Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2017

	artment of the		► Go to www.irs.go	v/Form990 for instruc	tions and th	e latest info	ormation.	. .	Inspection		
			ndar year, or tax year beginning	<u>-</u>		nd ending			, 20		
	Check if ap		C Name of organization WY Future	e Farmers of A	merica Fe	Sundatio	n Inc	D Employer identification number			
	Address cl		Doing business as WV Future					550	649878		
	Name chai	ame change Number and street (or P O box if mail is not delivered to street address) Room/suite							number		
$\overline{}$	Initial retur	_	Capital Complex	Bldg. 6		230		304-	- 558-2347		
	Final return/	nerminated.	City or town, state or province, count	ry, and ZIP or foreign post	tal code			-			
	Amended	return	Charleston WY	25305			l	G Gross rec	eipts \$		
	Application	n pending	F Name and address of principal officer				H(a) Is this a gr	oup return for su	bordinates? Yes No		
					1	2	H(b) Are all:	subordinates i	included? Yes No		
ı	Tax-exemp	pt status	ቖ 501(c)(3) □ 501(c) () ◀ (insert no) ☐	4947(a)(1) or	527	If "N	o," attach a l	st (see instructions)		
J	Website:	>			1		H(c) Group	exemption n	umber ►		
K	Form of org	ganization	Corporation Trust Associati	on Other ►_	LYea	r of formation		M State o	f legal domicile		
Р	art I	Summ									
	1 E	Briefly de	scribe the organization's mission	on or most significan	nt activities:	Provid	de sup	oort for	West Virginia's		
9	1	9 gri w	Itural Education / Fut	ure Farmers of	America	a progra	em Hu	RUGL VA	rious scholarship		
Activities & Governance	a	nd aw	ards programs made Qu	vailable to all ca	proilees a	at YRL SC	condor	y and 4	ndergraduate le Vels		
Ver			is box ▶ ☐ if the organization d			sposed of r	nore thar	25% of it	s net assets.		
ဗိ			of voting members of the gover		-			I			
ජ ග	1		of independent voting members	•	• •	•			19		
Ę	5 T	Total nur	nber of individuals employed in	calendar year 2017	(Part V, line	2a)		5			
₹	1		nber of volunteers (estimate if n	• • •				6			
₹ ا	7a T	Fotal unr	elated business revenue from P	art VIII, co lumn (C),	line-12	/C: [``	~ · · ·	7a			
<u> </u>	b 1	Vet unre	ated business taxable income f	rom Form 990-T, lin	e:34∠ □ V		<u> </u>	7b			
	ĺ					1 1 7	Prior Ye		Current Year		
§ @	1		tions and grants (Part VIII, line 1	ه اخدا	1'AV 11' Q"		2527	3.15	17090.60		
Soune.	1	Program service revenue (Part VIII, line 2g)									
€ ′9			nt income (Part VIII, column (A)		<u></u>		Y 30:	59.72 8295.64			
			enue (Part VIII, column (A), line					0	0		
			enue-add lines 8 through 11 (m			ie-12)	-2833	2.87	25386,24		
			nd similar amounts paid (Part IX					0			
	1		paid to or for members (Part IX,			_ : _ :		0			
88	15 5		other compensation, employee b	•		5–10)		0	0		
Expenses	16a F		onal fundraising fees (Part IX, co					0	0		
×	b 1		draising expenses (Part IX, colu								
	117		penses (Part IX, column (A), line		•	.· ·		39.43	5487.40		
	1		enses. Add lines 13-17 (must e	•				39.43	5487.40		
		Revenue	less expenses. Subtract line 18	s from line 12	· · · ·		A 3 99	93.44	1989 8, 84 End of Year		
Assets or	00 -	T-4-1	ata (Dart V. line 40)								
Sele Bala	20]		ets (Part X, line 16)			· ·	59801		617915.16		
15 ⊆	il		ilities (Part X, line 26)			· ·	505-	0	I Maje II		
			ts or fund balances. Subtract lir	ne 21 trom line 20	· · · · ·	<u>· · · l </u>	59801	0,34	617915.16		
	art II		ture Block	share and advers			ntn 4 m - 1 to 4	ha hash -4	s language and balant day		
			ry, I declare that I have examined this re lete. Declaration of preparer (other than o				s any know	ledoe	-		
	,	1		<u> </u>			7	Mari	9,2018		
Sig	an	Sign	Wonald X. Milature of officer	chaef			D:	te	7,0018		
He	_	y Cigi	Donald L. M.	chael			50				
		Type	or print name and title	LIINE							
		<u>, </u>		Preparer's signature		Date			PTIN		
Pa	-		Fa Francia a mino			Jule		Check self-empl	_		
	eparer								-,		
Us	se Only		ame •					n's EIN ►			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

