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# Form **99**(

Department of the Treasury

### **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)

OMB No 1545-0047

2010

Open to Public Inspection

Form **990** (2010)

Cat. No. 11282Y

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service For the 2010 calendar year, or tax year beginning 2010, and ending 20 C Name of organization we Future Farmers of America D Employer identification number Check if applicable 55 0649878 WFuture Farmors of America Address change Foundation In Number and street (or P.O. box if mail is not delivered to street address) Telephone number Room/suite Name change Capital Complex Bldg, 6 243 304-558-2347 Initial return City or town, state or country, and ZIP + 4 Terminated Charleston, 25305 G Gross receipts \$ Amended return Name and address of principal officer. William C. West , President H(a) Is this a group return for affiliates? Yes No Application pending 210 West Street Ripley, WV 25271 H(b) Are all affiliates included? Yes No. If "No," attach a list (see instructions) 501(c)(3) 501(c) ( ) ◀ (insert no ) 4947(a)(1) or 527 Tax-exempt status: Website: ▶ H(c) Group exemption number ▶ Form of organization. 

Corporation 

Trust 

Association 

Other ▶ 1984 M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities: Provide support of West Virginias Agricultural Education | Future Formers of America program through Various scholarships and award programs made available to all enrollees at the Activities & Governance Secondary and undergraduate level. Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . . . 15 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) . . . . 6 Ō 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T. line 34 **Current Year** Contributions and grants (Part VIII, line 1h) . 60957.09 50042.00 9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 14560.00 Other revenue (Part VIII, column (A), lines 5, 60, 80, 90, 10c, and 11e) . . . . Total revenue—add lines 8 through 11 (most equal Part VIII, column (A), line 12) 11 0 D 62355.87 12 75517.09 Grants and similar amounts paid (Part IX, column (A), lines (1-3). 13 0 0 14 0 0 15 0 Professional fundraising fees (Part IX, column:(A), line 110) 16a 0 0 Total fundraising expenses (Part IX, column முற், line 25) Other expenses (Part IX, column-(A), times 11a-11d, 11f-24f) . 54487,80 17 37117,31 54457,80 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 37/17.31 19 Revenue less expenses. Subtract line 18 from line 12 38398.78 7898.07 **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 492780.91 21 Total liabilities (Part X, line 26) . 22 Net assets or fund balances. Subtract line 21 from line 20 492 780.91 Part II 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. Donal Sign Signature of officer Here Donald Type or print name and title Print/Type preparer's name Date Preparer's signature **Paid** Check 🔲 if self-employed Preparer Firm's name Firm's EIN ▶ **Use Only** Phone no May the IRS discuss this return with the preparer shown above? (see instructions) Yes 🗌 No

For Paperwork Reduction Act Notice, see the separate instructions.

Part I	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	Provide support for West Virginia's Agricultural Education / Future Formers
	of America program through various scholarships and awards programs
	Provide support for West Virginia's Agricultural Education / Future Formers of America program through various subclarships and awards programs made available to all enrolless at the secondary and undergraduate level.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 29,477.13 including grants of \$ 12,428.00 ) (Revenue \$ 29,477.13 )  Interest on CDs, individual contributions and a grant provided by  our foundation with the funds to provide 429,477.13 to FFA member:
	for Scholarships and awards.
4b	(Code: ) (Expenses \$ /1,036.00 including grants of \$ ) (Revenue \$ /1,136.00 )
	WC sponsored a FFA Foundation gotf tournament to generate
	elollars to provide additional scholarships and awards, as well
	as to provide dollars to enhance leadership development
	opportunities for FFA members. We generated # 11,136 in revenue
	and expended a total of #11,036, with #100 remaining in our queval scholarship tund. The #11,036 in expenditures included
	294174.14 for tournament Costs and 6861.86 to WV FFA and
	Mountaineer Collegiate FFA for scholaships and awards, etc.
4c	(Code: \(\( \)\( \)\( \)\( \)\( \)\( \)\( \)\
40	(Code: ) (Expenses \$ 11 779.91 including grants of \$ ) (Revenue \$ 4172.00)  We expended funds in the amount of \$ 11,779.91 to finance  a FFA Fistaware project to generate additional funds for  Scholarships and awards. Revenue generated on the project  during 2010 totaled \$4172.00.
	a HA Firstycome against to remounte additional funds for
	Scholarships and awards Revenue reversed on the project
	during 2010 totaled 44172.00.
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ 2/64,76 including grants of \$ ) (Revenue \$ )
40	Total program service eveneses & # 51/ 1/57 PO

