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Return of Organization Exempt From Income Tax

OMB No 1545-0047

2014

Open to Public

Department of the Treasury Internal Revenue Service

Firm's address ▶

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection For the 2014 calendar year, or tax year beginning 2014, and ending 20 D Employer identification number C Name of organization WV Federic Farmers of America Foundation, Inc Check if applicable Doing business as WV Future Farmers of America Foundation, Inc 55 0649878 Address change Number and street (or PO box if mail is not delivered to street address) E Telephone number Room/suite Name change Capital Complex 304 - 558-2347 Bldg. 6 243 Initial return City or town, state or province, country, and ZIP or foreign postal code \Box Final return/terminate Charleston WV 25305 \Box Amended return G Gross receipts \$ F Name and address of principal officer H(a) is this a group return for subordinates? Yes Mo Application pending H(b) Are all subordinates included? 🔲 Yes 🔲 No If "No," attach a list (see instructions) 501(c)(3) 501(c) () ◀ (insert no) 🔲 4947(a)(1) or Tax-exempt status Website: ▶ H(c) Group exemption number ▶ Form of organization
☐ Corporation
☐ Trust
☐ Association
☐ Other ► L Year of formation M State of legal domicile Briefly describe the organization's mission or most significant activities: Provide support for West Virginia's Agricultural Education/ Future Farmers of America program through various scholarships and award programs made avoilable to all enrollers at the secondary and undergraduate level. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . 3 Number of independent voting members of the governing body (Partylling 1) 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 0 17 6 7a 0 O Net unrelated business taxable income from Form 990-T fine 34 **7**b 0 Current Year OGDEN 26566. Contributions and grants (Part VIII, line 1h). 47102,99 10 Program service revenue (Part VIII, line 2g) 0 9243.55 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 8526.84 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . 35092. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 56346. 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 13 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 9590.35 12028.65 17 9590.35 12028.65 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 25502.59 44317.89 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year Assets or 564564.81 608882.70 20 Total assets (Part X, line 16) 0 21 Total liabilities (Part X, line 26) . 564564.81 608882. 22 Net assets or fund balances. Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge flonald Sign Signature of office Donald L Here Type or print name and title Print/Type preparer's name Preparer's signature Date Paid Check III if Preparer Firm's name Firm's EIN Use Only

☐ Yes ☐ No Form **990** (2014)

Cat No 11282Y



01111 33	0 (201	Page Z
Part	Ш	Statement of Program Service Accomplishments
	D.:	Check if Schedule O contains a response or note to any line in this Part III
1		fly describe the organization's mission:
		Provide support for West Virginia's Agricultural Education / Future Farmers of America regram through various scholarships and award programs made available to 411 provides at the secondary and undergraduate level.
	رم مد	regram through various scuolarsnips and award programs made available to all
	<i>5</i> 7.	nrones ar the secondary and appropriatione level.
2	Did	the organization undertake any significant program services during the year which were not listed on the
		r Form 990 or 990-EZ?
	If "Y	es," describe these new services on Schedule O.
3		the organization cease conducting, or make significant changes in how it conducts, any program
	serv	rices?
		es," describe these changes on Schedule O.
4	exp	cribe the organization's program service accomplishments for each of its three largest program services, as measured by enses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, total expenses, and revenue, if any, for each program service reported.
4a	(Co	de:) (Expenses \$ /2028,65 including grants of \$) (Revenue \$ /2028,65)
		de:) (Expenses \$ 12028.65 including grants of \$) (Revenue \$ 12028.65) Interest on CDS and individual contributions generated the funds to provide \$ 12028.65 in scholarships and awards.
	_	to provide \$12028.65 in Scholarships and awards.
4b	(Co	de:) (Expenses \$ including grants of \$) (Revenue \$ 5263,00)
		de:) (Expenses \$ including grants of \$) (Revenue \$ 5263,00) A one dollar per member donation program generated \$5263.00 to provide additional funding for scholarships and awards.
		provide additional funding for scholarships and awards.
		<u> </u>
4c	(Co	de:) (Expenses \$ including grants of \$) (Revenue \$ 8247.80) A Foundation auction was conducted to generate additional revenue for scholarship and award programs.
		A Foundation auction was conducted to generate additional revenue
		or scholarship and award programs.
		V
		·
4d	Oth	er program services (Describe in Schedule O.)
		penses \$ including grants of \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

