990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to Public ▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

A	For the	2017 cale	ndar year, or tax year beginning , 2017, and endi			, 20				
В		applicable	C Name of organization S.C. FUTURE FARMERS OF AMER. FNDTN		D Employe	r identification number				
$\ddot{\Box}$	Address		Doing business as			74928				
\exists	Name ch		Number and street (or P O box if mail is not delivered to street address) Room/si	ute	E Telephon					
H	Initial ret	•	200 LYDIA DRIVE	ł	•	894-3261				
H		m/terminated	City or town, state or province, country, and ZIP or foreign postal code		(005)	091 3201				
님			PELION, SC 29123		G Gross re	ceipts \$ 3,673,816.				
	Amende		F Name and address of principal officer	11/23 1- 15 0-2		ubordinates? Yes No				
ш	Applicati	ion penaing		-		included? Yes No				
-	-		Frank Stover, 200 LYDIA DR, PELION, SC 29123			list (see instructions)				
<u> </u>		mpt status	▼ 501(c)(3)	" }		,				
<u>-</u> -	Website		I/A		exemption i					
			Corporation ☐ Trust ☐ Association ☐ Other ► ☐ L Year of formation	1110n 197	M State	of legal domicile SC				
	art I	Summ								
	1	Briefly de	escribe the organization's mission or most significant activities: Promote	te & support	students	in agriculture in SC.				
Governance)									
E E	}_				050/					
Š	2		is box $\blacktriangleright \Box$ if the organization discontinued its operations or disposed	of more than))	_				
Ğ	3		of voting members of the governing body (Part VI, line 1a)		3	<u> </u>				
e5 V	4		of independent voting members of the governing body (Part VI, line 1b)	4	9				
iţie	5		nber of individuals employed in calendar year 2017 (Part V, line 2a)		5	1				
Activities &	6	Total nur	nber of volunteers (estimate if necessary)		6	0				
Ĭ	7a	Total unr	related business revenue from Part VIII, column (C) line 12		7a	<u> </u>				
	b	Net unre	diced business taxable income in only of its state.	<u> </u>	7b	0.				
e	1			Prior Ye		Current Year				
	8		tions and grants (Part VIII, line 1 h) දිදිAUG .0 6 2018 . 🤤		3,579.	2,672.				
enr	9		service revenue (Part VIII, line 2g) . [
Revenue	10	Investme	ent income (Part VIII, column (A), lines 3, 4, and ADEN . IT.	298	3 <u>,</u> 037.	608,096.				
-	11	Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 106, and 110.							
	12	Total rev	1,616.	610,768.						
	13	Grants a	nd sımılar amounts paid (Part IX, column (A), lines 1-3)	27	5,000.	275,000.				
	14	Benefits	paid to or for members (Part IX, column (A), line 4)							
S	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)	mployee benefits (Part IX, column (A), lines 5-10)						
Expenses	16a	Profession	onal fundraising fees (Part IX, column (A), Iine 11e)	<u> </u>						
ĝ	b	Total fun	draising expenses (Part IX, column (D), line 25) ▶ 0.							
ш	17	Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	5	5,350.	54,561.				
	18	Total exp	penses. Add lines 13-17 (must equal Part IX, column (A), line 25) .	35	7,186.	338,192.				
	19	Revenue	eless expenses. Subtract line 18 from line 12	-5	5,570.	272,576.				
5	3			Beginning of Co	ırrent Year	End of Year				
sets	20	Total ass	sets (Part X, line 16)	9,86	2,938.	10,842,332.				
Y. Ass	21	Total liat	Dilities (Part X, line 26)							
Net Assets or	22	Net asse	ets or fund balances. Subtract line 21 from line 20	9,86	2,938.	10,842,332.				
	art II	Signa	ture Block	·						
Ur	ider pena	iltres of perju	ury, I declare that I have examined this return, including accompanying schedules and stat	ements, and to	he best of r	ny knowledge and belief, it is				
tru	ie, correc	t, and comp	elete eclaration of preparer (other than officer) is based on all information of which prepar	er has any know	ledge					
			Mark Hon	10	7/11/2	018				
Sig	gn	agr	nature of officer	Da	ite					
Here		FR	ANK_STOVER, TREASURER							
			e or print name and title							
		Print/Ty	rpe preparer's name Preparer's signature (Date	Charle	of PTIN				
	aid	Amv		07/16/201	Check Self-emp					
	epare	7				57-0757755				
U	se On	'Y	address > 468 OLD CHEROKEE ROAD LEXINGTON, SC 2907			03) 359-3800				
Ma	v the IF		is this return with the preparer shown above? (see instructions)	<u>. FIII</u>	one no. 10	X Yes No				
_				EV 12/05/17 PRO		Form 990 (2017)				