Part IV	C	hecklist i	of Required Schedules	

			V	
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	Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		/
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		V
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<i>V</i>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	5		<b>✓</b>
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		V
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	7		V
Ü	complete Schedule D, Part III	8		V
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		V
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi- endowments? If "Yes," complete Schedule D, Part V			<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	10		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	44-		
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	11a		~
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			V
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	11c		<u>/</u>
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		ァ
	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		V
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		V
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		V
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	$\neg$	~
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		V
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		V
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		·
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 (see instructions)	17		V
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		<u> </u>
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			<u>'</u> ,/
20 a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19 20a		<u> </u>
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some			
	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		NA
		Form	n <b>990</b>	(2010)

Part I	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<b>V</b>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		V
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		<b>V</b>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		/
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		<i>V</i>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		V
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 Schedule L, Part I	25b		V
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		V
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<u>/</u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<b>V</b>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29		V
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		✓
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		/
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		·
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		·
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		
а	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			-,-
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		v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	37	✓	V

Form 99			Page	e <b>:</b>
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			_
		<del>- i</del> ,	res N	ᆜ
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a	$\Box$	-+-	_
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1 ]		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	reportable gaming (gambling) winnings to prize winners?	1c	N	1
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 2a 2	] ]		
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	N	
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			_
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in 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 financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	1	_
b	If "Yes," enter the name of the foreign country:	1 1		
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	1		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		A
C Fo	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	/^	16
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			,
b	organization solicit any contributions that were not tax deductible?	6a	<del></del>	_
-	gifts were not tax deductible?	6ь	N	14
7	Organizations that may receive deductible contributions under section 170(c).	00	- /"	<u> </u>
a	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	_ \	,
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	N	1
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	L	/
d	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	L	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		/
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N	1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	_		
•	organization, have excess business holdings at any time during the year?	8	//	A
9	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?		١,	
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9a   9b	1	
10	Section 501(c)(7) organizations. Enter:	90	N	Z
а	Initiation fees and capital contributions included on Part VIII, line 12	i		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b NA	1		
11	Section 501(c)(12) organizations. Enter:	1 [		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	,	/
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b   //A		— - <u> </u> - <u> </u> - <u> </u> -	_
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1	ļ	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		Vi
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			

14a Did the organization receive any payments for indoor tanning services during the tax year? . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14b

Part	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chang	elow, es in	and Sche	for a dule
	O. See instructions. Check if Schedule O contains a response to any question in this Part VI			
Secti	on A. Governing Body and Management			
4-			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a /5  Enter the number of voting members included in line 1a, above, who are independent . 1b /5	┨		
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 1b /5 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		İ
-	any other officer, director, trustee, or key employee?	2		~
3	Did the organization delegate control over management duties customarily performed by or under the direct	<u> </u>		
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		V
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		V
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		V
6	Does the organization have members or stockholders?	6		/
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		<b>'</b>
ь 8	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
10a	Does the organization have local chapters, branches, or affiliates?	40-	Yes	No
b	If "Yes," does the organization have written policies and procedures governing the activities of such	10a		~
_	chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		NA
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filling the form?	11a		V
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	110		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		NA
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	401		Π.
С		12b		NA
·	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done.	12c		NA
13	Does the organization have a written whistleblower policy?	13		NA
14	Does the organization have a written document retention and destruction policy?	14		NA
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?			
а	The organization's CEO, Executive Director, or top management official	15a		NA
b	Other officers or key employees of the organization	15b		NA
	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		NA
D	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
Cash	organization's exempt status with respect to such arrangements?	16b		NA
<b>Secti</b>	on C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3 for public inspection. Indicate how you make these available. Check all that apply.	)s onl	y) ava	ulable
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of and financial statements available to the public.	of inte	rest p	olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Donald L. Michael, 860 Bar Run Road, Ravenswood,			164.