4e Total program service expenses ▶

Part	· · · · · · · · · · · · · · · · · · ·			age O
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	/	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		V
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		~
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		v
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,			
6	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 "Yes," complete Schedule D, Part I	6		<i>-</i>
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	7		<i>'</i>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<u>اسا</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		~
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	10		~
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	~	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		سا
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	11c		V
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		سا
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		ار ار
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		<u>برا</u>
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 and XII is optional	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<i>i</i> ~
14 a		14a	ļ	1
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	!	سا
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		سا
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		<i>'</i>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		~
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		V
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b	<u> </u>	NA

art l	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		V
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		V
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		V
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		V V
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		V
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		V
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		V
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		V
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		V
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		V
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		V
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		V
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		V
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		/
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		V
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		V
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	/	
		Fore	990	(2014)

Form 990 (2014)

Part	_ ,			_
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		.
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0		Yes	No
· b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	reportable gaming (gambling) winnings to prize winners?	1c		NA
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			70//
	· • • • • • • • • • • • • • • • • • • •	1 1		
	Statements, filed for the calendar year ending with or within the year covered by this return [2a]	1		111
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		NA
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			۱.
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		NA
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			1
	•	4a		-
D	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).	_	-	ـ ا
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		سيا
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		NA
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		NA
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			-
h	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>
В	If "Yes," did the organization include with every solicitation an express statement that such contributions or	 .		NA
_	gifts were not tax deductible?	6b		NI
7	Organizations that may receive deductible contributions under section 170(c).	1		ł
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	_	-	ا ا
		7a		100
Ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		NA
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	l_		1
	·	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		NA
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		NA
0	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8_		NA
9	Sponsoring organizations maintaining donor advised funds.	_		1
8	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		NA
ь 10	Section 501(c)(7) organizations. Enter:	ap		NA
a	Initiation fees and capital contributions included on Part VIII, line 12			
b		-		
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b] WA Section 501(c)(12) organizations. Enter:	- 1		
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	'		
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		ر. ا
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120		1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
.о а	Is the organization licensed to issue qualified health plans in more than one state?	13a		NA
-	Note. See the instructions for additional information the organization must report on Schedule O.	.52		+
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand	† :		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		M
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		NA
				1

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			
Secti	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>	•	
0000	on A. Governing body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 17			
	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.			
ь 2	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 any other officer, director, trustee, or key employee?	2		~
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?			V
4	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? .	5		~
6	Did the organization have members or stockholders?	6		~
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		<i>'</i>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		سا
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	1/	
р	Each committee with authority to act on behalf of the governing body?	8b	/	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reve		ode.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		V
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		NA
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		1
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1		
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		NA
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.			
13	Did the organization have a written whistleblower policy?	12c		NA
14	Did the organization have a written document retention and destruction policy?	14		NA
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		NA
b	Other officers or key employees of the organization	15b		NA
16a	, , , , , , , , , , , , , , , , , , , ,			
ь	with a taxable entity during the year?	16a		NA
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		NA
Secti	on C. Disclosure			
17 18	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 1024 if applicable), 990, 990, 990, 990, 990, 990, 990, 99	on 501(c)(3)s	only)
19	available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Vupon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	iterest	policy	y, and
20	financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and r	ecords	: ▶	
		- 5/2		16

Form 990 (2014)	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and **Independent Contractors** Check if Schedule O contains a response or note to any line in this Part VII 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.

compensated employees; and former such pers	ons.								-	
Check this box if neither the organization no (A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation	(E) Reportable	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) A LIST OF OFFICERS										
IS ATTACHED. ALL OF	ļ <u></u>				<u></u>	ļ	ļ			
(2) OUR OFFICERS ARE										
VOLUNTEERS AND DO NOT				_	_		ļ			
(3) RECEIVE COMPENSATION.	<u> </u>									
(4)										
(5)										
(6)					_					
(7)					-					
(8)										
(9)		_								
(10)	ļ						-			
(11)				_	-					
(12)				-						
(13)						-				
(14)										
	1	<u> </u>			Ь	<u> </u>	<u> </u>	L	<u> </u>	- 000

