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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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2011 calendar year, or tax year beginning 01-01-2011, and ending 12-31-2011

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: FUTURE LEADERSHIP FOUNDATION. Number and street (or P O box, if mail is not delivered to street address) Room/suite: PO BOX 105225. City or town, state or country, and ZIP + 4: JEFFERSON CITY, MO 65110

D Employer identification number: 13-4212678. E Telephone number. F Group Exemption Number

G Accounting method: Cash, Accrual, Other (specify)

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

I Website: N/A

J Tax-Exempt status (check only one): 501(c)(3), 501(c), (insert no), 4947(a)(1), 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 55,510

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Table with 21 rows and 3 columns: Line number, Description, and Amount. Revenue section (lines 1-9) and Expenses section (lines 10-17) are detailed. Net Assets section (lines 18-21) shows ending balance of 21,360.

**Part II Balance Sheets**

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II )

|  | (A) Beginning of year | (B) End of year  |
|--|-----------------------|------------------|
| <b>22</b> Cash, savings, and investments . . . . .   | 21,382                | <b>22</b> 21,729 |
| <b>23</b> Land and buildings . . . . .   |                       | <b>23</b>        |
| <b>24</b> Other assets (describe in Schedule O) . . . . .  |                       | <b>24</b>        |
| <b>25 Total assets</b> . . . . .   | 21,382                | <b>25</b> 21,729 |
| <b>26 Total liabilities</b> (describe in Schedule O) . . . . .   | 437                   | <b>26</b> 369    |
| <b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . . | 20,945                | <b>27</b> 21,360 |

**Part III Statement of Program Service Accomplishments**

Check if the organization used Schedule O to respond to any question in this Part III

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

What is the organization's primary exempt purpose?

THE FUTURE LEADERSHIP FOUNDATION IS A MISSION BASED NON PROFIT FOUNDATION THAT FACILITATES THE DEVELOPMENT OF CHRISTIAN LEADERS IN EASTERN EUROPE AND AROUND THE WORLD THE FOUNDATION USES TEAMS OF SHORT TERM VOLUNTEERS TO MEET THE EXPRESSED NEEDS OF EASTERN EUROPEAN CHURCHES

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

**28** See Additional Data Table

(Grants \$ ) If this amount includes foreign grants, check here  **28a**

**29**

(Grants \$ ) If this amount includes foreign grants, check here  **29a**

**30**

(Grants \$ ) If this amount includes foreign grants, check here  **30a**

**31** Other program services (describe in Schedule O) . . . . .

(Grants \$ ) If this amount includes foreign grants, check here  **31a**

**32 Total program service expenses** (add lines 28a through 31a) . . . . . **32** 39,070

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

Check if the organization used Schedule O to respond to any question in this Part IV

| (a) Name and address      | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-.) | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---------------------------|--|--|---|--|
| See Additional Data Table |  |  |   |  |
|                           |  |  |   |  |
|                           |  |  |   |  |
|                           |  |  |   |  |

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2011) questions 33-45b regarding significant activities, changes, income, and tax shelter transactions.

**Yes** **No**

**46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

|           |                          |                          |
|-----------|--------------------------|--------------------------|
| <b>46</b> | <input type="checkbox"/> | <input type="checkbox"/> |
|           | <b>Yes</b>               | <b>No</b>                |

**Part VI 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 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

**Yes** **No**

**47** 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

|           |                          |                          |
|-----------|--------------------------|--------------------------|
| <b>47</b> | <input type="checkbox"/> | <input type="checkbox"/> |
|           | <b>Yes</b>               | <b>No</b>                |

**48** Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

|           |                          |                          |
|-----------|--------------------------|--------------------------|
| <b>48</b> | <input type="checkbox"/> | <input type="checkbox"/> |
|           | <b>Yes</b>               | <b>No</b>                |

**49a** Did the organization make any transfers to an exempt non-charitable related organization?

|            |                          |                          |
|------------|--------------------------|--------------------------|
| <b>49a</b> | <input type="checkbox"/> | <input type="checkbox"/> |
|            | <b>Yes</b>               | <b>No</b>                |

