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Lammers & Associates Fax.501-318-0091 Nov 15 2012 09:29am P002

Form	99	0	Return of Organization Exempt From Incom	ne Ta	x	10	MB No 1545-0047		
•			Under section 501(c), 527 or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)						
	ient of th Revenue	e Treasury Service	The organization may have to use a copy of this return to satisfy state repo	rdung fåd	uiramanh		Open formulae Turbretion		
-			ar year, or tex year beginning , 2011, and en		10110110110	3. N. S.	, 20		
_	eck If app		C Name of organization FUTURE FARMERS OF AMERICA - ARK CH			D Em	ployer identification no.		
Adi	drees cha	nge i	Doing Business As			→	71-6043451		
∐ Na≀	ue chaud	ю	Number and street (or P.O. box if mail is not delivered to street address)	Room/si	ilte	6 Yolephone number			
Inhial return 301 CATHERINE PARK ROAD									
\equiv	minated		City or town, state or country, and ZIP ± 4				642,943		
\equiv	ended re		HOT SPRINGS NATION, AR 71913			G Cr	pas receipts \$		
∟ Ap;	plication	beuring	F Name and address of principal office MARION FIRTCHER	H(a)	ls this a gro affiliates?	up return fo	OT == .		
I Tax	c-exemp1	stetus X	301 CATHERINE PARK, HOT SPRINGS, AR 71913 501(c)(3)	_					
	Tax-exempt status: [∆] 501(c)(3)						ed? Yes No		
		anization:	Corporation Trust X Association Other			of legal don			
200		Summar		<u> </u>	Ta 2(4(8)	at 19941 COL	none: AR		
	1 B	riefly descr	ibe the organization's mission or most significant activities: PROVIDE EDUCATION						
	_								
ê G									
- V									
Y e	2 C	heck this b	pox 🕨 🗌 if the organization discontinued its operations or disposed of more than 25%	ofitsn	et assets.				
I n	3 N	umber of v	rating members of the governing body (Part VI, line 1a)	• • • •	[3	8		
ė n s c	4 N	umber of i	ndependent voting members of the governing body (Part VI, line 1b)		[4	8		
, e	5 To	otal numbe	er of individuals employed in calendar year 2011 (Part V, line 2a)		[5	18		
04	6 I	otal numbi	er of volunteers (estimate if necessary)			6	····		
	7a 7	utai unreia Ist versleta	ted business revenue from Part VIII, column (C), line 12	· · · •		7a	0		
		et unrelate	d business taxable income from Form 990-T. line 34			7b	0		
PA e	6 C	ontribution	s and grants (Part VIII, line 1h)	Р	rior Year		Current Year		
٧	9 9	togram se	rvice revenue (Part VIII, line 2g)		352,	-	344,178		
Ħ	10 Ir	vestment	income (Part VIII, column (A), light 3 francial (d)		275.		277,139		
S II	11 C	ther reven	ue (Part VIII, column (A), lines 5, 50, 80, 90, 100, Land 11e)			460	3,741		
			ue - add lines 8 through P (must equal Part VIII, column (A) line 12)		633,	728	17,885		
	13 C	rants and	similar amounts paid (Parrix, column(A) lines 178)				0 22/ 3 2 3		
Ε	14 8	lenetits pai	d to or for members (Partity, column (A), line 4)						
T P	15 S	alaries, oti	ner compensation, employee-benefits (Part IX column (A) Hines 5-10)		101	758	113,603		
6	16a P	rofessiona	fundraising fees (Part IX, column A) line (e)				0		
<u> </u>			ising expenses (Part IX, column (D), line 25)	140		1212			
e 9			nses (Part IX, column (A), lines 11a-11d, 11f-24e)		527	509	559,302		
	18 T	otal exper	ises. Add lines 13–17 (must equal Part IX, column (A), line 25)		629	,267	672,905		
Net	13 1	severiue ie	ss expenses. Subtract line 18 from line 12			,461	(29,962)		
Assets	20 T	ntal assets	s (Part X, line 16)	Beginnin	g of Curren		End of Yapy		
Or Fund			ies (Part X, line 26)		1,285		1,258,707		
80063			or fund balances. Subtract line 21 from line 20			,086	79,813		
æ		Signati	ire Block		1,208	, 836	1,178,894		
Under	ponaltica	of perjury,	declare that I have examined this return, including accompanying schedules and statements, and to the	he best of	f my knowle	dge and bo	elief, it is		
u u e, c	orrect, or	to complete.	Declaration of brebates (ather than offices) is passed on all information of which prepares has any know	wiedge		-			
	h		Daum Little			1 1	11-14-2012		
Sigr	١,	Signa	tue of office			Date	.1 11-2012		
Here	∍ <u>}</u>	MAR	ION FLETCHER, DIR OF FFA AC						
		Туре	or print name and thie						
	_	Print/Type	preparer's name Preparer's signature Oate		Check	if PTIN			
Paid			Lammers 11-14-2012		Gelf-ampl	yed I	200288815		
	parer	Firm's nam	Lammers and Associates Ltd	Firm's		ल वान			
use	Only	Firm's add	·	Phone					
14	h - 120	1	Hot Springs National AR 71901			501-	-318-0003		
May 1	rie iKS	oiscuss th	is return with the preparer shown above? (see instructions)			<u> </u>	. Yes 🐰 No		
rorF	wieger	ork Heduc	tion Act Notice, see the separate instructions.			7.7			