	000	(201A)	
-01111	990	(2010)	

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor	any related	d orga	anız	atıo	n c	ompe	nsa	ited any curren	t officer, director	r, or trustee.
(A)	(B)			(0	<b>(</b> )			(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule	Individual tr	S Institutional trustee	Officer	a Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
	0)		88			ated				
(1) A LIST OF OFFICERS IS ATTACHED. ALL OF										-
15 ATTACHED. ALL OF (2) OUR OFFICERS AND BOARD ARE VOLUNTEERS						:				
BOARD ARE VOLUNTEERS (3) AND DO NOT RECEIVE COMPENSATION.										
(4)										
(5)										
(6)					-					
(7)										
(8)										-
(9)										
(10)										-
(11)					-					
(12)										
(13)										
(14)										
(15)										
(16)										

Part			Emplo	yee			Highe	est	T		(continu		
	(A)	(B)	Don:	iaa (-		C)			(D)	(E)		(F) Estimated	
	Name and title	Average hours per week (describe hours for related organizations in Schedule O)	Individual to or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportabli compensation related organization (W-2/1099-M	from ns	amour othe compens from to organiza and rela organiza	t of or sation he ation ated
(17)	A LIST OF OFFICERS IS ATTACHED, ALL OF OUR						:		0	0			
(18)	OFFICERS AND BOARD ARE VOLUNTEERS AND												
(19)	DO NOT RECEIVE COMPENSATION.												
(20)													
(21)												<u></u>	
(22)													
(23)									,				
(24)													
(25)													
(26)													
(27)													
(28)													
1b	Sub-total			•				<b>&gt;</b>					
C	Total from continuation sheets to Part	-		-									
	Total (add lines 1b and 1c)							<u>&gt;</u>	0	O			<u>o</u>
2	Total number of individuals (including but reportable compensation from the organi	: not limited zation ►	to th	ose	list	ed a	above	e) w	ho received me	ore than \$10	)0,000 II	n	
	ropertuals compensation from the engan	Lations	/V C	-	<u>-</u>				• • • • • • • • • • • • • • • • • • • •			TY	es No
3	Did the organization list any former of employee on line 1a? If "Yes," complete s	ficer, direc Schedule J	tor o	r tri JCh	uste indi	e, I	key e <i>ial</i>	mp	loyee, or high	est comper	nsated	3	NA
4	For any individual listed on line 1a, is the organization and related organizations	sum of re	portal	ole d	com	per	nsatio						1
5	Individual	r accrue co	 ompe	nsat	tion	 fror	n any	 un		ation or ind	 ıvıdual	4	NA
	for services rendered to the organization	? If "Yes," c	ompl	ete	Sch	edu	ıle J f	or s	such person	<u>.</u> .		5	NA
	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization.	compensat	ed ind	depe	end	ent	contr	act	ors that receive	ed more than	n \$100,0	000 of	
	(A) Name and business add	ress							(B) Description of s	ervices	C	(C) ompensati	on
	NOT APPLICABLE	F											···
	<del></del>												
		- 6 4		_									
2	Total number of independent contractor received more than \$100,000 in compens							o th	nose listed abo	ove) who			