**b** If "Yes," was the related organization a section 527 organization?

|            |                          |                          |
|------------|--------------------------|--------------------------|
| <b>49b</b> | <input type="checkbox"/> | <input type="checkbox"/> |
|            | <b>Yes</b>               | <b>No</b>                |

**50** 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 "

| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| NONE   |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |

**f** Total number of other employees paid over \$100,000 ▶ \_\_\_\_\_

**51** 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 "

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE   |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |

**d** Total number of other independent contractors each receiving over \$100,000 ▶ \_\_\_\_\_

**52** Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A  **Yes**  **No**

**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.**

|                                 |  |                    |   |  |       |
|---------------------------------|--|--------------------|---|--|-------|
| <b>Sign Here</b>                | *****<br>Signature of officer  | 2012-05-10<br>Date |   |  |       |
|                                 | ROGER HATFIELD EXECUTIVE DIRECTOR<br>Type or print name and title  |                    |   |  |       |
| <b>Paid Preparer's Use Only</b> | Preparer's signature ▶ JAMIE SEAVER  | Date<br>2012-05-15 | Check if self-employed ▶ <input type="checkbox"/> | Preparer's taxpayer identification number (See instructions) |       |
|                                 | Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ SEAVER & FORCK CPAS<br>1620 SOUTHRIDGE STE A<br>JEFFERSON CITY, MO 651094005 |                    |   |  | EIN ▶ |
|                                 |  |                    |   | Phone no ▶ (573) 636-5507                                    |       |

May the IRS discuss this return with the preparer shown above? See instructions  **Yes**  **No**

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

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.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
FUTURE LEADERSHIP FOUNDATION

Employer identification number

13-4212678

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1  A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
  
- 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  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  
 a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- 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)
- f  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?  
 (ii) a family member of a person described in (i) above?  
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

|                 | Yes | No |
|-----------------|-----|----|
| <b>11g(i)</b>   |     |    |
| <b>11g(ii)</b>  |     |    |
| <b>11g(iii)</b> |     |    |

| (i)<br>Name of supported organization | (ii)<br>EIN | (iii)<br>Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv)<br>Is the organization in col (i) listed in your governing document? |    | (v)<br>Did you notify the organization in col (i) of your support? |    | (vi)<br>Is the organization in col (i) organized in the U S ? |    | (vii)<br>Amount of support? |
|---------------------------------------|-------------|---|---|----|--|----|---|----|-----------------------------|
|                                       |             |   | Yes   | No | Yes  | No | Yes   | No |                             |
|                                       |             |   |   |    |  |    |   |    |                             |
|                                       |             |   |   |    |  |    |   |    |                             |
|                                       |             |   |   |    |  |    |   |    |                             |
|                                       |             |   |   |    |  |    |   |    |                             |
| <b>Total</b>                          |             |   |   |    |  |    |   |    |                             |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)  | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")   |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3  |          |          |          |          |          |           |
| <b>5</b> 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) |          |          |          |          |          |           |
| <b>6 Public Support.</b> Subtract line 5 from line 4   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)   | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011  | (f) Total |
|---|----------|----------|----------|----------|-----------|-----------|
| <b>7</b> Amounts from line 4  |          |          |          |          |           |           |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources |          |          |          |          |           |           |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on                             |          |          |          |          |           |           |
| <b>10</b> Other income (Explain in Part IV.) Do not include gain or loss from the sale of capital assets                                |          |          |          |          |           |           |
| <b>11 Total support</b> (Add lines 7 through 10)  |          |          |          |          |           |           |
| <b>12</b> Gross receipts from related activities, etc (See instructions)  |          |          |          |          | <b>12</b> |           |

**13 First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

|  |           |  |
|--|-----------|--|
| <b>14</b> Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) | <b>14</b> |  |
| <b>15</b> Public Support Percentage for 2010 Schedule A, Part II, line 14                      | <b>15</b> |  |

**16a 33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2010.** If the organization did not check the 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—2011.** 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—2010.** 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

