•	90	$\cap$	Return of Org	anization Ex	empt From I	ncom	ne Tax		OMB No 1545-0047	
Forn			Under section 501(c), 527, or 4		·				2019	
	January :	·	` " '	• • • •	n this form as it may	•			Open to Public	
		the Treasury ue Service		*	ructions and the lates				Inspection	
A	For the 2	2019 calend	dar year, or tax year beginning		, 2019, and end				, 20	
В	Check if a	pplicable	C Name of organization W Fut						er identification number	
	Address o	hange	Doing business as WVFutu  Number and street (or PO box if			Room/su			0649878	
	Name cha Initial retu	E Telephon 304-	e number 558-2347							
	Final return Amended	n/terminated return	City or town, state or province, con Charleston, LV		n postal code			G Gross re	<del></del>	
	Applicatio		bordinates? ☐ Yes ☐ No							
					<u> </u>	H	•		included? Yes No	
<u> </u>	Tax-exem	<del></del>	501(c)(3) 501(c) (	) (insert no )	4947(a)(1) or 527	<u> </u>			(see instructions)	
	Website				I Vere effer		c) Group exe			
*	art I		Corporation Trust Associa	ation Other >	L Year of form	nation		M State of	legal domicile	
	1 1	Summa Broffy doc	orthe the organization's miss	non or most signific	ant activities P.	2.10	<u> </u>	44	West King in in	
<b>&gt;</b> 0	' '	An also 14	to al Education of The	Signification of the significa	ant activities Project	Mar.	Suppo!	1000	Was Virginias	
Governance	•	भद्र मध्याप	cribe the organization's miss wrel Education   Futur nls programs made a	CFUTHERS OF H	merica program	n TUPO	ush vai	~10125	September Series	
1 2	4	und awa	nts programs maac a	variable to all e	nnoitees at the	>econ	aary q	na una	urgraavare 10001.	
ַ פַּ	1		box ► ☐ if the organization			ed of mo	ore than 2	5% of its	s net assets	
ී	1		f voting members of the gove					3		
<b>9</b> ۆ			f independent voting membe			b)		4	19	
Ë	5	Total numl	ber of individuals employed i	n calendar year 201	19 (Part V, line 2a)			5	<i>O</i>	
Activities	6	6	19							
Ą	7a	Total unrel	lated business revenue from	7a						
	ь	Net unrela	ted business taxable income	from Form 990 মু,	line 39		1	7b	0	
				[3]	MAY 2 0 2020	1181	Prior Year		Current Year	
45	8	Contribution	ons and grants (Part VIII, line	1h) [8]	""~" Z U 202(	) a	9460,	89	36778,80	
Revenue	9	Program s	ervice revenue (Part VIII, line	(2a)		121		0	0	
Š	10	Investmen	79	4177.66						
ď	11	Other reve	t income (Part VIII, column (A enue (Part VIII, column (A), lin	es 5 6d 8c 9c 10	c and Hel		0002	0	0	
	1		nue—add lines 8 through 11 (i				32830		40956.46	
			d similar amounts paid (Part			<u> </u>	0.000	0	0	
	1		aid to or for members (Part I			<u> </u>		0	0	
								0		
enses				ner compensation, employee benefits (Part IX, column (A), lines 5–10)						
			raising expenses (Part IX, co		<del>-</del> ) ·			0		
Ë	1		<del>-</del> , , , , , , , , , , , , , , , , , , ,		4.0\	-	13463	261	6678.50	
			enses (Part IX, column (A), lin				13463		6678,50	
	4	•	enses Add lines 13-17 (must	•	mn (A), line 25)				34277.96	
- 0	19	Revenue i	ess expenses Subtract line 1	16 from line 12	<del> </del>		<i>19357.</i> ing of Curre		End of Year	
Net Assets or Fund Balances		<del>~</del>	4- (D-4 V 1 40)			<u> </u>			484724.33	
Sse	20		ts (Part X, line 16)			<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	<u>30919.</u>			
E A	21		ities (Part X, line 26)		•	<del></del>	222.0	0	5267.40	
			or fund balances Subtract	line 21 from line 20		0	30919.	61	679456.93	
	art II		ıre Block							
			<ul> <li>I declare that I have examined this</li> <li>Declaration of preparer (other than</li> </ul>						knowledge and belief, it is	
			Donald L. Mic	100			72	200	11,2020	
Sig	nn l	Signat	ture of officer	nuer		<del></del>	Date	Tuy.	11,000	
	ere	, ,	Donald L. Mich	head Too	surcr			•		
116	; i C	Type	or part name and title	nuel, lec	1surer					
		l paratra	or print frame and title	Disposado signaturo		Data	т		, PTIN	
Pa	iid	TIND Type	e preparer's name	Preparer's signature		Date		Check self-emplo	· "	
	epare	r					<del></del>		you	
	e Only	Firm's no	me •			-	Firm's	EIN •		
		Firm's ad					Phone	no		
Ma	y the IR	S discuss	this return with the preparer	shown above? (see	instructions)			. –	☐ Yes ☐ No	
For	Paperw	ork Reduc	tion Act Notice, see the separa	ate instructions	Ca	t No 112	82Y		Form <b>990</b> (2019)	