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	/ee s		<u>nd F</u> C)	lighe	st C	ompensated E	imployees (conti	nued)			
	(A)	(B)				ution			(D)	(E)			(F)	
	Name and title	Average hours per	box,	unles	s pe	rson	than d	an	Reportable compensation	Reportable compensation from		Esti	mated ount of	
		week (list any hours for			_	Jrect	or/trus	<u> </u>	from	related organizations		0	ther ensatio	.n
		related	divid	Institutional	Officer	y en	ghest	Former	organization	(W-2/1099-MISC)	'	fro	m the	
		organizations below dotted	or tr	ional		employee	8 0	ľ	(W-2/1099-MISC)			and	nizatior related	
		line)	Individual trustee or director	trustee		8	Highest compensated employee					orgar	ızation	s
(15)	A list of officers is			Φ	_		<u>ē</u>	-			ļ <u>.</u>			
<u></u>	attached. All of our others and board are													<u>.</u> .
(16)	others and board are													
(17)	receive compensation.		-			-					-			
(18)	,							ļ .			ļ			
(10)											ļ. <u>.</u>			
(19)		<u> </u>								:				
(20)														
(21)				-	-			-			 			
1228				_				<u> </u>			-			
(22)											1			
(23)														
(24)		<u> </u>						-	 		 			
(25)		ļ		-		-		-	<u> </u>		-			
		<u> </u>		<u> </u>			<u>. </u>				<u> </u>			
1b c	Sub-total	 VII Sectio	 n A	•	٠		•	>		 				
ď	Total (add lines 1b and 1c)			-	-	-		•	0	0	1		0	,
2	Total number of individuals (including bu reportable compensation from the organ	t not limited						e) w	ho received m	ore than \$100,0	00 of			
3	Did the organization list any former of	fficer direc	***		t		kov		alauna ar high		od [- 	Yes	No
3	employee on line 1a? If "Yes," complete	,	•			,			, , ,	•	.	3		NA
4	For any individual listed on line 1a, is the organization and related organizations													
	individual	· · · ·							· · · · ·	····	.	4		NA
5	Did any person listed on line 1a receive of for services rendered to the organization						•	•	~	zation or ındivid	ual	5		N
Secti	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Re year.													ах
	(A) Name and business add	dress							(B) Description of s	services	Col	(C)		
	NOT APPLICAL	BLE												
			<u></u>					-						···-
2	Total number of independent contractor							o th	nose listed ab	ove) who				
	received more than \$100,000 of compen	sation from	the	rga	niza	tion	<u> </u>						000	

	90 (201							Page 9
Part	VIII	Statement of Reve						· · · · · · · · · · · · · · · · · · ·
		Check if Schedule C) contains a re	sponse or note to	o any line in this (A) Total revenue	Part VIII (B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns	s 1a		 	TOVERIOC		312-314
Gifts, Grants ilar Amounts	b	Membership dues .						
s, G	С	Fundraising events .			1		:	
Sift lar.	d	Related organizations	1d					
	e	Government grants (con	tributions) 1e]			
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gi and similar amounts not ind		47102,99				
ntri d O	g	Noncash contributions includ	<u> </u>					
Co	h	Total. Add lines 1a-1	f . <u>.</u>	•	47102.99			
an a				Business Code				
Program Service Revenue	2a							
8	b							
<u> </u>	С							
æ	d							
me.	e							
bo.	f	All other program sen						<u> </u>
<u> </u>	9	Total. Add lines 2a-2					r	
	3	Investment income and other similar amo	` •		110113 55			
					4243,55			ļ
	4	Income from investment					· · · · · · · · · · · · · · · · · · ·	
	5	Royalties	(i) Real	(ii) Personal				
	6a		(1) 11021	(ii) Craoriai	1			
	b	Gross rents Less: rental expenses						
	C	Rental income or (loss)						
	d	Net rental income or	(loce)	>				
	7a	Goss amount from sales of	(i) Secunties	(ii) Other				<u> </u>
		assets other than inventory		· · · · · · · · · · · · · · · · · · ·				
	ь	Less, cost or other basis		- 				
	_	and sales expenses					Į	
	С	Gain or (loss)			1		İ	
	đ			· >				
		• • • • • • • • • • • • • • • • • • • •					- · · · · · · · ·	
enueve	8a	Gross income from fu	ındraising		1			
ě		events (not including \$					ļ	
æ		of contributions reporte	ed on line 1c).					İ
Other R		See Part IV, line 18 .	;	a				
₹	b	Less: direct expenses	s	b				1
		Net income or (loss) f		events . 🕨		··		
	9a	Gross income from ga	-					
		See Part IV, line 19		a	[
		Less: direct expenses		b				
		Net income or (loss) f						
	10a	Gross sales of in					i	
		returns and allowance		a			ļ	j
	l	Less: cost of goods s		b[-
	C	Net income or (loss) f		ventory . ▶ Business Code	 		ļ <u> </u>	
	11a	WASCENSIEUES I	CTOROG	Dualies Code				
	b		·				ļ	
					 	···		
	d	All other revenue .						
	e	Total. Add lines 11a-		•	 			
	12	Total revenue See in			61.2111 54	· · · · · · · · · · · · · · · · · · ·	 	