**Part III Support Schedule for Organizations Described in IRC 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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)   | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  | 75,890   | 28,799   | 44,568   | 89,175   | 39,500   | 277,932   |
| <b>2</b> 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 | 30,784   | 19,484   | 12,689   | 11,665   | 16,010   | 90,632    |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5   | 106,674  | 48,283   | 57,257   | 100,840  | 55,510   | 368,564   |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| <b>b</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           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b  |          |          |          |          |          |           |
| <b>8 Public Support</b> (Subtract line 7c from line 6 )   |          |          |          |          |          | 368,564   |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)  | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6   | 106,674  | 48,283   | 57,257   | 100,840  | 55,510   | 368,564   |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  |          | 74       | 27       | 40       |          | 141       |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975   |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b   |          | 74       | 27       | 40       |          | 141       |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  |          |          |          |          |          |           |
| <b>13 Total support</b> (Add lines 9, 10c, 11 and 12 )   | 106,674  | 48,357   | 57,284   | 100,880  | 55,510   | 368,705   |
| <b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|  |           |          |
|--|-----------|----------|
| <b>15</b> Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) | <b>15</b> | 99.960 % |
| <b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15                    | <b>16</b> |          |

**Section D. Computation of Investment Income Percentage**

|  |           |     |
|--|-----------|-----|
| <b>17</b> Investment income percentage for <b>2011</b> (line 10c column (f) divided by line 13 column (f)) | <b>17</b> | 0 % |
| <b>18</b> Investment income percentage from <b>2010</b> Schedule A, Part III, line 17                      | <b>18</b> |     |

**19a 33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests—2010.** 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

**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

|                                     |
|-------------------------------------|
| <b>Facts And Circumstances Test</b> |
|-------------------------------------|

|                    |
|--------------------|
| <b>Explanation</b> |
|--------------------|

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 13-4212678  
**Name:** FUTURE LEADERSHIP FOUNDATION














## Form 990-EZ, Special Condition Description:

|                                      |
|--------------------------------------|
| <b>Special Condition Description</b> |
|--------------------------------------|

## Form 990EZ, Part III - Statement of Program Service Accomplishments

| Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. | Expenses<br>(Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.) |        |
|---|--|--------|
| <b>28</b> BELARUS MINISTRY EXPENSES<br>(Grants \$ )                      If this amount includes foreign grants, check here . . . <input type="checkbox"/>  | <b>28a</b>   | 11,050 |
| <b>29</b> BELARUS PARTICIPANT TRAVEL COSTS<br>(Grants \$ )                      If this amount includes foreign grants, check here . . . <input type="checkbox"/>   | <b>29a</b>   | 14,019 |
| <b>30</b> UKRAINE MINISTRY EXPENSE<br>(Grants \$ )                      If this amount includes foreign grants, check here . . . <input type="checkbox"/>   | <b>30a</b>   | 11,747 |
| CHURCH COACHING AND MISCELLANEOUS PROGRAM REVENUE<br>(Grants \$ )                      If this amount includes foreign grants, check here . . . <input type="checkbox"/>  |  | 2,254  |