☐ Yes ☐ No Form **990** (2017)

om 99	90 (2017)		Page 2
⊃art			
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission	4 E.	
	And And Thered was Virginias Agricultural Called Ton Fre	nade Cue	1-11
	Provide support for West Virginia's Agricultural Education / Fur America program through various scholarships and awards programs to all enrolless at the secondary and undergraduate level.	MARE WUR	140/6
2	Did the organization undertake any significant program services during the year which were not listed or	n the	
	prior Form 990 or 990-EZ?	☐ Yes	₽No
_	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any prog services?	gram □Yes	⊮No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program service expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and the total expenses, and revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$ 5218,00 including grants of \$) (Revenue \$ 5	5218.00	
	Interest on investments and individual contributions gene the funds to provide \$4450.00 in scholarships and awards, \$768.00 to provide a multi-year supply of judging cards. State FFA Land and Homesite Sudging Carcer Development Eveni	rated	
	the tunds to provide \$ 4450.00 in scholarships and awards,	and	
	#768,00 to provide a multi-year supply of judging cards	for the	
	State FFA Land and Homesite Judging Career Development Eveni	∕5 ,	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
4b		4551.50	_)
	A one dollar per member donation program generated to provide additional funding for scholarships and awards.	dullars	
	To provide additional funding for scholarships and awards.		
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$ A FFA Foundation auction was conducted to generate revenue for scholarship and award programs.	6420,00)
	A FFA Foundation auction was conducted to general	. additio	nal
	revenue for scholarship and award programs.		
			·
		, 	
4d	,		
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 528.00		
46	Total program scivice expenses - Segator		

Form 990 (2017)



Part IV	Checklist of	of Required S	chedules

			103	140
ì	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
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	3		V V
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		· /
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		1
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		V
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		V
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		V
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	V	
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		1
	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		1
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		~
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
b	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		V
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		V
_	 ;; ;		00/	20047

Form 990 (2017)

-art	Checklist of Required Schedules (continued)			
ንስ _ጉ	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		NA
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 through 24d and complete Schedule K. If "No," go to line 25a	24a		/
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a		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		~
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		-
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 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		~
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		V
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 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 b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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	35a 35b		NA
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		~
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	~	
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Part				
	Check if Schedule O contains a response or note to any line in this Part V			
1a	Enter the number reported in Paul 2 of Form 4000 Finter 0 of out and 11		Yes	No
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	}		Ì '
C	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .	-		
	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			7477
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		MA
_	Note If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	_3a		1
b 40	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		ļ	
	account)?	4a		~
b	If "Yes," enter the name of the foreign country ▶	-+0		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		İ	
	(FBAR)		ĺ	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		6
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			ļ
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	CL		110
7	Organizations that may receive deductible contributions under section 170(c)	6b		NA
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		I	
	and services provided to the payor?	7a		V
b	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? .	7c		1
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> </u>	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		NA
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	70		NA
	sponsoring organization have excess business holdings at any time during the year?	8		NA
9	Sponsoring organizations maintaining donor advised funds.			7002
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		NA
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		NA
10	Section 501(c)(7) organizations Enter.			
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 NA			,
11 a	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
b	Gross income from members or shareholders 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		V
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	1		1
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.			
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			
С	Follow the constant of the con			;
14a	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	145		1/4
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		NA
			990	(2017)