	n 990 (2011) FUTURE FARMERS OF AMERICA - ARK CH	71-604345	1 Page 2
Pa	rt III 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 EDUCATION		
_			
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	□ v	
	If "Yes," describe these new services on Schedule O	L Tes	X NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
3	services?	□ Vas	₩ No
	If "Yes," describe these changes on Schedule O	🗀 163	<u>M</u> 140
4	Describe the organization's program service accomplishments for each of its three largest program services, as meas	ured by	
•	expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount		
	grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.		
	3		
4a	(Code) (Expenses \$ 174,959 including grants of \$) (Revenue	\$	
	PROVIDE AND MAINTAIN CAMPGROUND FACILITIES AND		
	PROVIDE EDUCATION FOR THE ARKANSAS STATE CHAPTERS &		
	LEADERSHIP TRAINING FOR FUTURE FARMERS		
			
4b	(Code) (Expenses \$ 471,195 including grants of \$) (Revenue	\$	
40	SPONSORED TRIPS TO NATIONAL AND REGIONAL CONVENTIONS		—— '
	FOR FFA STATE OFFICERS AND MEMBERS CONTINUED		
	EDUCATION		
			
		 _	
4c	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
	- · · · · · · · · · · · · · · · · · · ·		
		- ·	
4d	Other program services (Describe in Schedule O.)	_	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 646,154		
	EEA	Fc	rm 990 (2011

Part IV

Checklist of Required Schedules

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes." X 2 Is the organization required to complete Schedule B. Schedule of Contributors? (see instructions)? X 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Х 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Х 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues. assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Х 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II Х 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Х 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," 9 Х 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V Х 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D. Parts VI. VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," X b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more X 11b c 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 X 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d Х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Х 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 X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investmetht, and program service activities outisde the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes,' complete Schedule F, Parts I and IV X 14b 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 Х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance X 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) Х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Х 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Х 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach its audited financial statements to this return?

