9, 10c, 11, and 12)										
14 First five years. If the Form 990 is f	or the organization	's first, second. thir	d, fourth, or fifth ta	ax year as a section	on 501(c)(3) organiz	ation,				
check this box and stop here		,,	. , ,	,	(1),(1), 11, 21, 21, 11	▶ □				
Section C. Computation of Pub	lic Support Pe	ercentage								
15 Public support percentage for 2009			column (f))		15	94				
16 Public support percentage from 200			\$77		16	96				
Section D. Computation of Inve										
•	Investment income percentage from 2008 Schedule A, Part III, line 17									
19a 33 1/3% support tests - 2009. If th			on line 14, and line	e 15 is more than :						
more than 33 1/3%, check this box						▶ □				
b 33 1/3% support tests - 2008. If th	e organization did	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and				
line 18 is not more than 33 1/3%, ch		-	=		-	▶ <u> </u> _				
20 Private foundation. If the organizat	on did not check a	box on line 14, 19	a, or 19b, check th	his box and see in	structions					

FORM 990-EZ	OTHER	EXPENSES		STATEMENT	1
DESCRIPTION				AMOUNT	
TAXES					25.
MOBILE AG LAB SUPPLIES				4,4	
TRANSPORT OF AG LAB				14,3	
DEPRECIATION				15,4	
PROGRAM - WV SUMMER AGRICULTURAL				9,1	
PROGRAM - AGRICULTURE IN THE CLA	SSROOM	EXPENSES		1,5	
REPAIR OF MONIL AG LAB				3,3	
TEACHER CONTRACT WORK/EXPENSES REFUND ON SCHOOL DEPOSIT				15,8	35. 00.
TOTAL TO FORM 990-EZ, LINE 16				64,2	
TOTAL TO FORM 390 BZ, BINE TO					
FORM 990-EZ	OTHE	R ASSETS		STATEMENT	2
DESCRIPTION			BEG. OF YEAR	END OF YEA	AR
ACCOUNTS RECEIVABLE			1,600.	1,7	10.
OTHER DEPRECIABLE ASSETS			60,498.	45,0	
TOTAL TO FORM 990-EZ, LINE 24			62,098.	46,7	62.
FORM 990-EZ	OTHER	REVENUE		STATEMENT	3
DESCRIPTION				AMOUNT	
REIMBURSED SUPPLIES AND POSTAGE MISCELLANEOUS					99. 77.
TOTAL TO FORM 990-EZ, LINE 8				8	76.

FO:	RM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	STATEMEN	IT 4
A)	DIRECTLY OR	ANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL TRACT?	[] YES [X	() NO
B)		ANIZATION, DURING THE YEAR, PAY PREMIUMS, INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	. [] YES [X	X] NO

990-EZ PG 2

STATEMENT 5

SPONSOR AGRICULTURAL EDUCATION PROGRAMS FOR STUDENTS AND THE GENERAL PUBLIC.

2009 DEPRECIATION AND AMORTIZATION REPORT FORM 990-EZ PAGE 1

990-EZ

	2				15 5				
Current Year Deduction	15,446.								
Current Sec 179	(6)								
Accumulated Depreciation	16,733.								
Basis For Depreciation	77,231.								
Reduction In Basis	Ē								
Bus % Re Excl									
Unadjusted Cost Or Basis	77,231.	For SPA-3	ti-in extraps	terantist tab	de proportion	Specify the sec	ejskylene garzinek	(money)	Angeles and the second
ŠĘ.	17							· .	
Life	5.00 1								
Method		s accentific	grafie original Aug. 1888 g	gyrain aid gyd Gelly - Longid	977.4 j. 1976 W. M. M. 22	erien de Vice vo	salan jiras Dirita	Gergrei in ge Hall som 180	59 . + 57.
Date Acquired	100108ADS				A CONTRACTOR	e de la constante de la consta	20 20 20 20 20 20 20 20 20 20 20 20 20 2		
_	AND								
Description	AG LA YS								
Asset No	MOBILE 1 1DISPLAY								
<u>₹</u>									

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

928102 06-24-09