Form 9	90 (2010	0)			_		Page 9
Part	VIII	Statement of Revenue					
T.				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
, grants mounts	1a b c	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c	15848.00				3121313, 31 314
Contributions, gifts, grants and other similar amounts	d e f	Related organizations 1d	12428.00				
ntributi d other	g		21766.00				
ခ မ	h	Total. Add lines 1a-1f	🕨	50042.00			
-67		В	usiness Code				
Program Service Revenue	2a b						
9	c			· · · · · · · · · · · · · · · · · · ·			
ervi	d						
E	e						·····
rogra	f	All other program service revenue .					
	9	Total. Add lines 2a–2f					<del> </del>
	3	Investment income (including dividend and other similar amounts)	▶	12313.87			
	4	Income from investment of tax-exempt bond	proceeds ►				
	5	Royalties	(ii) Personal				
	6a	Gross Rents					•
	ь	Less: rental expenses		l			
	С	Rental income or (loss)					
	d	Net rental income or (loss)	▶	-		-	-
	7a	Gross amount from sales of (i) Securities	(ii) Other				
	Ì	assets other than inventory					
	b	Less: cost or other basis and sales expenses .					
	С	Gain or (loss)					
	d	Net gain or (loss)	▶			···	
evenue	8a	Gross income from fundraising events (not including \$					
Other Reven	:	of contributions reported on line 1c). See Part IV, line 18 a					
₹	L	Less: direct expenses b					
		Net income or (loss) from fundraising every Gross income from gaming activities.	ents . ▶				
	ь	See Part IV, line 19 a  Less: direct expenses b					
	c	Net income or (loss) from gaming activities	es Þ	İ			
	-	Gross sales of inventory, less					
	b	returns and allowances a Less: cost of goods sold b					
	<u> </u>	Net income or (loss) from sales of inventor	ory 🕨				· ·
		Miscellaneous Revenue B	usiness Code				
	11a						
	Ь						
	С						
	d	All other revenue					
	l	Total. Add lines 11a-11d					
	12	Total revenue. See instructions	<u>.</u> ▶	62355.87			<u>-</u>

#### Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22		<u> </u>		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
а	Scholarships and awards	29,477.13	29,477.13		
b	GOIF tourney expenses lawards	11,036.00			11,036.00
C	Golf tourney expenses lawards Frestaware Project	11,779.91			11,779.91
d					
е					
f	All other expenses	2164.76	2164,76		
25	Total functional expenses. Add lines 1 through 24f	54,457,80	31,641.89		22,815.91
26	Joint costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

P	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
S	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	484862.84	2	492770.91
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	ь	Less: accumulated depreciation 10b	10.00	10c	10.00
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11	-	13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	484872.84	16	492780.91
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	<del></del>
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
	22	Payables to current and former officers, directors, trustees, key			
		employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
ses		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
Ĕ	27	Unrestricted net assets		27	
3at	28	Temporanly restricted net assets		28	
豆	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ► □ and complete lines 30 through 34.			
8	30	Capital stock or trust principal, or current funds	484872.84	30	492780.91
se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	
<u>f</u> et	33	Total net assets or fund balances	484872.84	33	492780.91
~	34	Total liabilities and net assets/fund balances	484872.84	34	492780.91
_					Form <b>990</b> (2010)

Page 12
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Part			_	<u> </u>		
	Check if Schedule O contains a response to any question in this Part XI	<u></u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	623	355.	87		
2	Total expenses (must equal Part IX, column (A), line 25)	549				
3	Revenue less expenses. Subtract line 2 from line 1					
4	· · · · · · · · · · · · · · · · · · ·					
5	Other changes in net assets or fund balances (explain in Schedule O)	4848				
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,					
	column (B))	492	770	0,91		
Part	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII		• • •			
			Yes	No		
1	Accounting method used to prepare the Form 990:					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.					
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		<b>-</b>		
b	Were the organization's financial statements audited by an independent accountant?	2b		1		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	_	NA		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:			i		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?	3a		NA		
ь	, , , , , , , , , , , , , , , , , , , ,					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		NA		
		Form	n <b>990</b>	(2010)		
				(2010		