For Paperwork Reduction Act Notice, see the separate instructions



art l	0 (2019)		Page 2
аны	The state of the s		_
1	Check if Schedule O contains a response or note to any line in this Part III  Briefly describe the organization's mission  Provide support for West Virginias Agricultural Education Festure E  of America program through various scholarships and awards programs available to all enrollees at the Secondary and Undergraduate level.	armers nade	5
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O	Yes	ĽNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	າ ∐Yes	Ū√No
4	If "Yes," describe these changes on Schedule O  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 all the total expenses, and revenue, if any, for each program service reported.		
4a	(Code ) (Expenses \$ 4177.66 including grants of \$ ) (Revenue \$ 417. Thterest on investments and individual contributions of the funds to provide \$4177.66 in scholarships and awards.	7,66 genera	) fed
		·	
46	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ 64	69.00	
4b	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ 64  A one dollar per member donation program generated doll to provide additional funding for scholarships and awards.	ars	) 
4D	A one dollar per member donation program generated doll to provide additional funding for scholarships and awards.	ars	)  
40	A one dollar per member donation program generated doll to provide additional funding for scholarships and awards.	ars	)
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40	A one dollar per member donation program generaled doll to provide additional funding for scholarships and awards.	'ars	)
	A one dollar per member donation program generated doll to provide additional funding for scholarships and awards.  (Code )(Expenses   including grants of   )(Revenue   63    A FFA Foundation auction was conducted to generate additional sevenue for scholarships and award programs.		

) (Revenue \$

A. C

# Part IV Checklist of Required Schedules

			res	NO
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	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		V
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
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		1
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		1
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		~
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		~
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		سا
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		:	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part $VI$	11a	/	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		ir
С	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		<b>~</b>
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		~
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>بر</u>
12a	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		1
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		V
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		V
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		سا
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		سا
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		<u>ارا</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	ļ	1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		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		/

Form 990 (2019)

Form' 99	00 (2019)			Page 4
Part	Checklist of Required Schedules (continued)			
22	Did the constant of the CE 000 of words or all the confined words and wildling on		Yes	No
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		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		V
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		~
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		~
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV .	28a		سا
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		1
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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 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		1
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	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
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		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		~
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	V	
Part				
	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			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	]		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	10		N