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or organization 21 21 Х 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 22 Х 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 23 Х 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 24a Х 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction X 25a **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? 25b X 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 Х 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled 27 X 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) 28a Х A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28Ь X c 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 X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Х 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Х 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, 34 Х 35a Did the organization receive any payment from or engage in any transaction with a controlled entity within the 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, 37 X

38

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

Form 990 (2011) FUTURE FARMERS OF AMERICA - ARK CH 71-6043451 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance П Yes No Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable. Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable o Did the organization comply with backup withholding rules for reportable payments to vendors and 1c Х Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return **b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2Ъ Х 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? X 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 X If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a X c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Х If "Yes," did the organization include with every solicitation an express statement that such contributions or 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g g h 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 Sponsoring organizations maintaining donor advised funds. Ь 10 Section 501(c)(7) organizations. Enter. Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter. 11 Gross income from other sources (Do not net amounts due or paid to other sources 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which

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

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

14a

14b

Х

Form 990 (2011) FUTURE FARMERS OF AMERICA - ARK CH Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Section A. Governing Body and Management Yes No R If there are material differences in voting rights among members of the governing body, or If the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Х 2 3 Did the organization delegate control over management duties customarily performed by or under the direct 3 Х supervision of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a X Are any governance decisions of the organization reserved to (or subject to approval by) members, 7Ь Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X **b** Each committee with authority to act on behalf of the governing body? 8ь Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No 10a Did the organization have local chapters, branches, or affiliates? 10a X If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . Х **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 14 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? 15a X Other officers or key employees of the organization 15b 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 16a X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you make these available. Check all that apply Another's website 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year 20 State the name, physical address, and telephone number of the person who possesses the books and records of the

301 CATHERINE PARK HOT SPRINGS, AR 71913

organization ▶ MARION FLETCHER (501)262-1326

orm	990 (2011	١

FUTURE FARMERS OF AMERICA - ARK CH

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Page 7

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 organization compensated any current officer, director, or trustee

(A)	(B)			(0				(D)	(E)	(F)
Name and Title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours per week	(do not check more than one box, unless person is both an					e	compensation from	compensation from related	amount of other
	(describe						an	the	organizations	compensation
	hours for	office	er and	d a di	recto	or/truste	ee)	organization	(W-2/1099-MISC)	from the
	related organizations in Schedule O)	dur se vtc et deo	nr su ts te	fflce	е	Hughest at ed	r m e	(W-2/1099-MISC)		organization and related organizations
(1) AMANDA CRANGLE										
STATE VP	5.00			X				0	0	0
(2) ANDREW HAGGARD	1									
STATE VP	5.00			X				0	0	0
(3) ANDREW HAWTHORNE										
SECRETARY	5.00	<u></u>		X				0	0	0
(4) BART DRAPER			ĺ							
ADULT EXEC SEC	5.00			X		L		0	0	0
(5) DAUSEN DUNCAN										
PRESIDENT	5.00			X	<u> </u>	L		0	0	0
(6) JACE TILLEY					ļ					
REPORTER	5.00			X				0	0	0
(7) LOGAN MCCOURTNEY		ļ								
STATE VP	5.00	ļ		X		ļ		0	0	0
(8) MARION FLETCHER		ļ								
DIR OF FFA AC	40.00	<u> </u>		X				0	0	0
(9)										
(10)										
(11)			-							
(12)				-					_	
(13)										
(14)		-					-			
		1	l	<u> </u>				L	<u> </u>	L