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Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedu				
•	Check if Schedule O contains a response or note to any line in this Part VI				
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	19			
	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				1
	committee, explain in Schedule O				'
ь	Enter the number of voting members included in line 1a, above, who are independent 1b	19			1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship any other officer, director, trustee, or key employee?	with د	2	-	V
3	Did the organization delegate control over management duties customanly performed by or under the supervision of officers, directors, or trustees, or key employees to a management company or other person?	direct	3	,	V
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	?	4		V
5	Did the organization become aware during the year of a significant diversion of the organization's assets	;? [5		V
6	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 ap one or more members of the governing body?		7a		V
b	Are any governance decisions of the organization reserved to (or subject to approval by) mem stockholders, or persons other than the governing body?	ibers,	7b		/
8	Did the organization contemporaneously document the meetings held or written actions undertaken of	Juring			,
2	the year by the following The governing body?			- ر	
a b	Each committee with authority to act on behalf of the governing body?		8a 8b	V	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	ned at	9	V	~
Section	on B. Policies (This Section B requests information about policies not required by the Internal	Reveni	_	nde)	
	on b. Foliation (Time desirent b requeste information about policies hat required by the internal	TTOVCIT	<u> </u>	Yes	No
10a	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 cha affiliates, and branches to ensure their operations are consistent with the organization's exempt purpose	pters, es?	10b		NA
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the fi	1	11a		<u></u>
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		NA
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to con-	- F	12b		NA
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "describe in Schedule O how this was done	Yes,"	12c		NA
13	Did the organization have a written whistleblower policy?		13		NA
14	Did the organization have a written document retention and destruction policy?	Ī	14		NA
15	Did the process for determining compensation of the following persons include a review and approximately independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision and decision are contemporared to the deliberation are contemporared to the de	ral by			
а	The organization's CEO, Executive Director, or top management official	ľ	15a		NA
b	Other officers or key employees of the organization	. [15b		NA
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement			
	with a taxable entity during the year?		16a		NA
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalue participation in joint venture arrangements under applicable federal tax law, and take steps to safeguare				
04	organization's exempt status with respect to such arrangements?		16b		NA
Section 17	on C_Disclosure List the states with which a copy of this Form 990 is required to be filed ▶				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (available for public inspection. Indicate how you made these available. Check all that apply	Section	501(c)(3)s	only)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict	t of inte	erest	policy	, 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 rec	ords	•	
Z	onald L. Michael 860 Bar Run Road Ravenswood WV 2616				z ~ 73