Part V

				Yes	No
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 NA	監路	H	
b	If at least one is reported on line 2a, did the organization file all required federal employment t	ax returns?	2b		NA
	Note If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instr			7	### ###
За	Did the organization have unrelated business gross income of \$1,000 or more during the year		3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on So		3b		NA
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a financial account in a foreign country (such as a bank account, securities account, or other financial	er authority over,	4a		~
b	If "Ves." enter the name of the foreign country ▶			7.44 =	37213
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accounts (EBAR)	到		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax		5a	7:10:00	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	-	5b		NA
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		MA
6a	Does the organization have annual gross receipts that are normally greater than \$100,00 organization solicit any contributions that were not tax deductible as charitable contributions?		6a		<i>y</i>
b	If "Yes," did the organization include with every solicitation an express statement that such gifts were not tax deductible?		6b	,	NA
7	Organizations that may receive deductible contributions under section 170(c)		25.35.77	೯.ಕಾಕ	===;
		north for goods		**	Car.
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and and services provided to the payor?	partly for goods	7a	Printer Car	1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		MA
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property frequired to file Form 8282?	or which it was	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal b	enefit contract?	7e		V
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene	fit contract?	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form	8899 as required?	7g		NA
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file	le a Form 1098-C?	7h	ļ	NA
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund m sponsoring organization have excess business holdings at any time during the year?	aintained by the	8	574	NA
9	Sponsoring organizations maintaining donor advised funds		-	T THE	3.50
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 pers	son?	9b		NA
10	Section 501(c)(7) organizations Enter		300	23	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a <i>NA</i>		20	1
b	, Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b <i>NA</i>	2	200	35.7
11	Section 501(c)(12) organizations Enter		1	1	3
а	Gross income from members or shareholders	11a <i>NA</i>	恶		<b>E</b>
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	11b NA			
12a	Section 4947(a)(1) non-exempt charitable trusts is the organization filing Form 990 in lieu of	of Form 1041?	12a		~
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-	A	333
13	Section 501(c)(29) qualified nonprofit health insurance issuers				- 50
а	Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule	• 0	13a	See 5	NA
h	Enter the amount of reserves the organization is required to maintain by the states in which	ĬĬ	112		1
b	the organization is licensed to issue qualified health plans	13b <i>NA</i>			1
С	Enter the amount of reserves on hand	13c NA		1	5
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a	7 L.T.M	NA
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on	Schedule O	14b	<del>                                     </del>	NA
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in				
	excess parachute payment(s) during the year?		15		NA
16	If "Yes," see instructions and file Form 4720, Schedule N Is the organization an educational institution subject to the section 4968 excise tax on net inve	stment income?	16		NA
	If "Voc " complete Form 4720, Schodule O		274 . 1	=	12 7

Statements Regarding Other IRS Filings and Tax Compliance (continued)

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 on Schedule O Check if Schedule O contains a response or note to any line in this Part VI			
Section	on A. Governing Body and Management			
		40.00.0	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 19	- <b>E</b>	至	
	If there are material differences in voting rights among members of the governing body, or		茅至	
	If the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O		1	
		F-47	-	
b	Enter the number of voting members included on line 1a, above, who are independent  1b /9	- 55		2.5
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		V
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, 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		1
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		V
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_	,	<u></u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			١.
	stockholders, or persons other than the governing body?	7b	ļ	V
- 8	Did the organization contemporaneously document the meetings held or written actions undertaken during		計選	25.07
	the year by the following	1 .		
a	The governing body?	8a	V	<u> </u>
ь	Each committee with authority to act on behalf of the governing body?	8b	V	
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 on Schedule O	9		~
Section	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue C		
40			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
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		NA
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		<u>/</u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		3	24.25
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		NA
ъ.	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		NA
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	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?	14		NA
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	GE.		
а	The organization's CEO, Executive Director, or top management official	15a		NA
b	Other officers or key employees of the organization	15b		NA
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	7	並延	24
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		NA
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		12	學學
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		NA
Section	on C. Disclosure			
17	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 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply	T (Sec	tion	501(c)
	Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year	ıf ınter	rest p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	<b>&gt;</b>	
	onald L. Michael 860 Bar Run Road Ravenswood, WV 26164 304-5			16

Form 990 (2019) Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
Check if Schedule O contains a response or note to any line in this Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
ist 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
🗐 ist 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
Ist 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. See instructions for the order in which to list the persons above

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

		(C)					F			
(A)	(B)	(do n	Position (do not check more than one			ne	(D)	(E)	(F)	
Name and title	Average hours	box, unless person is both an					an	Reportable compensation	Reportable compensation	Estimated amount of other
	per week						compensation			
	(list any hours for	or div	nstit	Officer	eę́	ing high	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
	related	dual	章	4	ğ	yee c	욕	(** 2. 100000,	(** 1. *********************************	related organizations
	organizations below	7 7	<u>a</u>		Key employee	om p	ļ		ı.	
	dotted line)	Individual trustee or director	Institutional trustee		"	ensa				
			ro .			Highest compensated employee				
(1) A LIST OF OFFICERS										
IS ATTACHED. ALL OF (2) OUR OFFICERS ARE							_			
(2) OUR OFFICERS ARE										
VOLUNTEERS AND DO (3) NOT RECEIVE COMPENSATION	14/.		_		<u> </u>					·
(3) NOT RECUVE CONTAINSTITU	1/0/	1								
(4)									<del></del>	
-1-1		İ								
(5)										
		<u> </u>		ļ	_		_			<del></del>
_(6)	ļ	-								
(7)		-		$\vdash$	-					
.\(\'\)	<del> </del>	1								
(8)	_									
		<u> </u>								
(9)										
							_		<del></del>	
(10)	<b></b>	{								
(11)	_	-				-	-			
<u>\'\'\'\\</u>	<b></b>	1					ļ			
(12)										
		l <u>.</u>								
(13)	ļ									
		<del>                                     </del>		_		ļ	<u> </u>			<u> </u>
(14)	ļ	1				1				