	0 (2014)				Page 10				
Part IX Statement of Functional Expenses									
Section	n 501(c)(3) and 501(c)(4) organizations must com	plete all columns A	II other organization	s must complete co	lumn (A)				
	Check if Schedule O contains a response or note to any line in this Part IX								
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21								
2	Grants and other assistance to domestic individuals. See Part IV, line 22								
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16								
4 5	Benefits paid to or for members								
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)								
7 8	Other salaries and wages								
9	Other employee benefits								
10	Payroll taxes								
11	Fees for services (non-employees):								
	Management								
b	Legal								
c	Accounting		 · · · · · · · · · · · · · · · · · ·						
d	Lobbying			· · · · · · · · · · · · · · · · · · ·					
e	Professional fundraising services. See Part IV, line 17								
f	Investment management fees								
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)								
12	Advertising and promotion								
13	Office expenses								
14	Information technology								
15	Royalties								
16	Occupancy								
17	Travel								
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19	Conferences, conventions, and meetings .		· · · · · · · · · · · · · · · · · · ·		· 				
20	Interest				<u> </u>				
21	Payments to affiliates								
22	Depreciation, depletion, and amortization .								
23	Insurance								
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.)	į							
а	Scholarships and Awards	12028,65	12028.65						
b									
c					<u> </u>				
d									
e	All other expenses		······						
25	Total functional expenses. Add lines 1 through 24e	12028.65	12028.65						
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 following SOP 98-2 (ASC 958-720) for the costs in the column (B) joint costs from a combined educational campaign and fundraising solicitation Check here following SOP 98-2 (ASC 958-720)	-							

Р	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Par	tX		
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		1	
	2	Savings and temporary cash investments	563093,45	2	608274,24
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1461.36	4	598.46
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	_	5	
ts	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or		9	
	100	other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b	10.00	10c	10.00
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	564564,81	16	608882.70
	17	Accounts payable and accrued expenses		17	
	18	Grants payable	0	18	0
	19	Deferred revenue	·	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
喜		disqualified persons. Complete Part II of Schedule L		22	**
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
9S		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets		27	-
gal	28	Temporarily restricted net assets		28	
ᅙ	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds	564564.81	30	608882.70
šše	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
₹	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Š	33	Total net assets or fund balances	564564.81	33	608882.70
_	34	Total liabilities and net assets/fund balances	564564.81	34	608882.70

orm 99	0 (2014)			Pa	ge 12
Part					9
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	563	146,	54
2	Total expenses (must equal Part IX, column (A), line 25)	2	120	28.	65
3	Revenue less expenses. Subtract line 2 from line 1	3	443		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5645		
5	Net unrealized gains (losses) on investments	5			-
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6088	82.	10
Part	XII Financial Statements and Reporting	•			•
	Check if Schedule O contains a response or note to any line in this Part XII				
•				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain in			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		~
	If "Yes," check a box below to indicate whether the financial statements for the year were comreviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		1		
b	Were the organization's financial statements audited by an independent accountant?		2b		1
	If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:	ed on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versight		-	
	of the audit, review, or compilation of its financial statements and selection of an independent account	ıntant?	20		NA

If the organization changed either its oversight process or selection process during the tax year, explain in

3a

NA

NA

Form **990** (2014)

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.

Schedule O.