Pan v	IF Section A. Officers, Directors, Trustees,	Key Emplo	yees,	and	Hig	nes	t Com	pen	sated Employees	(continued)			
•	(A)	(B)				C)			(D)	(E)		(F)	
	Name and Title	Average	(do r	ont ch		more		ne	Reportable	Reportable		timated	
		l hav unland norman in hath an						compensation from related		ount of other			
		(describe	├		т	т	r/truste	ŕ	the	organizations		pensatı	
		hours for related	l t d	ln r		K	Hce ı om	F	organization (W-2/1099-MISC)	(W-2/1099-MISC)	1	om the	
		organizations	dur		f		ı om gmp hpl	r m			and	d relate	d
		in Schedule O)	v t c	t e	e	e m	e e o s n y t s e	e r			orga	anızatıo	ns
			d e o	l t	r	P	a e				İ		
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(22)													
(23)													
(24)					 	├		-					
(05)				_		_					ļ		
(25)													
	-total							•					
	al from continuation sheets to Part VII, Section				• •	• •	• • •	>	_		l		_
	al (add lines 1b and 1c)							>	0 than \$100,000 in	1			0
	ortable compensation from the organization	to those liste	ed abo	ive)	wno	rec	eivea	rnor	e than \$ 100,000 in	0			
1000	Made compensation from the organization											Yes	No
3 Did	the organization list any former officer, director o	r trustee, key	emp!	oye	e, or	hıgi	hest co	omp	ensated				
emp	ployee on line 1a? If "Yes," complete Schedule J f	or such indiv	/ıdual								3		X
	any individual listed on line 1a, is the sum of repo	-					-						
_	anization and related organizations greater than \$					e Sc	hedule	e J f	or such		١. ا		7.
	vidual							• •		• • • • • • • •	4		<u>X</u>
	services rendered to the organization? If "Yes," co	-		-			_				5		Х
	n B. Independent Contractors												
	nplete this table for your five highest compensate	d independe	nt cor	itrac	tors	that	receiv	/ed	more than \$100,00	00 of			
	npensation from the organization. Report compen	sation for the	caler	ndar	yea	r en	dıng w	rith c	or within the organ	ızatıon's tax			
year	(A)								(B)			(C)	
	Name and business address	ss							Description o	f services		ensatio	n
			4										
	al number of independent contractors (including being the being than \$100,000 of compensation from the being than \$100,000 of compensation from the being th				uste	ed al	oove)	wno					

Form 99				ERICA - ARK	СН		71-60434	51 Page 9
Part \	vill	Statement of Revenue)		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contri-	1a b	Membership dues	1b	222,453		1		
butions, Gifts, Grants	d	Fundraising events Related organizations Government grants (contributions)	1d			#		
and Other Similar Amounts	f	All other contributions, gifts, gra and similar amounts not include Noncash contributions included	ed above 1f	121,725				
	h	Total. Add lines 1a-1f		Business Code	344,178			
		CAMP USE		721000	72,102	72,102		
Program	Ь	CONVENTIONS/INSERVICE	<u> </u>	721000	205,037	205,037		
Service Revenue	C							
nevertue	d				-			
	٠,	All other program service revenu				+		
		Total. Add lines 2a-2f			277,139	1		
					277,139	····		
	3	Investment income (including divand other similar amounts)	viaenas, interest,		3,741	3,741		
	4	Income from investment of tax-e			3,741	3,731		
	5	Royalties			-			
			(ı) Real	(II) Personal				
	6a	Gross rents	(1) (1)	(ii) i cisonai		1		
		Less. rental expenses				1		
		Rental income or (loss)				1		
		Net rental income or (loss)	·			į į		
		_	(ı) Securities	(ii) Other				
		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		# # # # # # # # # # # # # # # # # # #		
0		Less. cost or other basis and sales expenses		-		1		
t h		Gain or (loss)				1		
e		Net gain or (loss)						
r	Oa	events (not including \$				1		
R e		of contributions reported on line	1c).					
٧		See Part IV, line 18	<i>.</i> a					
e n		Less: direct expenses				1		
u	С	Net income or (loss) from fundra	ising events .				***************************************	
е	9a	Gross income from gaming activ				1		
		See Part IV, line 19				1		
		Less: direct expenses				-		
	С	Net income or (loss) from gamin	g activities					
	10a	Gross sales of inventory, less				1		
		returns and allowances				Ī		
		Less: cost of goods sold				1		
	<u> </u>	Net income or (loss) from sales of	of inventory					
	<u> </u>	Miscellaneous Revenue		Business Code		#		
		MISCELLANEOUS INCOME		900099	17,885	17,885		
	ь							
	С							
		All other revenue						
		Total. Add lines 11a-11d			17,885			
	12	Total revenue. See instructions		🕨	642,943	298,765	0	0

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)