orm 99	00 (2017) Page 2
art	
1	Check if Schedule O contains a response or note to any line in this Part III
•	Promote & support students in agriculture in SC.
	Tromote & Support Students In agriculture in to:
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 275,000. including grants of \$ 275,000.) (Revenue \$ 0.)
	Allocation to S.C. Association of Future Farmers of
	America for the purpose of promoting and supporting
	students in agriculture in South Carolina.
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses > 275,000

Form 990 (2017)

Page 3

art	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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	2		×
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		×
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, Part III	5		×
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		×
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		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
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, VIII, 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		×
	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		×
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	×	
	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		×
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	×	
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		×
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ	×
מ	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		×
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		×
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		×
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		×
		For	n 99 0	(2017

Part	V Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_ <u>×</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	×	
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		×
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		_×_
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		ł	
	through 24d and complete Schedule K. If "No," go to line 25a	24a	}	×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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	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?			
	If "Yes," complete Schedule L, Part I	25b		×
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		}	1
	disqualified persons? If "Yes," complete Schedule L, Part II	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 entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV	28b		×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	-00		- ^-
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
0.4	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		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u></u> -		<u> </u>
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	}	×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2 </i>	36		×
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	ļ	×
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	×	<u> </u>

ait	Check if Schedule O contains a response or note to any line in this Part V			
		·	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			1
	reportable gaming (gambling) winnings to prize winners?	1c	×	ĺ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	ĺ
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
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	_	<u> </u>
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			ĺ
	account)?	4a		×
b	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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or]		
	gifts were not tax deductible?	6b	ļ	
7	Organizations that may receive deductible contributions under section 170(c).			Į
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	-	-	ļ
	and services provided to the payor?	7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	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		<u>X</u>
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 7h		┼
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	 / 	-	
0		8		
9	sponsoring organization have excess business holdings at any time during the year?	-		×
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		-x
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	L	×
10	Section 501(c)(7) organizations. Enter:		 	†
а	Initiation fees and capital contributions included on Part VIII, line 12	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1]	1
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders	ì		
b	Gross income from other sources (Do not net amounts due or paid to other sources]		
	against amounts due or received from them.)		l	l
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	L	<u> </u>	<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.	[1	
b	Enter the amount of reserves the organization is required to maintain by the states in which		ļ	
	the organization is licensed to issue qualified health plans	1		
С	Enter the amount of reserves on hand	<u> </u>		ļ
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	×
b_	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	<u> </u>	1

Part '	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		<u> </u>
Section	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 9			
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 9			
2	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? .	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		X
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	×	
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		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	•		,
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	L.,	×
<u>Secti</u>	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C) -
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>
b	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		-
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		ļ	
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		×
14	Did the organization have a written document retention and destruction policy?	14		×
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?	4-	-	
a	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	X
b	Other officers or key employees of the organization	15b	 -	×
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		-	
		16a	-	×
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	İ		,
	organization's exempt status with respect to such arrangements?		-	
Sect:		16b	<u> </u>	L
	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► SC			
17 18	List the states with which a copy of this Form 990 is required to be filed SC Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires and organization for make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires and organization for make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires 6104 requir	n 501	(C)(3)	only)
10	available for public inspection. Indicate how you made these available. Check all that apply.		(0)(0):	orny)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	toroo*	nolic	, ,,,,,,,,
13	financial statements available to the public during the tax year.	.c. 62[POlic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re			
ZU	State the name, address, and telephone number of the person who possesses the organization's books and re	corus	·	

Page	7
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Part VII	Compensation	of Officers,	Directors,	Trustees,	Key Employees,	Highest C	compensated	Employees,	and
	Independent Co	ontractors							