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer Identification number

Open to Public Inspection

OMB No 1545-0047

WV Future Farmers of America Foundation 55 0649878 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 331/3% 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 331/3% 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (ii) EIN (iv) Is the organization (i) Name of supported organization (iii) Type of organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in your governing support (see other support (see document? above or IRC section. instructions) instructions) (see instructions)) Yes No (A) (B) (C) (D) (E)

Schedul	e A (Form 990 or 990-EZ) 2014	·····					Page 2
Part							
	(Complete only if you checked th						ality under
Secti	Part III. If the organization fails to on A. Public Support	quality undi	ar the fests ha	sted below, p	lease comple	ete Part III.)	
	dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and	(4) 2010	(6) 2011	(0) 2012	(a) 2013	(0)2014	(i) Total
•	membership fees received. (Do not						
	include any "unusual grants.")		1				
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf		1				
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge		İ				
4	Total. Add lines 1 through 3	· · · · · ·					
5	The portion of total contributions by						
5	each person (other than a		1	İ			1
	governmental unit or publicly		[
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)				ļ		-
6 Socti	Public support. Subtract line 5 from line 4. on B. Total Support		<u> </u>	L	l	L	<u> </u>
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	(4) 2010	(5) 2511	(0) 2012	(d) 2010	(0) 2014	(i) Total
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar					ĺ	
	sources						<u> </u>
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or		 			 	
	loss from the sale of capital assets			j			
	(Explain in Part VI.)	_		ŀ]		
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the						
Scati	organization, check this box and stop he on C. Computation of Public Support			· · · · ·		 	· · · • 🔟
<u>Secu</u>	Public support percentage for 2014 (line)			1 column (h)		14	%
15	Public support percentage from 2013 Scl		-			15	
16a	331/3% support test -2014. If the organi	zation did not	check the box	on line 13, an	d line 14 is 33	1/3% or more, 0	check this
	box and stop here. The organization qua	•		-			
b	••					e 15 is 331/3%	
	check this box and stop here. The organ	-	•	• • • •	•		🕨 🗀
17a	10% -facts-and-circumstances test -20						
	10% or more, and if the organization me Part VI how the organization meets the "f	ets the "tacts- acts-and-circ	-and-circumsta umstances" tes	inces" test, cne st. The organiz	eck this box a	na stop nere.	Explain in
	organization				ation qualifies	as a publicity s	► []
b	10%-facts-and-circumstances test —20				con line 13 1	6a 16b or 17d	
	15 is 10% or more, and if the organization	lion meets th	e "facts-and-ci	ircumstances"	test, check t	his box and s	top here.
	Explain in Part VI how the organization m	eets the "fact	s-and-circums	tances" test. T			
	•						🕨 🛚
18	Private foundation. If the organization di						
	instructions	• • • •	· · · · ·		· · · · ·		· · • 🔻

Part III	C	4 A	Described in Section 509(a)(2)
24146118	SHIDDON'T SCHAMINA	TOT CITARNIZATIONS	Decembed in Section Williams
	Cupper t Confedence		Described in Secuon Sosianzi
		•	

(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	on A. Public Support	41.401 110 10	oto iiotoa bot	ov, piodoc oc	on pioco r are		
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees	(4) 2010	(5) 2011	(0) 2012	(4) 2010	(0) 2014	(i) rota
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an	··········		<u> </u>			
	unrelated trade or business under section 513						
4	Tax revenues levied for the					·	
•	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to the		1				
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
·u	received from disqualified persons .						
ь	Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						 ,
8	Public support (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support					<u> </u>	l
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .		<u> </u>		İ		1
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses			1			
	acquired after June 30, 1975]			
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether					1	1
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets					ŀ	
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,					[_
	and 12.)	<u> </u>		<u>L</u>	L	l	
14	First five years. If the Form 990 is for the				•		on 501(c)(3)
	organization, check this box and stop he		<u> </u>	• • • • •	· · · · ·	<u> </u>	► □
	on C. Computation of Public Suppor						
15	Public support percentage for 2014 (line					15	<u>%</u>
16 Socti	Public support percentage from 2013 Sci on D. Computation of Investment In			<u> </u>		16	%
17	Investment income percentage for 2014 (v line 12 colu	mn (fl)	17	
18	Investment income percentage for 2014 (• • •	•		18	<u>%</u>
19a	331a% support tests—2014. If the organ						
134	17 is not more than 331/8%, check this box						
ь	331/3% support tests—2013. If the organiz					_	_
	line 18 is not more than 331/2%, check this						
20	Private foundation. If the organization di						
				,,,			

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Se	ction	A. A	i Sup	porting	Organ	izations

1	Are all of the experience supported experience lested by name in the experience accoming		Yes	No
	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <i>Part VI</i> how the supported organizations are designated. If designated by class or purpose, describe the designation of thistoric and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <i>Part VI</i> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <i>Part VI</i> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in <i>Part VI</i> what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <i>Part VI</i> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <i>Part VI</i> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <i>Part VI</i> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <i>Part VI</i> .			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial	6		-
•	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <i>Part VI</i> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <i>Part VI</i> .	9b	-	
C	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or denve any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <i>Part VI</i> .	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720 to			

determine whether the organization had excess business holdings.)