FUTURE FARMERS OF AMERICA - ARK CH

	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
<u>ob, s</u> 1	Grants and other assistance to governments and		expenses	general expenses	expenses
•	organizations in the United States. See Part IV, line 21.				
2	Grants and other assistance to individuals in	·-·			
-	the United States See Part IV, line 22				
3	Grants and other assistance to governments,	-			
-	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
5	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	Other salaries and wages	102,978	82,178	20,800	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	10,625	9,034	1,591	
11	Fees for services (non-employees):				
a	Management				
Ь	Legal	******			
с	Accounting	4,360		4,360	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17.	-			
f	Investment management fees				
_ g	Other				
12 13	Advertising and promotion				
14	Office expenses				
15	Royalties				
16	Occupancy	168,862	168,862		
17	Travel	411	411		
18	Payments of travel or entertainment expenses	277	377		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	174,959	174,959		
20	Interest	===,===			
21	Payments to affiliates	79,985	79,985	-	
22	Depreciation, depletion, and amortization	38,591	38,591		*
23	Insurance	21,526	21,526		-
24	Other expenses Itemize expenses not covered		-		
	above (List miscellaneous expenses in line 24e if				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	AUTO EXPENSE	5,146	5,146		
b	REPAIRS & MAINTENANCE	46,738	46,738		
c	MISCELLANEOUS	13,489	13,489		
d					
е	All other expenses	5,235	5,235		
25	Total functional expenses. Add lines 1 through 24e .	672,905	646,154	26,751	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here 🕨 🗌 if				
	following SOP 98-2 (ASC 958-720)			ļ	

orm 990 (2			1-6043451	Page 11
Part X	Balance Sheet	(4)	г	(5)
		(A)	11.	(B)
• •		Beginning of year	† †	End of year
1	Cash - non-interest-bearing	40	1	40
2	Savings and temporary cash investments	462,603	2	422,004
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	110,405	4	119,407
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees Complete Part II of		l <u>.</u> l	
	Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
A	4958(fX1)), persons described in section 4958(cX3XB), and contributing			
s	employers and sponsoring organizations of section 501(c)(9) voluntary		1 1	
s e _	employees' beneficiary organizations (see instructions)	_	6	
ĭ 7	Notes and loans receivable, net	_	7	
s 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 10a 1,862,072		} ∮	
Ь		712,894	10c	717,256
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)	1,285,942	16	1,258,707
17	Accounts payable and accrued expenses	77,086	17	79,813
18	Grants payable		18	
L 19	Deferred revenue		19	 -
20 a	Tax-exempt bond liabilities		20	
6 21	Escrow or custodial account liability Complete Part IV of Schedule D		21	-1111
22	Payables to current and former officers, directors, trustees, key		1 1	
	employees, highest compensated employees, and disqualified persons			
t	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
3 24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third		1	
	parties, and other liabilities not included on lines 17-24) Complete Part X		1	
-	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	77,086	26	79,813
F	Organizations that follow SFAS 117, check here ▶ 🏻 and complete			
u l	lines 27 through 29, and lines 33 and 34.	1 600 050	37	
n 27	Unrestricted net assets	1,208,856	27	1,178,894
d 28	Temporarily restricted net assets		28	
в 29	Permanently restricted net assets		29	-
a I	Organizations that do not follow SFAS 117, check here and			
a	complete lines 30 through 34.		1 20	
n 30	Capital stock or trust principal, or current funds		30	
c 31	Paid-in or capital surplus, or land, building, or equipment fund		31	_
s 32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	1,208,856	33	1,178,894
34_	Total liabilities and net assets/fund balances	1,285,942	34	1,258,707

Forn		5043451	L	Pa	ige 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				. 🗆
	· ·				
Î	Total revenue (must equal Part VIII, column (A), line 12)	1	6	42,9	143
2	Total expenses (must equal Part IX, column (A), line 25)	2	6	72,9	05
3	Revenue less expenses Subtract line 2 from line 1	3		(29,9	962)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	1	1,2	08,8	56
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	ذ	1,1	78,8	194
Pa	rt XII 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 🖾 Cash 🔲 Accrual 🔲 Other	ſ			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.	1			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	\mathbf{x}	
Ь	Were the organization's financial statements audited by an independent accountant?	[2ь		Х
С	and the same of th	Ī			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		х
	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				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				İ
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	İ			ĺ
	the Single Audit Act and OMB Circular A-133?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь		
	EEA		Form	990 (2	2011)