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) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, ı	ot ch unles:	s pei	tion more	than of is both or/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) FRANK R. STOVER, SR EXECUTIVE DIRECTOR & TREASURER	15.00	×		×		×		8,000.	0.	0.
(2) FRANK R. STOVER, JR EXECUTIVE DIRECTOR & TREASURER	15.00	×		×				0.	0.	0.
(3) TOM DOBBINS BOARD MEMBER	0.00	×						0.	0.	0.
(4) DERRICK COOPER BOARD MEMBER	0.00	×						0.	0.	0.
(5) LEE MAYFIELD BOARD MEMBER	0.00	×						0.	0.	0.
(6) GLENN STEVENS BOARD MEMBER	0.00	×						0.	0.	0.
(7) DREFUS WILLIAMS BOARD MEMBER	0.00	×						0.	0.	0.
(8) RONNIE FORD BOARD MEMBER	0.00	×						0.	0.	0.
(9) KEITH COX BOARD MEMBER	0.00	×		×				0.	0.	0.
(10) CURTIS WHITE BOARD MEMBER	0.00	×		×				0.	0.	0.
(11)										
(12)										
(13)										
(14)										

	(A) Name and title	(B) Average hours per	box, ı	(C) Position ot check more than or unless person is both er and a director/truste				an	(D) Reportable compensation	(E) Reportable compensation related		(F) Estimated amount of other	
		week (list any hours for related organizations below dotted fine)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organization (W-2/1099-MI		comper from organia and re organiz	nsation the zation lated
(15)								 		<u> </u>	- - -	· · ·	
(16)													
(17)								-			+		
(18)						-	 -	_					
								-					
(20)													
						_		_					
				_									
								_					
(23)													
(24)													
(25)			-			-							
1b c	Sub-total	VII, Section	n A			•		> > >	8,000.		0.		0.
d 2	Total (add lines 1b and 1c)							<u>►</u> e) w		ore than \$10		of	
3	Did the organization list any former or employee on line 1a? If "Yes," complete	fficer, direc						emp	oloyee, or high	nest comper	nsated	3	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$									4	×
5	Did any person listed on line 1a receive of for services rendered to the organization											5	×
	on B. Independent Contractors							_					
1	Complete this table for your five highest compensation from the organization. Reyear.												n's tax
	(A) Name and business add	dress							(B) Description of s	services	C	(C) ompensa	ition
	Total number of independent contractor	ore (includi	na bi	<u>ı</u>	ot	lımi	tod t		noso listod ab	ovo) who			

Part	VIII	Statement of Rever			line in Abie	Dard VIII		
	•	Check if Schedule O	Contains a	response or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns		1a				
Contributions, Gifts, Grants and Other Similar Amounts	b		_	1b				
S, G	С	Fundraising events .		1c				
iifts ar A	d	Related organizations	_	1d				
s, G	е	Government grants (contr		1e				
ion Sign	f	All other contributions, gift						
but		and similar amounts not inclu		1f 2,672.			3	
<u> </u>	g	Noncash contributions include	<u> </u>					
Cor	_	Total. Add lines 1a-1f		2,672.				
		Totali / taa ii iaa ia	<u> </u>	Business Code	2,3,21			
Program Service Revenue	2a							
ě	b							
8	c							
Ē.	d							
Š								
īa	e	All other program cond						
õ	f	All other program servi						
<u> </u>	<u>g</u> 3	Total. Add lines 2a-2f Investment income (i	inaludina d					
	3	and other similar amou			0.45 4.05	0		045 405
			•		245,425.	0.	0.	245,425.
	4	Income from investment		·				
	5	Royalties	(ı) Real	(II) Personal				
		_	(i) Real	(ii) Fersonai			,	
	6a	Gross rents						
	b	Less. rental expenses						1
	C	Rental income or (loss)						
	_d	Net rental income or (I	_ 	<u> ▶</u>				
	7a	Gross amount from sales of	(i) Securities					
			3,425,71	9.				
	b	Less: cost or other basis						
			3,063,04					
	С	Gain or (loss)	<u>362,67</u>	1.				
	d	Net gain or (loss) .		. <u> ▶</u>	362,671.	0.	0.	362,671.
Other Revenue	8a	Gross income from fur	ndraising					
Š		events (not including \$						
æ		of contributions reported	d on line 1c)	•				
ЭĒ		See Part IV, line 18 .		a				
ᄚ	b	Less: direct expenses		b				<u> </u>
		Net income or (loss) from						
	9a	Gross income from gar	ming activitie	es.				
		See Part IV, line 19 .		a			!	
	b	Less: direct expenses		b	_			
	С	Net income or (loss) from	om gaming	activities ►				
	10a	Gross sales of inv		ss				
		returns and allowance	s	a				
	b	Less: cost of goods so	old	b	j			
	С	Net income or (loss) from	om sales of	ınventory ▶				
		Miscellaneous Re	evenue	Business Code				
	11a				Į į	_		
	ь							
	c							
	ď	All other revenue .						
	e	Total. Add lines 11a-1			<u> </u>			
	12	Total revenue. See in			610,768.	0.	0.	608,096.