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Part VII	Compensation of Officers, Dire	ectors, in	uste	es,	ĸe	у ⊏	піріс	ye	es, riignest (Jompensated	Employees, and
	Independent Contractors Check if Schedule O contains a re	cnonco or	noto	to a		line	in th	uc 6	Port \/II		<u></u>
Section A	Officers, Directors, Trustees, Key									· · · · · · · · · · · · · · · · · · ·	_
	ete this table for all persons required										with or within the
	n's tax year	to be list	CG. 10	СРО		0111	pens	1(10)	it for the edici	idai yeai eridii i	g Or
	ll of the organization's current office	rs director	s to	stec	<u>بح</u> ۸	whe	ther	ndr	viduals or orga	inizations) rena	rdless of amount o
	ion Enter -0- in columns (D), (E), and								viduals or orga	mizationo, rega	raicos or amount o
	of the organization's current key em		-				-		definition of "k	ev employee "	
	ne organization's five current highes										e or kev emplovee
	red reportable compensation (Box 5										
	n and any related organizations				•					,	* · · · · · · · · · · · · · · · · · · ·
	ll of the organization's former office	ers. kev en	volar	ees	an	d h	iahes	t c	ompensated e	mplovees who	received more that
	of reportable compensation from the o										
_	Il of the organization's former direct			_						a former direct	tor or trustee of the
	n, more than \$10,000 of reportable co										
-	ns in the following order individu	· · ·				-					emplovees, highes
	ed employees, and former such person		.			,					
	this box if neither the organization nor		d ora:	anız	atio	n c	ampe	nsa	ited any curren	t officer directo	r. or trustee
	THE DOX II HOLLIES THE Organization flor	Liny rolate	. O.g.) ()	J				1
	(A)	, n, l			Pos	-			0)	6	(5)
	(A) Name and Title	(B)					than o		(D)	(E) Reportable	(F) Estimated
	Name and Title	Average hours per					ıs both or/trusi		Reportable compensation	compensation from	1
		week (list any						T .	from	related	other
		hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
		organizations	ecto	tion	~	曹	98 C	٩	(W-2Ĭ1099-MISC)		organization
		below dotted line)	٦ <u>ڙ</u>	al ti		oye	퓕	Ì	ļ		and related organizations
		} """	51	S.		•	ens.		}	}	
			İ	9		Ì	🖺	ļ	1		
			<u> </u>								,
(1) A	LIST OF OFFICERS										
	ATTACHED. ALL OF						i	ĺ			
	IR OFFICERS ARE		· · · ·								
	UNTEERS AND DO	ļ				ĺ		ĺ		1	
	T RECEIVE COMPENSATION	v.									
			ĺ								
(4)											
		1	Ì		ľ	1	1	ĺ	1	1	
(5)				_				1			
3/		·	1	}	ĺ			-	}	1	
(6)					\vdash						
			1		ľ				1	1	
(7)			<u> </u>	ÌТ				T			
31-6			1		Ì				1	1	
(8)		 		\vdash			-	\vdash			
		}									
		 	•		ĺ					1	
(9)				-				<u> </u>			
(9)								_	-	-	
(10)											

(12)

(13)

(14)

•	(A) Name and title	(B) Average hours per week (list any	box, office	ot ch unles	s per	tion more rson recto	than o	an ee)	(D) Reportable compensation from	(E) Reportable compensation from related		Estu	(F) mated ount of ther	
		hours for related organizations below dotted line)		institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		froi orgai and	ensation the nization related nizations	
(15)	A LIST OF OFFICERS IS ATTACHED. ALL OF OUR													
(16)	OFFICERS AND BOARD ARE VOLUNTEERS AND DO													
(17)	NOT RECEIVE COMPENSATION	1,												
(18)												 		
(19)									 		-			
(20)								_			-			
(21)							-				-			_
(22)											-			
(23)								_						
(24)														
(25)											 			
1b c	Sub-total . Total from continuation sheets to Part	VII, Sectio	n A	<u> </u>		l - -		>						
d 2	Total (add lines 1b and 1c) Total number of individuals (including but	not limited	to th	nose	list	ed :	above	► e) w	rho received m	ore than \$100,0	<u> </u> 00 o	f		0
	reportable compensation from the organi		·										Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete \$							emp	oloyee, or high	nest compensat	ed	3		NA
4	For any individual listed on line 1a, is the organization and related organizations	sum of re	porta	ble d	com	pe	nsatio							747
	ındıvıdual							•	•			4		NA
5	Did any person listed on line 1a receive of for services rendered to the organization?									zation or individi	ual	5		NA
Section 1	on B Independent Contractors Complete this table for your five highest of	compensat	ed in	lepe	ende	ent	contr	acti	ors that receive	ed more than \$1	00.0	000 of	ī	
,	compensation from the organization Repyear													эх
	(A) Name and business add	ress							(B) Description of s	ervices	Co	(C) mpens	ation	
	NOT APPLICABLE	E												
2	Total number of independent contractor	rs (includii	ng bi	ıt n	ot 1	ımit	ed to	th	rose listed ab	ove) who				
	received more than \$100,000 of compens												n 990	