**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

| (A) Name and address  | (B) Title and average hours per week devoted to position | (C) Compensation (If not paid, enter -0-.) | (D) Contributions to employee benefit plans & deferred compensation | (E) Expense account and other allowances |
|---|--|--|---|--|
| VERLYN BERGEN <br>PO BOX 105225<br>JEFFERSON CITY, MO 651105225        | SECRETARY 7 00   | 0  |   |  |
| KEN ENLOW <br>1307 ELMERINE DRIVE<br>JEFFERSON CITY, MO 65101          | ASSOC EXECUT 7 00  | 0  |   |  |
| JOHN JACKSON <br>109 SOUTH WESTWOOD<br>FARMINGTON, MO 63640            | ASSOC EXECUT 7 00  | 0  |   |  |
| STEPHEN MATHIS <br>PO BOX 105225<br>JEFFERSON CITY, MO 651105225       | PRESIDENT 10 00  | 0  |   |  |
| ROGER HATFIELD <br>PO BOX 105225<br>JEFFERSON CITY, MO 651105225       | EXECUTIVE DI 7 00  | 0  |   |  |
| GARY COLLINS <br>PO BOX 105225<br>JEFFERSON CITY, MO 651105225         | TREASURER 7 00   | 0  |   |  |
| JOHN HESKETT <br>316 CHEVAL SQUARE DRIVE<br>CHESTERFIELD, MO 630051638 | VICE PRESIDE 7 00  | 0  |   |  |
| ROGER COBB <br>PO BOX 105225<br>JEFFERSON CITY, MO 65110               | BOARD MEMBER 7 00  | 0  |   |  |
| NORMA HOUSTON <br>PO BOX 105225<br>JEFFERSON CITY, MO 65110          | BOARD MEMBER 7 00  | 0  |   |  |
| PHIL HUNT <br>PO BOX 105225<br>JEFFERSON CITY, MO 65110              | FORMER PRESI 10 00                                       | 0  |   |  |
| TOBY BARNETT <br>108 EDINBURGH<br>WOODWAY, TX 76712                  | BOARD MEMBER 7 00  | 0  |   |  |
| ROY MILLER <br>4 FAIR OAKS<br>MOBERLY, MO 65270                      | BOARD MEMBER 7 00  | 0  |   |  |
| GERRI OGLE <br>1188 HAMPTON LANE<br>CALIFORNIA, MO 65018             | BOARD MEMBER 7 00  | 0  |   |  |

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.**  
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization  
FUTURE LEADERSHIP FOUNDATION

**Employer identification number**

13-4212678

| Identifier               | Return Reference                  | Explanation   |
|--------------------------|-----------------------------------|---|
| OTHER EXPENSES           | FORM 990-EZ,<br>PART I, LINE 16   | EXPENSES ADVERTISING 551 OFFICE EXPENSE 1,537 OFFICE EXPNSE-PROGRAM 167 BOARD EXPENSE 560 INSURANCE 436 STAFF EXPENSE 427 TECHNOLOGY EXPENSE 336 FUNDRAISING EXPENSE 1,382 BELARUS EXPENSE 11,050 PARTICIPANT TRIP COST 14,019 UKRAINE EXPENSE 11,580 PROGRAM COSTS 2,254 LOSS ON INVESTMENT 144 TOTAL 44,443 |
| OTHER LIABILITIES        | FORM 990-EZ,<br>PART II, LINE 26  | ACCOUNTS PAYABLE AND ACCRUED EXPENSES 437 369   |
| PRIMARY EXEMPT PURPOSE   | FORM 990-EZ,<br>PART III          | THE FUTURE LEADERSHIP FOUNDATION IS A MISSION BASED NON PROFIT FOUNDATION THAT FACILITATES THE DEVELOPMENT OF CHRISTIAN LEADERS IN EASTERN EUROPE AND AROUND THE WORLD THE FOUNDATION USES TEAMS OF SHORT TERM VOLUNTEERS TO MEET THE EXPRESSED NEEDS OF EASTERN EUROPEAN CHURCHES                            |
| ALL OTHER ACCOMPLISHMENT | FORM 990-EZ,<br>PART III, LINE 31 | CHURCH COACHING AND MISCELLANEOUS PROGRAM REVENUE   |

# TY 2011 Compensation Explanation

**Name:** FUTURE LEADERSHIP FOUNDATION

**EIN:** 13-4212678

| Person Name    | Explanation |
|----------------|-------------|
| VERLYN BERGEN  |             |
| KEN ENLOW      |             |
| JOHN JACKSON   |             |
| STEPHEN MATHIS |             |
| ROGER HATFIELD |             |
| GARY COLLINS   |             |
| JOHN HESKETT   |             |
| ROGER COBB     |             |
| NORMA HOUSTON  |             |
| PHIL HUNT      |             |
| TOBY BARNETT   |             |
| ROY MILLER     |             |
| GERRI OGLE     |             |