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must com				
	. Check if Schedule O contains a respons				
	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	i			
	and domestic governments. See Part IV, line 21	275,000.	275,000.		
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 Compensation of current officers, directors, trustees, and key employees	8,000.	0.	8,000.	0.
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 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	631.	0.	631.	0.
11	Fees for services (non-employees):				
a	Management	5 000		5 000	
b	Legal	5,000.	0.	5,000.	0.
C C	Accounting	5,000.	0.	5,000.	<u> </u>
d e	Lobbying				
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	993.	0.	993.	0.
14	Information technology				
15	Royalties		· · · · · · · · · · · · · · · · · · ·		
16	Occupancy				
17	Travel	1,058.	0.	1,058.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	1,713.	0.	1,713.	0.
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.)				
_	· ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	700		700	
a	Stipends	700.	0.	700.	0.
b	Investment Expenses	38,960. 85.	0.	38,960. 85.	0.
q C	Bank Charges	48.	0.	48.	0.
d e	Contract Labor All other expenses	1,004.	0.	1,004.	0.
е 25	Total functional expenses. Add lines 1 through 24e	338,192.	275,000.	63,192.	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)	330,192.	273,000.	03,192.	0.

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X... (A) Beginning of year End of year 1 Cash-non-interest-bearing 2 74,754. 216,759. 2 Savings and temporary cash investments 3 3 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 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 Assets 7 7 8 Inventories for sale or use 0. 9 Prepaid expenses and deferred charges . . 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 594,616. 10b 590,846. 590,846. Less: accumulated depreciation 10c h 10,031,515. 9,193,884. 11 11 Investments—publicly traded securities 12 Investments—other securities. See Part IV, line 11 12 13 13 Investments—program-related. See Part IV, line 11 14 14 3,212. 3,454. 15 15 9,862,938. 10,842,332. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 18 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 💢 and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 10,842,332. Retained earnings, endowment, accumulated income, or other funds. 9,862,938. 32 10,842,332. 33 9,862,938. 33 10,842,332. 9,862,938.

orm 99	90 (2017)			Ρ	age 12
Parl	XI Reconciliation of Net Assets				
	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		610,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		338,	
3	Revenue less expenses. Subtract line 2 from line 1	3		272,	576.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,	862,	938.
5	Net unrealized gains (losses) on investments	5		706,	818.
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	10,	842,	332.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u> </u>		<u>. 🗆</u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other	.,	_	Ì	ļ
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın i	ın		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			×	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled o	or		
	reviewed on a separate basis, consolidated basis, or both:				- ' '
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		_		
b	Were the organization's financial statements audited by an independent accountant?		. 2t) <u>×</u>	ļ
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	а		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over		. !		
	of the audit, review, or compilation of its financial statements and selection of an independent account			; <u>×</u>	
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın i	in		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i	i		
	the Single Audit Act and OMB Circular A-133?		· 3a	1	×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3k)	

Form **990** (2017)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

(E) **Total** **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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number S.C. FUTURE FARMERS OF AMER. FNDTN. 51-0174928 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 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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: 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.) An adricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 X 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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 b 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, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d ☐ 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. 1 Provide the following information about the supported organization(s). (iı) EIN (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No SC ASSOCIATION OF FUTURE FARMERS OF AMERICA 57-6029435 × 10 275,000. (B) (C) (D)