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 **2011**

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number 71-6043451 FUTURE FARMERS OF AMERICA - ARK CH Reason for Public Charity Status (All organizations must complete this part) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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) 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 9 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 **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) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No 11g(i) 11g(ii) 11g(iii) Provide the following information about the supported organization(s) h (i) Name of supported (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (ii) EIN (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support above or IRC section governing document? col (ii) of your (i) organized in the support? (see instructions) Yes No Yes Yes (A) (B) (c) (D) (E) Total

Schedule A (Form 990 or 990-EZ) 2011 FUTURE FARMERS OF AMERICA - ARK CH 71-6043451 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from In 4 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar Net income from unrelated business activities, whether or not the business is 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)....... 11 Total support. Add lines 7 through 10 . 12 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) 13 Section C. Computation of Public Support Percentage 15 % 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 ▶ 🔲 b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 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 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

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 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	d below, please complete Part II)
---	-----------------------------------

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and			1		ļ	
•	membership fees received (Do not include						
	any "unusual grants ")	201,094	307,869	252,940	127,843	344,178	1,233,924
2	Gross receipts from admissions, merchandise sold or services performed, or faci-						
	lities furnished in any activity that is related						
	to the organization's tax-exempt purpose	335,561	528,401	486,264	500,425	295,024	2,145,675
3	Gross receipts from activities that are not						
	an unrelated trade or bus under sec 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	536,655	836,270	739,204	628,268	639,202	3,379,599
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
.	Amounts included on lines 2 and 3 receiv-		1				
D	ed 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						
	Public support (Subtract line 7c from line 6)	-			_		3,379,599
Sec	ction B. Total Support			:	<u>:</u>		3,313,333
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	536,655	836,270	739,204	628,268		3,379,599
-	Gross income from interest, dividends,	330,033	000,2.0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	020,200	032,202	
	payments received on securities loans,						
	rents, royalties and income from similar sources	8,819	6,801	8,300	5,460	3,741	33,121
		- 0,015	0,001	3,300	3,133	3,7.11	
ь	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	8,819	6,801	8,300	5,460	3,741	33,121
11	Net income from unrelated business activities not included in line 10b,			ı			
	whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or			;			
	loss from the sale of capital assets						
	(Explain in Part IV)	45,278					45,278
13	Total support. (Add lines 9, 10c, 11, and 12)	590,752	843,071	747,504	633,728	642,943	3,457,998
14	First five years. If the Form 990 is for the o						
	organization, check this box and stop here	<u> </u>					▶ 🔲
Se	ction C. Computation of Public Su	 					
15	Public support percentage for 2011 (line 8, o					15	97.73 %
16	Public support percentage from 2010 Sched					16	95.87 %
	ction D. Computation of Investme					T-:	
17	Investment income percentage for 2011 (line					17	0.96 %
18	Investment income percentage from 2010 S	chedule A, Part III,	line 17			18	1.05 %
19a	33 1/3% support tests - 2011. If the organi 17 is not more than 33 1/3%, check this box						▶ 🏻
b	33 1/3% support tests - 2010. If the organi line 18 is not more than 33 1/3%, check this						▶ □
20	Private foundation. If the organization did i	not check a box or	line 14, 19a, or 1	9b, check this box	and see instruction	ons	▶ 🔲