Part	VII Section A Officers, Directors, 1	rustees,	Key I	⊨mı	ploy	yee	s, an	<u>a r</u>	lighest Compe	nsated E	:mpio	yees (c	continued)
	<del></del>				(0	C)							
	(A)	(B)	444 -			ition			(D)	(E)	İ		(F)
	Name and title	Average					than one that so		Reportable	Reporta	ble	Estimat	ed amount
		hours	office	erano			or/trust		compensation	compens			other
		per week (list any	악고	٦	Q	Key	e I	٦	from the organization	from rela organizat			ensation om the
		hours for	호호	≝	Officer		마이 마이 마이 마이 마이 마이 마이 마이 마이 마이 마이 마이 마이 마	Forme	(W-2/1099-MISC)	(W-2/1099			zation and
		related	Individual trustee or director	Institutional		employee	yee c	"				related o	rganizations
		organizations below	٦ <u>څ</u>	<del>=</del>		oye	§						
		dotted line)	stee	trustee	Ì	"	Se Se		1				
		1		8		l	Highest compensated employee	1	•				
/15\	A LIST OF OFFICERS		<b></b>	$\vdash$		┢	<u> </u>	$\vdash$					_
(12)	IS DOTACHED ALL DE QUE	<del>}</del>	ł										
(16)	IS ATTACHED, ALL OF OUK OFFICERS AND BOARD	<del> </del>	-	<del> </del>	<u> </u>	-		┢┈					
110) 5	DOF WOULD TEEDS AND TO	<b></b>									ŀ		
	RE VOLUNTEERS AND PO	-		-	ļ	⊢							
(1/)/	OF RECEIVE COMPENSATION.	ļ	ł	1									
			<u> </u>	-	-	ļ				-			
(18)		ļ											
			_	ļ	<u> </u>	<u> </u>		<u> </u>	ļ				
(19)		ļ											
			ļ	<u> </u>	<u> </u>	_		L.					
(20)			Į										
						ļ.,		_					
(21)						ľ							
					L								
(22)													
								<u> </u>					
(23)													
J		1	1				ł						
(24)						П							
			1		ĺ						l		
(25)													-
37			1			1				İ			
1b	Subtotal	L		•		•		<b>•</b>					
c	Total from continuation sheets to Part	VII. Section	n A					•					
_	Total (add lines 1b and 1c)	,						<b>•</b>	0		2		0
	Total number of individuals (including but	t not limited	d to th	ากระ	e lie	ted	ahov	e) w	<del></del>			of	
2	reportable compensation from the organ						4501	٠, ••	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0 (1721) 4 1	50,000	<b>.</b>	
	Toportuoio componedam nom ale organ	- Lation		-		_			=				Yes No
2	Did the organization list any former	officer dur	notor	t en	ıcto		/A)/ A	mn	loves or higher	et compa	neated		
3	employee on line 1a? If "Yes," complete							шр	noyee, or mgnes	st compe	IISaleu	3	NA
	, ,										+b-	<del></del>	1.47
4	For any individual listed on line 1a, is the organization and related organizations												
	individual	greater in	an p	130	,000	J /	ı te	S,	complete Sche	aule J 10	Such		- NA
_		•										4	7076
5	Did any person listed on line 1a receive of								-	tion or inc	lividuai		77
	for services rendered to the organization	/ If " Yes," (	comp	iete	SCI	nea	ule J	or:	such person			5	NA
	on B. Independent Contractors												
1	Complete this table for your five high												
	compensation from the organization Rep	ort comper	satio	n to	r th	e ca	denda	r ye	ear ending with oi	within the	e organ	ization'	s tax year
	(A)								(B)			(C)	-1
	Name and business add	iress						<u> </u>	Description of ser	vices		Compens	ation
								┖				_	
	NOT APPLICABL	E						L					
								_					
								L					
								$oxedsymbol{oxedsymbol{oxed}}$					
2	Total number of independent contractor	ors (includi	ng bi	ut r	ot	lımı	ted to	o ti	hose listed abov	e) who			
	received more than \$100,000 of compens												
												Forr	n <b>990</b> (2019