10b

	Capporary Communications (Communication)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		•	
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
<u> </u>	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. on B. Type I Supporting Organizations	11c		
Occu	Gr. D. Type i Supporting Organizations	<u></u>	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <i>Part VI</i> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,		100	140
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <i>Part VI</i> how providing such benefit carned out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <i>Part VI</i> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Secti	on D. All Type III Supporting Organizations		1	<u> </u>
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		ļ
_	organization maintained a close and continuous working relationship with the supported organization.	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <i>Part VI</i> the role the organization's supported organizations played in this regard	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations	<u>, , , , , , , , , , , , , , , , , , , </u>	1	 -
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s)
а	☐ The organization satisfied the Activities Test. Complete line 2 below			•
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in:	structi	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <i>Part VI identify those supported organizations and explain</i> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <i>Part VI</i> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3b		-

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	<u>gani:</u>	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co	trus mple	st on Nov. 20, 1970. See te Sections A through E	instructions. All
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a	······································	
b Average monthly cash balances	16		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d	· · · · · · · · · · · · · · · · · · ·	
e Discount claimed for blockage or other	 		
factors (explain in detail in Part VI):	1		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		·
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2	······································	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	y-int	egrated Type III support	ing organization (see
instructions).		2,	

Part ') Supporting Organi	zations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	rted		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
	D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.		· <u>-</u> ,	
5	Remaining underdistributions for years prior to 2014, if		Ti.	
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3 _j and 4c.			
8	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013			
е	Excess from 2014			

клесын А (г	Page Page	О
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)	_
		
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SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047 2014

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization	Employer Identification number
WV Future Farmers of America Foundation, Inc.	55 0649878
Part I live the England in the House	
Part II, Line 11 - Form 490 is reviewed by the	roundation Chairman
prior to being submitted and is available for revi	ew by all members
of the Executive Committee and Coverning Body.	
January, January, Landon, Marie Landon, Marie Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon, Landon,	
Part II, Line 19 - All of our governing documen	its, financial statements, etc
•	
are available to the public upon request.	***************************************
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WEST VIRGINIA FFA FOUNDATION BOARD OF DIRECTORS 2014 – 2015

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Kevin Okes (Southeastern) 614 Blue Jay 6 Road Cool Ridge, WV 25825

Steve Tennant (Northcentral) Route 2 Box 214B Grafton, WV 26354 WV Future Farmers of America Foundation, Inc 550649878

FINANCIAL STATEMENT WEST VIRGINIA FFA FOUNDATION, INC. December 31, 2014 Checking Account - City National Bank

Checking Account Balance (December 31, 2013)\$38,415.82
Deposits (January 1, 2014 - December 31, 2014)
SUBTOTAL\$ 85,786.87
Disbursements (January 1, 2014 - December 31, 2014)
(1089) March 28, 2014 - Louis Novotny (Ag Ed Scholarship) \$ 500.00
(1090) March 28, 2014 - Michelle Biser (Ag Ed Scholarship)500.00
(1091) March 28, 2014 - WV FFA (N.O. Reception)
(1092) May 9, 2014 - Budget Finance Co. (Investment)15,000.00
(1093) July 10, 2014 - WV FFA (Scholarships and Awards)9403.65
(1094) July 16, 2014 - WV FFA (Matt Rexrode Scholarship)125.00
(1095) November 14, 2014 - Jessica Woodworth (Star Scholarship) 500.00
(1096) December 12, 2014 - Kelsey Flinn (Ag Ed Scholarship)500.00
(1097) December 12, 2014 - Rebecca Swope (Ag Ed Scholarship) 500.00
SUBTOTAL\$ 27,128.65
Checking Account Balance (December 31, 2014)\$ 58,658.22