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

<u>FU</u> :	TURE FARMERS OF AMERICA - ARK CH	71-6043451
Pa	Til Organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts. Complete if
	the organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
•	funds are the organization's property, subject to the organization's exclusive legal control?	Yes 🖺 No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be	
•	used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other	
	purpose conferring impermissible private benefit?	
Da	t II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part I	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	v, lifte /
•	Preservation of land for public use (e.g., recreation or education) Preservation of an historically	/ important land area
		-
	Protection of natural habitat Preservation of a certified his	storic structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a c	onservation
	easement on the last day of the tax year	
		Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	
C	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06 and not on a historic	
	structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the orga	nization during
	the tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during	the year
	>	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the y	ear
	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıi)?	
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense state	ement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the	nat describes
	the organization's accounting for conservation easements	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	and balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherand	
	provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
ь	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and	balance sheet works of art
_	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	
	provide the following amounts relating to these items	
	ili.	▶ ◆
	(i) Revenues included in Form 990, Part VIII, line 1	
2	(ii) Assets included in Form 990, Part X	-
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain	, provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	. •
a	Revenues included in Form 990, Part VIII, line 1	
ь	Assets included in Form 990. Part X	▶ \$

	dule D (Form 990) 2011 FUTURE FARMERS					71-60			age 2
Par	t III Organizations Maintaining	Collections of	Art, Histo	rical Trea	asures, or	Other Similar	Assets (continue	<u>;d)</u>
3	Using the organization's acquisition, accession	, and other records,	check any o	f the follow	ng that are a	significant use of its			
	collection items (check all that apply)								
à	Public exhibition	d 🗌 Loa	n or exchang	ge programs	s				
ь	Scholarly research		er						
С	Preservation for future generations	_							
4	Provide a description of the organization's colle	ections and explain	how they fur	her the ora	anization's ex	empt purpose in			
·	Part XIV					p. pp			
5		receive donations of	art historica	l treasures	or other similar	ar			
•	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?								
Pa	T IV Escrow and Custodial Arra						· · · · <u> </u>	<u> 163 [</u>	
	Part IV, line 9, or reported an amou	•	. •	ii iizaliori ari:	swered les	to i oiiii 550,			
10			-		h				
1a	Is the organization an agent, trustee, custodian		•						¬
4.				• • • • • •		• • • • • • • • •	· · · ⊔	res	No
ь	If "Yes," explain the arrangement in Part XIV ar	nd complete the folio	wing table		г	· .			
		,			-		Amount		
С	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance				L	<u> </u>			
2a	Did the organization include an amount on For	m 990, Part X, line 2	21?					Yes [No
b_	If "Yes," explain the arrangement in Part XIV								
Pai	TENDOWMENT Funds. Complete	if the organization a	answered "Ye	es" to Form	990, Part IV, I	ine 10			
		(a) Current year	(b) Prior	year (c	:) Two years bad	ck (d) Three years b	ack (e) F	our years l	back
1a	Beginning of year balance								
b	Contributions								
c	Net investment earnings, gains, and losses								
d	Grants or scholarships								
e	Other expenditures for facilities								
	and programs								
f	Administrative expenses							***************************************	
g	End of year balance	}							<u> </u>
2	Provide the estimated percentage of the currer		(line 1a coli	ımn (a)) hek	d as		E		
a	Board designated or quasi-endowment ▶	•	((4),	4 43				
b	Permanent endowment ▶ %	~~~							
c	Temporarily restricted endowment	%							
·	The percentages in lines 2a, 2b, and 2c should								
3a	Are there endowment funds not in the possess		on that are h	old and ad	ministered for	the			
Ja	organization by:	sion of the organizat	ion triat are r	ieiu ariu aui	minstered for	tile		Yes	No
	(A)						3-/		NO
		• • • • • • • • • •					3a(
	(ii) related organizations				• • • • • •		3a($\overline{}$	\vdash
b	If "Yes" to 3a(ii), are the related organizations li	•			• • • • • • •		31	<u>, </u>	L
4	Describe in Part XIV the intended uses of the c			r 40					
Fai	rt VI Land, Buildings, and Equip						T		
	Description of property	(a) Cost or o		(b) Cost or		(c) Accumulated	(d) E	Book value	,
	·	(investr	<u> </u>	basis (ot	rier)	depreciation	 		
1a	Land	• • •	50,643				1		<u>,643</u>
þ	Buildings	1,	797,378			1,134,157	<u> </u>	663	,221
c	Leasehold improvements	• • •					<u> </u>		
d	Equipment	• • •	14,051			10,659	<u> </u>	3	,392
<u>e</u>	Other								
Tota	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, column (E	3), line 10(c)))	 		717	,256