275,000

Part II

	Part III. If the organization fails to						ality urider
Secti	on A. Public Support	1		· •	•		
Calen	dar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	N.					
3	The value of services or facilities furnished by a governmental unit to the organization without charge		١.				
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
_ 6	Public support. Subtract line 5 from line 4		1	1			
	on B. Total Support		`\				
	dar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	-		`			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
9	Net income from unrelated business activities, whether or not the business is regularly carried on	,	/	/			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10				Á		
12	Gross receipts from related activities, etc.	•	•		,	12	
13	First five years. If the Form 990 is for th	-					
<u> </u>	organization, check this box and stop her				· · · · ·		▶ ∐
	on C. Computation of Public Suppor			1		144	0/
14 15	Public support percentage for 2017 (line 6 Public support percentage from 2016 Sch		•			14	<u>%</u>
16a	331/3% support test—2017./If the organic						
	box and stop here. The organization qual						▶ □
b	331/3% support test - 2016. If the organiz						ore, check
	this box and stop here. The organization	qualifies as a	publicly suppo	rted organızatı	on		▶ 🗆
17a	10%-facts-and-circumstances test — 20 10% or more, and if the organization me Part VI how the organization meets the "torganization	ets the "facts	-and-circumsta	ances" test, ch st. The organi	neck this box	and stop here	. Explain ın
b	10%-facts-and-circumstances test — 20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	tion meets th	e "facts-and-c ts-and-circums	circumstances stances" test.	" test, check	this box and	stop here.
18	Private foundation. If the organization did				 a. or 17b. chec	k this box and	see
	instructions						

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Schedu	le A (Form 990 or 990-EZ) 2017				•	\	Page 3
Part		ne box on√line	e 10 of Part I	or if the orgar			
Secti	on A. Public Support			, ,			
Calen	dar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		A				
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		\				
3	Gross receipts from activities that are not an unrelated trade or business under section 513		,				
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	_					
5	The value of services or facilities furnished by a governmental unit to the organization without charge		\				
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		,				
8	Add lines 7a and 7b			\			
Secti	on B. Total Support		/		\		
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	\ (d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	ĺ ĺ					
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	/					
b	Unrelated business taxable income (less section 511 taxes) from businesses				1		

Jaien	dar year (or liscal year beginning iii)	(a) 2013 /	(b) 2014	(6) 2013	\ (u) 2010	(e) 2017	(i) i Otai
9	Amounts from line 6	/			\		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	<i>,</i>			1		
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		-				
С	Add lines 10a and 10b /		-		1		
11	Net income from unrelated business activities not included in line 10b, 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 VI.)					"\	
13	Total support. (Add lines 9, 10c, 11, and 12.)					,	
14	First five years. If the Form 990 is for the	ne organization	's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	on 501(c)(3)

	organization, check this box and stop here	• •	· ·	<u> </u>	
ect	ion C. Computation of Public Support Percentage				
15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)	15			%
16	Public support percentage from 2016 Schedule A. Part III. line 15	16		ή	9,

sect	ion C. Computation of Public Support Percentage			
15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	,	%
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	λ	%
Sect	ion D. Computation of Investment Income Percentage			
17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	```	%
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	r.	%
			001 04 1 11	

<i>a</i>	337376 Support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 55 376, and line	
	17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization	
b	331/3% support tests -2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and	
	line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization	

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Org	anizations
-------------------------------	------------

ecti	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic 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 Part VI 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 Part VI 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 Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b 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 Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 Part VI 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 Part VI , 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		×
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	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 or 990-EZ).	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 Part VI .	9a		×
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b 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	-	

Part	Supporting Organizations (continued)			
44			Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a	below, the governing body of a supported organization?	11a	}	×
b	A family member of a person described in (a) above?	11b		×
	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.	11c		×
Secti	on B. Type I Supporting Organizations			
			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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, 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 Part VI how providing such benefit carried 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 Part VI 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		T	
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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		Yes	No
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	×	Ĺ.,
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		x
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 Part VI the role the organization's supported organizations played in this regard.	3	-	×
Secti	on E. Type III Functionally Integrated Supporting Organizations			
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.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity ((see ır	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			1110
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain 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	1	_
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 Part VI 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 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> 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? <i>Provide details in Part VI.</i>			
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 Part VI the role played by the organization in this regard.	3a 3b		-