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

**Public Charity Status and Public Support** 

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

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

OMB No 1545-0047
2010
Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Formers of America Foundation Inc.

ons. Inspection
Employer identification number

	WV	Future	Formers	of America 1	Found	lation	2 ,Inc	e.	55 0	649	878		
Pai	t I	Reason f	or Public Cha	rity Status (All orga	nization	s must c	omplete	this pa	rt.) See i	nstructio	ons.		
The o				tion because it is: (Fo							_		
1				hes, or association of			ed in <b>sec</b>	tion 170	(b)(1)(A)(i	).			
2	PA:	school desc	nbed in section	170(b)(1)(A)(ii). (Attac	h Sched	ule E.)							
3				spital service organiza									
4	_		earch organizatione, city, and state	on operated in conjunct: e:	ction with	n a hospit	al descnt	oed in <b>se</b>	ction 170	D(b)(1)(A)	(iii). Enter	the	
5	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.)												
6 7		<ul> <li>☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>☐ 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.)</li> </ul>											
8	□ A	community t	trust described in	n section 170(b)(1)(A)	)(vi). (Cor	nplete Pa	urt II.)						
9	□ Ar red su	n organization ceipts from ipport from	on that normally activities related gross investme	receives: (1) more that to its exempt funct nt income and unrel fter June 30, 1975. Se	an 331/3% ions—sul lated bus	6 of its su bject to d siness ta	upport fro certain ex xable inc	ceptions ome (les	s, and (2) ss sectio	no more	e than 331	/3% o	f its
10	☐ Ar	n organizatio	n organized and	operated exclusively	to test fo	or public s	safety. Se	e sectio	n 509(a)(	4).			
11	=												
	а	☐ Type	। ь □	Type II c	☐ Tvp	e III-Fun	ctionally i	ntegrate	d	d [	Type II	IIOth	er
е	<ul> <li>a ☐ Type I</li> <li>b ☐ Type III c ☐ Type III—Functionally integrated</li> <li>d ☐ Type III—Other</li> <li>e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).</li> </ul>												
f			ation received a	written determination		the IRS t	that it is	a Type	I, Type I	ll, or Typ	e III supp	orting	_
g		nce August llowing pers		ne organization accep	oted any	gift or co	ontributio	n from a	ny of the	•			ш.
				ndirectly controls, eitl	her alone	or toget	her with	nersons	describe	d in (iı) aı	ad F	Yes	No
	(1)			ody of the supported of								103	
	/ii\			on described in (i) abo	_						1.3(7)	-	
		-	•	a person described in							11g(ii)	-	
h			•	-							11g(iii)		
h Provide the following information about the supporter  (i) Name of supported organization (described on lines 1–9 above or IRC section (see instructions))		(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support					
			,	(000	Yes	No	Yes	No	Yes	No			
(A)												-	
(B)				-,									
(C)													
(D)			,										
(E)		<del></del>											
	<del></del>				<b></b>	ļ			<b> </b>	1	ļ	_	

Total

Part	(Complete only if you checked th						
<del></del>	Part III. If the organization fails to						
	on A. Public Support dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(4) 2000	(2) 2001	(0, 2000	(3) 2003	(0) 2010	(i) Total
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		ļ				<del>                                     </del>
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)						
6	Public support. Subtract line 5 from line 4.		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
	on B. Total Support dar year (or fiscal year beginning in) ▶	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	(4) 2000	(5) 2007	(0) 2000	(4) 2003	(6) 2010	(i) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.  First five years. If the Form 990 is for the					12 rear as a section	on 501(c)(3)
	organization, check this box and stop her			<u> </u>	<u></u>		<b>▶</b> 🗀
	on C. Computation of Public Suppor		<del> </del>	<del>-, ,, ,, , , ,</del>		r r	
14	Public support percentage for 2010 (line 6					14	<u>%</u> %
15 16a	Public support percentage from 2009 Sch 331/3% support test—2010. If the organization qual	zation did not	check the box	on line 13, an	d line 14 is 33°		check this
b	331/3% support test—2009. If the organicheck this box and stop here. The organi					e 15 is 33 <sup>1</sup> /3%	
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "fa organization	ets the "facts- acts-and-circ	-and-circumsta umstances" te	ances" test, ch st. The organiz	eck this box a zation qualifies	nd stop here.	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizat Explain in Part IV how the organization m supported organization	ion meets the eets the	e "facts-and-c ts-and-circums	ircumstances" stances" test. 1	' test, check t The organization	his box and so on qualifies as	a, and line top here. a publicly
18	Private foundation. If the organization die						_

### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secu	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, 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 business under section 513						
4	Tax revenues levied for the						
	organization'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 .			_			
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			:			
	line 6.)						
	on B. Total Support	( ) 0000	0.1.222				
	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(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						
_	·						
							<del></del>
11	Net income from unrelated business activities not included in line 10b, whether						
	or not the business is regularly carned on						
12	Other income. Do not include gain or						
12	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 for th	e organization	's first, secon	d. third. fourth	or fifth tax ve	ear as a sectio	n 501(c)(3)
	organization, check this box and stop her				-		
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2010 (line 8			3, column (f))		15	%
16	Public support percentage from 2009 Sch					16	%
Secti	on D. Computation of Investment Inc					······································	
17	Investment income percentage for 2010 (I	ine 10c, colum	nn (f) divided b	y line 13, colur	nn (f))	17	%
18	Investment income percentage from 2009					18	%
19a	331/3% support tests-2010. If the organi	zation did not	check the box	c on line 14, a	nd line 15 is m		6, and line
	17 is not more than 331/3%, check this box a	and stop here.	The organization	on qualifies as	a publicly supp	orted organizati	on . ▶ 🛚
b	331/a% support tests-2009. If the organiz						31/3%, and
	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization did	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions 🕨 🗍

Part IV	(Form 990 or 990-EZ) 2010  Supplemental Information. Complete this part to provide the explanations required by Part II, line 10;  Part II, line 17, or 17b; and Part III, line 12. Also complete this part for any additional information. (See							
	Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).							
••••••								
		<b>-</b>						
		·						
		<b></b>						

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

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 2010

Department of the Treasury Internal Revenue Service Name of the organization 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

Open to Public Inspection

Employer identification number

III, 4D - Other program service expenses in ount of \$\frac{4}{2164.76}\$ included:  Flowers for a donor's funeval - \$\frac{6}{79.50}\$  Reimbursement for a FFA Career Development Event  Expense for a WV FFA Foundation exhibit at State  (1) Donation to WV FFA for awards - \$\frac{8}{1615.26}\$  II, Line 11 - Form 990 is reviewed by the Formalism of the following submitted and is available to the state of the s	- * 70.00 Fair - * 400.00
Flowers for a donor's funeval - \$79.50  Reimbursement for a FFA Career Development Event  Expense for a WV FFA Foundation exhibit at State  Donation to WV FFA for awards - \$1615.26  TI, Line 11 - Form 990 is reviewed by the Formation prior to being submitted and is available.	- * 70.00 Fair - * 400.00
Flowers for a donor's funeval - \$79.50  Reimbursement for a FFA Career Development Event  Expense for a WV FFA Foundation exhibit at State  Donation to WV FFA for awards - \$1615.26  TI, Line 11 - Form 990 is reviewed by the Formation prior to being submitted and is available.	- * 70.00 Fair - * 400.00
Flowers for a donor's funeval - \$79,50  Reimbursement for a FFA Career Development Event  Expense for a WV FFA Foundation exhibit at Stafe  Donation to WV FFA for awards - \$1615.26  TI, Line 11 - Form 990 is reviewed by the Formairmen prior to being submitted and is available.	Fair - \$ 400.00
Reimbursement for a FFA Career Development Event  Depense for a WV FFA Foundation exhibit at State  Denation to WV FFA for awards - \$1615.26  TI, Line 11 - Form 990 is reviewed by the Forman prior to being submitted and is available.	Fair - \$ 400.00
Denation to WV FFA Foundation exhibit at State  (1) Donation to WV FFA for awards - * 1615.26  TI, Line 11 - Form 990 is reviewed by the Forman prior to being submitted and is available.	Fair - \$ 400.00
VI Line 11 - Form 990 is reviewed by the Forman prior to being submitted and is ava	
airman prior to being submitted and is ava	undation
airman prior to being submitted and is ava	
•	ilable for
view by all members of the Executive Committee	
Soverning Body,	
•	
II - Line 19 - All of our governing documents	, financial
itatements, etc. are available to the public u	
	·
	·····
	<del></del>
<del></del>	<del></del>
·····	