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Part VII	Investments - Other Securities.	See Form 990, Part X, line 12		
•	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	
(1) Financial	derivatives	•		
(2) Closely-h	eld equity interests			
(3) Other				
(A)				
(B)				
(c)				
(D)				
(E)		_		
(F)				
(G)			<u>-</u>	
(H)				
<u>(I)</u>			444	
	(b) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments - Program Related	See Form 990, Part X, line 13		<u> </u>
	(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year mar	
(1)				
(2)				
(3)				
(4)			<u> </u>	
(5)				 : :
(6)				
(7)				
(8)				
(10)				
	(b) must equal Form 990, Part X, col (B) line 13)	•		•
Part IX	Other Assets. See Form 990, Part X, II			
[1 4.1 4.1		a) Description	"]	(b) Book value
(1)		-,		(w) 200k (d.do
(2)				
(3)				
(4)				
(5)			·	
(6)				
(7)				
(8)				
(9)				
(10)				
	nn (b) must equal Form 990, Part X, col (B) line		· · · · · · · · · · · · · · · · · · ·	
Part X	Other Liabilities. See Form 990, Part X	K, line 25		
1.	(a) Description of liability	(b) Book value	_	
	income taxes		4	
(2)			_	
(3)			4	
(4) (5)			4	
			-	
(6) (7)				
(8)			-	
(9)			-	
(10)				
(11)			-	
	(b) must equal Form 990, Part X, col (B) line 25)	<u> </u>	1	
	SC 740) Footnote in Part XIV provide the text		s financial statements that renorts th	

organization's liability for uncertain tax positions under FIN 48 (ASC 740)

		71-6043451	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial St	atements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	<u>.</u>
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
0	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return	
1	Total revenue, gains, and other support per audited financial statements	1	-
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	-	
а	Net unrealized gains on investments		
b	Donated services and use of facilities	1 1	
С	Recoveries of prior year grants	1 1	
d	Other (Describe in Part XIV)	- 1	
e	Add lines 2a through 2d	⊣ _{2e} 1	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
· a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV)	\dashv 1	
c	Add lines 4a and 4b	- _{4c}	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	per neturn	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	 	
- а	Donated services and use of facilities		
b	Prior year adjustments	-	
c	Other losses	-	
ď	Other (Describe in Part XIV)	\dashv]	
e	Add lines 2a through 2d	⊢ , 1	
3	Subtract line 2e from line 1	2e 3	
3 4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	3	
-			
		4 1	
	12	- 1	
5	Add lines 4a and 4b	4c	
		5	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b)	
	b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete		
iis þ	art to provide any additional information		_
			<u> </u>

Schedule D (Form 990) 2011

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 990-EZ 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	Employer identification number
FUTURE FARMERS OF AMERICA - ARK CH	71-6043451
01. Form 990 governing body review (Part VI, line 11)	
THIS RETURN WAS REVIEWED BY THE GOVERNING BODY	
02. Governing documents, etc, available to public (Part VI, line 19)	
the contract of the contract o	
THIS RETURN IS AVAILABLE TO THE PUBLIC UPON REQUEST	
	- -
	
	
	

990	Overflow Statement	2011 Page 1
Name(s) as shown on return		FEIN
FUTURE FARMERS OF	AMERICA - ARK CH	71-6043451

ALL OTHER EXPENSES

Description		Amount		
BAD DEBT EXPENSES		\$	5,235	
	Total:	\$	5,235	