	90 (2017	<u> </u>				Page 9
Part	VIII	Statement of Revenue	a any lina in thia	Dort \All		
		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	1a	Federated campaigns 1a				
Grants	ь	Membership dues . 1b				
s, G Am	С	Fundraising events . 1c				ì
Gifts, ilar An	d	Related organizations 1d				
JS,	e	Government grants (contributions) 1e				1
utio	f	All other contributions, grits, grants, and smilar amounts not included above 1 f 170,90,60				1
Contributions, Gifts, Grants and Other Similar Amounts	_	and smilar amounts not included above 11 170 90.60 Noncash contributions included in lines 1a-1f: \$				
No.	gh	Total Add lines 1a–1f	17090.60			
9	- ''-	Business Code	770700			
en.	2a					
& :	ь					
JCe.	С					
Ser	d					
Ē	е					
Program Service Revenue	f	All other program service revenue		,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	<u> </u>	
<u>~</u> _	g	Total Add lines 2a–2f ▶				
	3	Investment income (including dividends, interest, and other similar amounts)	8295.64			
	4	Income from investment of tax-exempt bond proceeds	8293.07			
	5	Royalties				
		(i) Real (ii) Personal	,	· · · · · · · · · · · · · · · · · · ·		
	6a	Gross rents	1			
	ь	Less: rental expenses	1			
	С	Rental income or (loss)				
	d	Net rental income or (loss)				
	7a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory				
	b	Less cost or other basis			}	
		and sales expenses	<u> </u>			
	d	Gain or (loss) Net gain or (loss)				
	"	net gain or (loss)	· · · · · · · · · · · · · · · · · · ·		 	1
e	8a	Gross income from fundraising				
evenue		events (not including \$				
æ		of contributions reported on line 1c).				
Other R		See Part IV, line 18				
ŏ	b	Less direct expenses b				
	C	Net income or (loss) from fundraising events			ļ	ļ
	9a	Gross income from gaming activities See Part IV, line 19				
	<u> </u>	Less direct expenses b				
	b	Net income or (loss) from gaming activities				·
		Gross sales of inventory, less			 	
		returns and allowances a	[
	Ь	Less cost of goods sold b]			
	с	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Code				
	11a			<u> </u>	ļ	
	b		ļ		-	
	C	All other revenue		<u> </u>	 	
	d e	All other revenue Total Add lines 11a–11d .			 	+
	12	Total revenue See instructions	25386,24		 	
			1 -1-200,27			Form 990 (2017)

Part					Page 10					
Sectio	n 501(c)(3) and 501(c)(4) organizations must com			ns must complete co	lumn (A)					
Do no	Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (A) (B) (C) (D)									
	, and 10b of Part VIII	Total expenses	Program service expenses	(C) Management and general expenses	Fundraising expenses					
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		шрепосо	general expenses	Схрепаса					
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									
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)									
7	Other salaries and wages									
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)									
9	Other employee benefits .									
10	Payroll taxes									
11	Fees for services (non-employees)									
a	Management .									
b	Legal Accounting									
c 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 17	Occupancy									
18	Travel . 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		<u></u>							
23	Insurance		- 							
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If tine 24e amount exceeds 10% of line 25, column									
	(A) amount, list line 24e expenses on Schedule O)									
а		4700.00		 						
b	Scholarships and Awards Judging Cords (Cores Rivelapment)	768.00								
c	New Checks	19.40								
d										
е	All other expenses									
25	Total functional expenses. Add lines 1 through 24e	5487.40								
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)									

Part				
	Check if Schedule O contains a response or note to any line in this Par	t X		
		(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing		1	
2	Savings and temporary cash investments	596331,59	2	616139.43
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	1674.73	4	1765.73
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	
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		1	
.	sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions) Complete Part II of Schedule L			
<u> je</u>	<u> </u>		6	· · · · · · · · · · · · · · · · · · ·
Assets 7 8	Notes and loans receivable, net		7	
` °	Inventories for sale or use		8 9	
10	_ · · · · · · · · · · · · · · · · · · ·		-9-	
.0	other basis Complete Part VI of Schedule D			
	D Less accumulated depreciation 10b	16.00	10c	10.00
11	Investments—publicly traded securities	,,,,,,	11	70,00
12			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)	598016.32	16	617915,16
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue .		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
<u>න</u> 22				
E 22	trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			
Ē ∫	<u>.</u>		22	
23 24			23	
25	Other liabilities (including federal income tax, payables to related third	· -··· · · · · · · · · · · · · · · · ·	24	
23	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
	Organizations that follow SFAS 117 (ASC 958), check here ► □ and			
Se	complete lines 27 through 29, and lines 33 and 34			
ළි 27	Unrestricted net assets .		27	
<u>rg</u> 28	Temporarily restricted net assets		28	
멸 29	Permanently restricted net assets		29	
Net Assets or Fund Balances 25 29 30 31 32 33	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
<u>ဖို့</u> 30	Capital stock or trust principal, or current funds .	598016.32	30	617915.16
စ္တိ 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
<u>₹</u> 32	Retained earnings, endowment, accumulated income, or other funds		32	
ছ 33	Total net assets or fund balances .	598016,32	33	617915.16
34	Total liabilities and net assets/fund balances	598016.32	34	617815.16
				Form 990 (2017