Pa	ae	6
ГΦ	чø	v

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations				
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
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	1					
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)			
1 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	1b					
c Fair market value of other non-exempt-use assets	1c					
d Total (add lines 1a, 1b, and 1c)	1d					
e Discount claimed for blockage or other factors (explain in detail in Part VI):						
2 Acquisition indebtedness applicable to non-exempt-use assets	2	<u> </u>				
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 instructions).	ly in	tegrated Type III support	ing organization (see			

Schedule A (Form 990 or 990-EZ) 2017

Part Part) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2				
	organizations, in excess of income from activity	<u> </u>		
3				
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 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required — explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
-	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3 _j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Part VI

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
See Sta	tement

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number S.C. FUTURE FARMERS OF AMER. FNDTN. 51-0174928 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6, (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year 4 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? Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements . 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax vear ▶ 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 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not 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 public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 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 public service, provide the following amounts relating to these items: 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: Assets included in Form 990, Part X

Schedu	le D (Form 990) 2017				•			Page 2
Part		Collections of	Art. Hist	orical T	reasures	. or Ot	her Similar As	
3	Using the organization's acquisition, accollection items (check all that apply):							
а	☐ Public exhibition		d i	□Loan	or exchang	ne prog	rams	
b	☐ Scholarly research			☐ Othei				
c	☐ Preservation for future generations							
4	Provide a description of the organization XIII.	on's collections	and expla	in how t	hey further	the org	janization's exem	npt purpose in Part
5	During the year, did the organization sassets to be sold to raise funds rather t							ır □ Yes □ No
Part								
	Complete if the organization a		" on For	m 990, F	Part IV, line	e 9, or	reported an am	ount on Form
	990, Part X, line 21.							
ıа	Is the organization an agent, trustee,							
	included on Form 990, Part X?							∐ Yes ∐ No
b	If "Yes," explain the arrangement in Par	t XIII and compl	ete the fo	llowing to	able.			
	_							mount
C	Beginning balance					10		
d	Additions during the year					10		
e	Distributions during the year					16		
f	Ending balance					11		
2a	Did the organization include an amount						•	
	If "Yes," explain the arrangement in Par	t XIII. Check her	e if the ex	cplanatio	n has been	provid	ed on Part XIII .	<u> L</u>
Par	t V Endowment Funds.	1.437	, –	000		40		
	Complete if the organization							145-
		(a) Current year	(b) Pri	or year	(c) Two yea	rs back	(d) Three years back	(e) Four years back
1a	Beginning of year balance							
Ь	Contributions							
С	Net investment earnings, gains, and							
	losses							
d	Grants or scholarships	•	<u> </u>					
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the	-	nd balanc	e (line 1g	j, column (a	a)) held	as:	
а	Board designated or quasi-endowment	: >	%					
b	Permanent endowment	%						
С	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and 2							
3a	Are there endowment funds not in the organization by.	possession of the	ne organi	zation th	at are held	and ac	lministered for th	e Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" on line 3a(ii), are the related org	ganizations listed	as requi	red on Se	chedule R?			3b
4	Describe in Part XIII the intended uses	of the organizati	on's endo	wment f	unds.			
Par	Land, Buildings, and Equipm Complete if the organization		on For	m 990. l	Part IV. lin	e 11a.	See Form 990	Part X. line 10.
	Description of property	(a) Cost or o	ther basis	(b) Cost of	or other basis other)	(c)	Accumulated epreciation	(d) Book value
	Land	50	0,846.	<u> </u>				590,846.
	Ruildings		0,040.					390,040.

3,770.

0.

590,846.