Form' 99	90 (2019	9)								Page <b>9</b>
Part	VIII	Statement of Rev	enu	e						<del> </del>
		Check if Schedule	O co	ntains a re	spon	se or note to a	ny line in this Pa	rt VIII		
							(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 campaigi	าร		1a					4
E in	b	Membership dues			1b				,	
الج ي	С	Fundraising events		•	1c		į			
Gifts, iilar Ar	d	Related organization			1d					
S E	e	All other contributions, gifts, grants, and similar amounts not included above 1f								
her Si	f					36778.80				
Contributions, Giffs, Grants and Other Similar Amounts	g	Noncash contributions included in				œ				
	h	Ines 1a–1f  Total Add lines 1a–1f				<b>▶</b>	36778,80	ن برسا ـ		
		TOTAL PROGRAMMENT IN THE PROGRAM				Business Code	30119100		- '	7.6.
e,	2a					200,11000 0000				-
و ج	b							·		
Program Service Revenue	С									
eve an	d	*								
pg S	е	•							—	
٦	f	All other program se		revenue				,		
$\rightarrow$	g	Total Add lines 2a-				· · · · · · · · · · · · · · · · · · ·				
	3	Investment income other similar amoun	-	uding divi	aenas	s, interest, and	4177,66			
	4	Income from investr	-	of tax-exen	nnt ha	·	7.77,00		-	
	5	Royalties				a p. 000000				
				(i) Rea	1	(ii) Personāl				,
	6a	Gross rents	6a			-	]			
	b	Less rental expenses	6b							
	С	Rental income or (loss)				<u> </u>				ļ
ļ	d	Net rental income o	r (los:	· <del></del> -		<b>•</b>				
i	7a	Gross amount from		(i) Securi	ties	(ii) Other	4			
		sales of assets	70							1
	_	other than inventory  Less cost or other basis	7a			<u> </u>	1			
nue	b	and sales expenses	/b							
e > 0	С	Gain or (loss)	7c				,	124,		* .
Ř	d	Net gain or (loss)		·		<b>.</b>	1			
Other Reven	8a	Gross income fro events (not including		ndraising						,
		of contributions re	porte	d on line						
		1c) See Part IV, line	18		8a		]			
	ь	Less direct expens			8b	<u>L.</u>				
	С	Net income or (loss	) from	n fundraisir	g eve	ents . ►				
	9a	Gross income factivities See Part	IV, lın	gamıng e 19	9a			.,		
	b	Less direct expens			9b	l	-	, ,		,
	С	Net income or (loss			ctiviti	es	<del> </del>	<del> </del> -		<del> </del>
	10a	Gross sales of in returns and allowan		ory, less	10a					]
	ь	Less cost of goods			10a		-			
	c	Net income or (loss			$\overline{}$	orv . ►				
s	- <del>-</del>					Business Code	<del>*</del> ,	· ·		N
e son	11a									
Miscellaneous Revenue	b									
eve	С									
AIS.	d	All other revenue								ļ
	e	Total Add lines 11a	<u>a_11c</u>	<u> </u>		<u> </u>	1600 00 000 166	ļ		

40956,46

All other revenue
Total Add lines 11a-11d
Total revenue See instructions

Form 99	0 (2019)				Page 10				
: Part	Part IX Statement of Functional Expenses								
Sectio	n 501(c)(3) and 501(c)(4) organizations must comp	lete all columns All	other organizations	must complete colur	mn (A)				
	Check if Schedule O contains a response	or note to any line	in this Part IX						
_	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				, i				
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 (nonemployees)								
а	Management								
b	Legal .								
С	Accounting								
d	Lobbying								
е	Professional fundraising services See Part IV, line 17		4-5	42.7					
f	Investment management fees								
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)								
12	Advertising and promotion								
13	Office expenses								
14	Information technology								
15	Royalties								
16	Occupancy	-							
17	Travel .								
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19	Conferences, conventions, and meetings								
20	Interest								
21	Payments to affiliates .								
22	Depreciation, depletion, and amortization								
23	Insurance								
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If	4							
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)								
а	AgEd Jcholarships	1000,00							
ь	Ag Ed Jcholarships General Scholarships & Awards	5000.00							
С	WV FFA Plagues & Station Markers	580,50							
d									
e	All other expenses	158.00		1					
25	Total functional expenses Add lines 1 through 24e	6678,50							
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)								