-orm	agn	(2017)	

Page 12

					.g~
Part	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	25	386.	24
2	Total expenses (must equal Part IX, column (A), line 25)	2	54	187	40
3	Revenue less expenses Subtract line 2 from line 1	3	198	98.	84
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4	5980	16.	32
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	6179	7/5.	16
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," exp	lain ın			
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	V	
	If "Yes," check a box below to indicate whether the financial statements for the year were compi	led or			
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				ĺ
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 audited	on a			
	separate basis, consolidated basis, or both		ŀ		
	☐ 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	ersight			
	of the audit, review, or compilation of its financial statements and selection of an independent account	tant?	2c	V	
	If the organization changed either its oversight process or selection process during the tax year, exp	laın ın			
	Schedule O				li
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth in			
	the Single Audit Act and OMB Circular A-133?		3a		NA
ь	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 au	dıts.	3b		NA
			Form	. 990	(2017)

SCHEQULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2017

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

1

► Attach to Form 990 or Form 990-EZ

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

Inspection
Employer identification number

		Virginia 1	Future	Far	ners of	An	nerica	Found	tron,	Inc.	55	0649	878	,
Par		Reason fo										instructio	ns	
1 ne c		nization is not a A church, conv										رم. د		21
2		A school descr										(1)		$\bigcup_{i \in I} C_i$
3		A hospital or a	cooperativ	ve hos	pital servic	e org	anization	described i	n sectioi	n 170(b)(1	1)(A)(iii)			
4		A medical reseated hospital's name	arch orgar e, city, and	nizatıcı 1 state	n operated	ın co	onjunction	with a hosp	ortal desc	enbed in s	section 1	70(b)(1)(A)((iii) Ent	er the
5	:	An organization section 170(b)	(1)(A)(iv) ((Comp	lete Part II)		_		•		overnment	al unit	described in
6 7		A federal, state An organization described in se	n that norr	mally r	eceives a	subs	tantıal paı	nt described rt of its sup	I in section port from	on 170(b) n a gover)(1)(A)(v) nmental ı	unit or from	the g	eneral public
8		A community tr												
9		An agricultural or university or university	research c a non-lan	organız d-gran	ation desc it college o	ribed f agr	l in sectic iculture (s	on 170(b)(1) ee instruction	(A)(ix) op ons) Ente	erated in er the nan	conjuncti ne, city, a	on with a land and state of	and-gra the co	ant college llege or
10	;	An organization receipts from a support from gracquired by the	ctivities re ross inves e organizat	lated t tment tion af	o its exem income an ter June 30	pt fu: d un:), 197	nctions—d related bu 75 See se	subject to c isiness taxa ection 509(a	ertain exe ble incon a)(2) (Co	ceptions, ne (less s mplete Pa	and (2) neection 51 art III)	o more tha 1 tax) from	n 331n	% of its
11		An organization												_
12	1	An organization of one or more Check the box	publicly :	suppoi	ted organi	zatio	ns describ	oed in secti	ion 509(a	a)(1) or se	ection 50	9(a)(2). Sec	e secti	on 509(a)(3)
а	[Type A substituting ed organiz	zation(s) the pow	er to	regularly a	appoint or e	elect a ma	ajority of t	rted orga the directo	nization(s), ors or trust	typical ees of	ly by giving the	
b	[☐ Typell As	upporting	organ	ization sup	ervis	ed or con	trolled in co	nnection	with its s	supported	organizati	on(s), b	y having
		control or m organization	nanageme	nt of the	ne support	ing o	rganızatıo	n vested in	the same	e persons	that cont	rol or man	age the	supported
С	[☐ Type III fun its supporte											ally inte	grated with,
d	[unctionally	y integ	rated The	orga	nization g	enerally mu	st satisfy	a distribi	ution requ	ıırement an		rganization(s) tentiveness
е	[Check this functionally	box if the	organi	zation rece	ived	a written	determination	on from t	he IRS th	at it is a T		e II, Typ	e III
f	Er	nter the number						- 3						
g	Pr	rovide the follow	ving inform	nation	about the	supp	orted org	anızatıon(s)						
	(i) N	lame of supported of	organization		(II) EIN		(described	f organization on lines 1–10 instructions))	listed in yo	organization ur governing iment?	Supp	of monetary ort (see actions)	other	Amount of support (see structions)
									Yes	No				
(A)														
(B)	-													
(C)														
(D)		_												
(E)	•													
Total	ı										<u> </u>			