3,770.

c Leasehold improvements

d Equipment

Part VII	Complete of the empowering engineer (Vas) of Ferri	~ UUU D~~ I/ I:~	A 11h CAA EA	2000 Dart V line 40
	Complete if the organization answered "Yes" on Form (a) Description of security or category	n 990, Part IV, IIn	T	thod of valuation
•	(a) Description of security or category (including name of security)	(b) BOOK VAIUE		i-of-year market value
	derivatives			
	neld equity interests			
Other				
(A)				
(B)				
(C)		 ,		
(D)				
(E)				
(F)		· ·		
(G) (H)				
	h) must agree Form 000 Part V and (P) (no. 12)			
art VIII	b) must equal Form 990, Part X, col. (B) line 12.) ► Investments — Program Related.		<u> </u>	
art VIII	Complete if the organization answered "Yes" on For	m 990 Part IV lin	e 11c. See Form	n 990. Part X. line 13.
	(a) Description of investment	(b) Book value	1	ethod of valuation
	(a) Description of invocance.	(2) 200 1420	1-7	d-of-year market value
1)				
2)				
3)				
k)		· · ·		
5)				
6)				
6) 7)				
6) 7) 8)				
	(b) must equal Form 990, Part X, col (B) line 13.) ▶			
6) 7) 8) 9)	Other Assets.			
6) 7) 8) 9) otal. (Column (Other Assets. Complete if the organization answered "Yes" on For	m 990, Part IV, lir	ne 11d. See Forr	
6) 7) 8) 9) otal. (Column (Other Assets. Complete if the organization answered "Yes" on For (a) Description	m 990, Part IV, lir	ne 11d. See Forr	(b) Book value
6) 7) 8) 9) ntal. (Column (Part IX	Other Assets. Complete if the organization answered "Yes" on For	m 990, Part IV, lir	ne 11d. See Forn	(b) Book value
5) 7) 8) 9) 11al. (Column (Part IX	Other Assets. Complete if the organization answered "Yes" on For (a) Description	m 990, Part IV, lir	ne 11d. See Forn	(b) Book value
5) 77) 8) 9) 11) ACCRU 2) 3)	Other Assets. Complete if the organization answered "Yes" on For (a) Description	m 990, Part IV, lir	ne 11d. See Forn	(b) Book value
5) 77) 8) 9) 9tal. (Column (Part IX 1) ACCRU 2) 3)	Other Assets. Complete if the organization answered "Yes" on For (a) Description	m 990, Part IV, lir	ne 11d. See Forr	(b) Book value
6) 77) 8) 9) 1tal. (Column (Part IX 1) ACCRU 2) 3) 4)	Other Assets. Complete if the organization answered "Yes" on For (a) Description	m 990, Part IV, lir	ne 11d. See Forr	(b) Book value
6) 77) 8) 9) 1tal. (Column (Part IX 1) ACCRU 2) 3) 4) 5)	Other Assets. Complete if the organization answered "Yes" on For (a) Description	m 990, Part IV, lir	ne 11d. See Forr	(b) Book value
56) 77) 89) 99 Tal. (Column (Part IX 1) ACCRU 2) 33) 44) 55) 66)	Other Assets. Complete if the organization answered "Yes" on For (a) Description	m 990, Part IV, lir	ne 11d. See Forr	(b) Book value
56) 77) 89) 91	Other Assets. Complete if the organization answered "Yes" on For (a) Description	m 990, Part IV, lir	ne 11d. See Forn	(b) Book value
6) 7) 8) 9) htal. (Column (Part IX 1) ACCRU 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answered "Yes" on For (a) Description ED INTEREST & DIVIDE			(b) Book value 3, 212
6) 7) 8) 9) otal. (Column (Part IX 1) ACCRU 2) 3) 4) 55) 66) 77) 88) 9) otal. (Column	Other Assets. Complete if the organization answered "Yes" on For (a) Description ED INTEREST & DIVIDE Immn (b) must equal Form 990, Part X, col. (B) line 15.)			(b) Book value 3, 212
6) 77) 8) 9) 1al. (Column (Part IX 1) ACCRU 2) 3) 4) 5) 6) 77) 8) 9) otal. (Colu	Other Assets. Complete if the organization answered "Yes" on For (a) Description ED INTEREST & DIVIDE Imm (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.		•	(b) Book value 3, 212
6) 7) 8) 9) htal. (Column (Part IX 1) ACCRU 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answered "Yes" on For (a) Description ED_INTEREST & DIVIDE Imm (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on For		•	(b) Book value 3, 212
6) 77) 8) 9) stal. (Column (Part IX 1) ACCRU 2) 3) 4) 5) 6) 7) 8) 9) otal. (Colu	Other Assets. Complete if the organization answered "Yes" on For (a) Description ED INTEREST & DIVIDE Imm (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on For line 25.		•	(b) Book value 3, 212
6) 77) 8) 9) 1tal. (Column (Part IX 1) ACCRU 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column (Part X	Other Assets. Complete if the organization answered "Yes" on For (a) Description ED_INTEREST & DIVIDE Imm (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on For line 25. (a) Description of liability (b) Book value		•	(b) Book value 3, 212
56) 77) 88) 99) 1al. (Column (Part IX 1) ACCRU 2) 33) 4) 55) 66) 77) 88) 99) otal. (Column (Part X 1) Federal (Other Assets. Complete if the organization answered "Yes" on For (a) Description ED INTEREST & DIVIDE Imm (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on For line 25.		•	(b) Book value 3, 212
56) 77) 88) 99) stal. (Column (Part IX 1) ACCRU 2) 33) 44) 55) 66) 77) 88) 99) otal. (Column (Part X 1) Federal (2)	Other Assets. Complete if the organization answered "Yes" on For (a) Description ED_INTEREST & DIVIDE Imm (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on For line 25. (a) Description of liability (b) Book value		•	(b) Book value 3, 212
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Part				Return	•
	Complete if the organization answered "Yes" on Form 990,			· · · · · · · · ·	
1	Total revenue, gains, and other support per audited financial statements			1	1,317,588.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	706 , 820.]	
b	Donated services and use of facilities	2b]	
С	Recoveries of prior year grants	2c]	
d	Other (Describe in Part XIII.)	2d]	
е	Add lines 2a through 2d			2e	706,820.
3	Subtract line 2e from line 1			3	610,768.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1 1	
b	Other (Describe in Part XIII.)			<u> </u>	
C	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	610,768.
Part	XII Reconciliation of Expenses per Audited Financial Statem			er Retu	ırn.
	Complete if the organization answered "Yes" on Form 990,				
1	Total expenses and losses per audited financial statements			1	338,192.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities	2a		_	
b	Prior year adjustments	2b]	
С	Other losses			1	
d	Other (Describe in Part XIII.)			↓ -	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	· · ·		3	338,192.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b		<u> </u>	4	
b	Other (Describe in Part XIII.)			-	
c	Add lines 4a and 4b			4c	220 102
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Iin	ne_18.)	<u> </u>	5	338,192.
	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.	ad A. Da	ut IV lines 1b and 2	b. Dort V	/ line 4: Part V line
Provid	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part	t to pro	urt IV, lilles 10 and 2 uide any additional i	u, ran v nformati	on
2, Fai	t Al, lilles 20 allo 40, allo F alt Ali, lilles 20 allo 40. Also complete tills part	t to pro-	vide any additional i	monnau	011.
					