WV Future Farmers of America Foundation, Inc. 550649878

# FINANCIAL STATEMENT WEST VIRGINIA FFA FOUNDATION, INC. December 31, 2010

## **Checking Account - City National Bank**

Checking Account Balance (December 31, 2009)							
Deposits (January 1, 2010 - December 31, 2010)							
Interest Earned (January 1, 2010 - December 31, 2010)							
Interest Earned (January 1, 2010 - December 31, 2010)							
Disbursements (January 1, 2010 -	· · · · · · · · · · · · · · · · · · ·						
(1051) January 2, 2010	Jennifer Kile (Scholarship)						
(1052) January 2, 2010	Sammantha Britton (Scholarship) 750.00						
(1053) January 2, 2010	Angela Fisher (Scholarship)						
(1054) January 21, 2010	Don Michael (Reim - June Renick flowers) 79.50						
(1055) January 23, 2010	Sammantha Britton (Ag Ed Scholarship) 500.00						
(1056) January 23, 2010	Kayla Lemley (Ag Ed Scholarship) 500.00						
(1057) February 16, 2010	WV FFA (Golf Tourney Donation) 1,615.26						
(1058) April 26, 2010	Curtis Wimer (Fiesta Refund) 50.00						
(1061) May 24, 2010	Homer Laughlin China Co. (Fiesta)						
(1062) July 8, 2010	WV FFA (Scholarships & Awards) 14,349.13						
(1063) July 6, 2010	WV FFA (Reim - Jefferson FFA CDE Check) 70.00						
(1064) July 26, 2010	Homer Laughlin China Co. (Fiesta)						
(1065) July 26, 2010	Preston Country Club (Golf Tourney)						
(1066) July 26, 2010	Prime Thyme Restaurant (Golf Tourney)						
(1067) Sept. 15, 2010	WV FFA (Golf Tourney Donation)						
(1068) Sept. 18, 2010	WV FFA (Grant for Awards & Scholarships) 12,428.00						
(1069) Sept. 18, 2010	Homer Laughlin China Co. (Fiesta)						
(1070) Sept. 18, 2010	Bayard L. Swecker (Foundation Exhibit)						
(1071) Sept. 18, 2010	Mountaineer Collegiate FFA (Golf T. Donation) 2,721.00						
(1072) Sept. 18, 2010	WV Farm Bureau (WVFB Golf Tourney)						
(1073) Sept. 30, 2010	Homer Laughlin China Co. (Fiesta)						
, , <u>,</u>							
SUBTOTAL\$ 54,457.80							
Checking Account Balance (December 31, 2010)							
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NV Future Farmers of America Foundation, Inc. 55 0649878



# WEST VIRGINIA FFA FOUNDATION BOARD OF DIRECTORS 2010-2011



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# WEST VIRGINIA ASSOCIATION OF AGRICULTURAL EDUCATORS



# (Agriculture Teacher Representatives on the FFA Foundation Board)

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