Part		tions Descr	ibed in Sect	ions 170(b)(1	I)(A)(IV) and 1	170(b)(1)(A)(v	/i)
	(Complete only if you checked the Part III If the organization fails to	ie box on line	e o, /, or o or er the tests lis	Part I or It th	e organizatio	n talled to qu	lality under
Secti	on A Public Support	quanty und	ei the tests is	sted below, p	lease comple	ete Part III)	· · · · · · · · · · · · · · · · · · ·
	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")	(1) 2010	(8) 28 1 1	(0) 2010	(4) 2010	(0)2017	(I) Total
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3	The value of services or facilities furnished by a governmental unit to the organization without charge	.,					
4	Total Add lines 1 through 3						
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)				مرم مرد ا	A Property of the second	
6	Public support. Subtract line 5 from line 4		<u> </u>		35		
	on B Total Support		1	1		T - 7 - 7 - 2 - 2 - 2	T
7	dar year (or fiscal year beginning in) Amounts from line 4	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 12	Total support Add lines 7 through 10 Gross receipts from related activities, etc		. ,			12	
13	First five years If the Form 990 is for the organization, check this box and stop he	re		d, third, fourth	n, or fifth tax y	ear as a section	on 501(c)(3) - ► □
	on C Computation of Public Suppor					T-1-	
14 15	Public support percentage for 2017 (line 6) Public support percentage from 2016 Sch			1, column (f))		14	<u>%</u>
16a		zation did not	check the box		nd line 14 is 3	15 31/3% or more	, check this
b	331/3% support test—2016 If the organithis box and stop here. The organization	zation did not	check a box o	on line 13 or 16		ıs 33¹/3% or n	
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	ets the "facts	-and-circumst	ances" test, cl	heck this box a	and stop here	e. Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization in supported organization.	ition meets th	ne "facts-and-o	circumstances	" test, check	this box and	stop here
18	Private foundation if the organization di	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see