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SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

2017	Open to Publi Inspection

Employer identification number

OMB No 1545-0047

► Attach to Form 990. ■ Go to www.irs.gov/Form990 for the latest information.

Operating Expenses ° □ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance X Yes 51-0174928 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (g) Description of noncash assistance (e) Amount of non-cash assistance (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? General Information on Grants and Assistance FUTURE FARMERS OF AMER. FNDTN PO Box 2320 Columbia SC 29224 57-6029435 (p) EIN (1) SC ASSOCIATION OF FUTURE FARMERS 1 (a) Name and address of organization Partl Part II s.c. 8 6 ල € <u>©</u> 9 5 (1) (12) 2 2

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Enter total number of other organizations listed in the line 1 table

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

REV 11/13/17 PRO

Schedule I (Form 990) (2017)

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Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Schedule I (Form 990) (2017)

Part III

Schedule I (Form 990) (2017) (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant REV 11/13/17 PRO Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Part IV ₩ 2 က 4 5 9

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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization Employer identification number 51-0174928 S.C. FUTURE FARMERS OF AMER. FNDTN. Pt VI, Line 6: The foundation has no members outside of the board of directors. Pt VI, Line 7a: 5 members of the board are elected by the board. 4 members are from the agriculture teacher association. Pt VI, Line 11b: The 990 is reviewed by the treasurer prior to filing.