Part	Support Schedule for Organiza	ations Descr	ibed in Sect	ion 509(a)(2)			
	(Complete only if you checked the					d to qualify ur	nder Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	II.)	
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				1		
_	received (Do not include any "unusual grants")			ļ			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities					/	1
	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					ľ	
	organization's benefit and either paid to	1					
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						-
	Amounts included on lines 1, 2, and 3		-	ļ/		-	
, u	received from disqualified persons						
b	Amounts included on lines 2 and 3		-	/	 		
b	received from other than disqualified						
	persons that exceed the greater of \$5,000	ļ	}				
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from	,	1		1	š _n	
	line 6.)					1	
Secti	on B Total Support				•	'	·
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6				l		
10a	Gross income from interest, dividends,		1				
	payments received on securities loans, rents,	/					
	royalties, and income from similar sources						
b	Unrelated business taxable income (less			}			
	section 511 taxes) from businesses					-	:
	acquired after June 30, 1975						
C	Add lines 10a and 10b	/					
11	Net income from unrelated business						
	activities not included in line 10b, whether	1					
40	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,						
13	and 12)		}				
14	First five years If the Form 990 is for the	L organization	n'e firet secon	d third fourth	or fifth tay v	ear as a sectio	n 501(cV3)
, -	organization, check this box, and stop he		irs ilist, secon	ia, triila, lourti	i, or militax y	eai as a section	JII 301(C)(3) ► □
Secti	on C Computation of Public Support				.	•	_
15	Public support percentage for 2017 (line			3 column (f))		15	%
16	Public support percentage from 2016 Sci		-	-,	•	16	/
	on D Computation of/Investment In						70
17	Investment income percentage for 2017 (y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2016	•	, .			18	%
19a	331/3% support tests - 2017 If the organ		•		nd line 15 is n		
	17 is not more than 3312%, check this box						
b	331/3% support tests—2016. If the organiz						
	line 18 is not more than 331/3%, check this						
20	Private foundation If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ictions 🕨 🗌

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)

Secti	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	3c		
4a	The state of the s	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)			
b	Type I or Type II only Was any added or substituted supported organization part of a class already	5a		
	designated in the organization's organizing document?	5b	-	-
6	Substitutions only Was the substitution the result of an event beyond the organization's control? 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	5c		
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		9a		
þ	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		
С	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		1
10a				
	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)			
١.			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			1
а	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		الـــــا
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		
	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			Ìi
	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		1	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		<u> </u>
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 carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		L
Secti	on C Type II Supporting Organizations		W	LNI-
1	National and the second	Γ .	Yes	No
'	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	1		
	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			
			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, (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		i	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		i
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		<u> </u>	1
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		İ	
	the organization maintained a close and continuous working relationship with the supported organization(s)	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 Part VI the role the organization's			
	supported organizations played in this regard.	3	ļ	
Sect	on E Type III Functionally Integrated Supporting Organizations	3	1	1
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	netri	iction	e)
	The organization satisfied the Activities Test Complete line 2 below	ii (Sti t	CCIOI	3)
a b	The organization satisfied the Activities rest Complete line 2 below 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 ır	struc	tions)
_		•		
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 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		
þ	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		1	
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	25	-	-
3		2b	-	+
э a	Parent of Supported Organizations Answer (a) and (b) below Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	}		
a	trustees of each of the supported organizations? Provide details in Part VI	3a	-	-
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		† –	1
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Pa	_	6	6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.	ı trust izatior	on Nov 20, 1970 (exp ns must complete Sec	tions A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recovenes of pnor-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	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	ļ .		
factors (explain in detail in Part VI)	ŀ		
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	ly inter	grated Type III support	ing organization (see
instructions)	,	2 2F FP	J J

Part	Type III Non-Functionally Integrated 509(a)(3	Supporting Organia	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exe 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 whic (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2017 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-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			
a				·
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			
<u>h</u>	Applied to 2017 distributable amount			· · · · · · · · · · · · · · · · · · ·
	Carryover from 2012 not applied (see instructions)			
	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			
-	Remaining underdistributions for 2017. Subtract lines 3h			
6	and 4b from line 1 For result greater than zero, explain in Part VI See instructions			
7	Excess distributions carryover to 2018 Add lines 3j and 4c.			
8	Breakdown of line 7			
a				
b	Excess from 2014	1		· · · · · · · · · · · · · · · · · · ·
С			·	
d	Excess from 2016			
е	Excess from 2017		***************************************	

Page 8 17a or 17b; Part art IV, Section , lines 1c, 2a, 2b, Part V, Section E,
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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)
3434	
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Schedule A (Form 990 or 990-EZ) 2017

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

141- 411

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

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Part II, Line 11- Form 990 is reviewed by the Foundation Chairman
prior to being submitted and is available for review by all
members of the Executive Committee and Coverning Body.
Part II, Line 19 - All of our governing documents, financial
statements, etc. are available to the public upon request.