Form	n`990 (20	019)			Page <b>1</b> 1
.b	art X	Balance Sheet	· · · · · · · · · · · · · · · · · · ·		
		Check if Schedule O contains a response or note to any line in this Pa	rt X	,	
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing .		1	
	2	Savings and temporary cash investments	629152.62	2	684714.33
	3	Pledges and grants receivable, net	3		
	4	Accounts receivable, net .	4	0	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	<u> </u>	i	
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<u>,</u> 6	<u> </u>
ıς	7	Notes and loans receivable, net .		7	
Assets	8	Inventories for sale or use .		8	
Ą	9	Prepaid expenses and deferred charges	. = -	9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . 10a			,
	ь	Less accumulated depreciation 10b	10.00	10c	10.00
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets .		14	
	15	Other assets See Part IV, line 11 .		15	
	16	Total assets Add lines 1 through 15 (must equal line 33)	630919.61	16	684724.33
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	5267.40
	19	Deferred revenue		19	<del></del>
	20	Tax-exempt bond liabilities .		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D .		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	, , , , , , , , , , , , , , , , , , ,		
ā		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24) Complete Part X of Schedule D			
	20			25	5010110
<u>"</u>	26	Total liabilities Add lines 17 through 25  Organizations that follow FASB ASC 958, check here ► □		26	5267.40
nce		and complete lines 27, 28, 32, and 33			
a	27	Net assets without donor restrictions .		27	
a G	28	Net assets with donor restrictions .	<del></del>	28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ► □ and complete lines 29 through 33			
Ō	29	Capital stock or trust principal, or current funds	630919.61	29	684724.33
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds	(2.0:0 /:	31	1701/51 65
let A	32	Total net assets or fund balances	630919.61	32	619456.93
_	33	Total liabilities and net assets/fund balances	630919,61	33	684724.33

Total liabilities and net assets/fund balances

679456.93

630919.61

Form 99	00 (2019)			Pī	age 12
	XI Reconciliation of Net Assets				<del></del>
	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	409	56.	46
2	Total expenses (must equal Part IX, column (A), line 25)	2		78.	
3	Revenue less expenses Subtract line 2 from line 1	3	342	<u> -77.</u>	96
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6309	19.	61
5	Net unrealized gains (losses) on investments	5	142	59.	36
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 on Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	679	456	,.93
Part	XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII	•			ᆛ
1	Accounting method used to prepare the Form 990    Cash □ Accrual □ Other		_ <del>[</del>	Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," Schedule O	explain i	n		
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 co reviewed on a separate basis, consolidated basis, or both	mpiled o	or		
	☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant? .		2b	Ļ	V
	If "Yes," check a box below to indicate whether the financial statements for the year were aud separate basis, consolidated basis, or both	ited on	а		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		<u>.</u>		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight o	of		

the audit, review, or compilation of its financial statements and selection of an independent accountant?

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

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Schedule O

Single Audit Act and OMB Circular A-133?

Form 990 (2019)

3a

## SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

2019

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization ► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number

Ne	st Virginia Future Farme					55 06498		
Pai							ons.	
The o	organization is not a private founda		,	•	•	•	1 2	
1	A church, convention of church						7/8	
2	A school described in section						$\mathcal{O}^{D}$	
3	A hospital or a cooperative hos		•			,, ,, ,		
4	A medical research organization	•	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(III). Enter the	
_	hospital's name, city, and state					.4.1		
5	5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)							
6	6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7	7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)							
8	A community trust described in	section 170(b)	(1)(A)(vi). (Complete					
<b>9</b>	An agricultural research organi or university or a non-land-gra- university:							
.10								
11	☐ An organization organized and		•		-	•		
12	☐ An organization organized and	operated exclus	sively for the benefit o	f, to perfo	orm the fu	unctions of, or to cal	rry out the purposes	
	of one or more publicly support							
	Check the box in lines 12a thro	ugh 12d that des	scribes the type of sur	porting o	organizati	on and complete line	es 12e, 12f, and 12g.	
а								
	the supported organization <b>Yo</b>					he directors or trust	ees of the	
b	_ , , , , ,							
	control or management of to organization(s). You must o	• • •	_		persons	that control or man	age the supported	
С	Type III functionally integrits supported organization(s)						ally integrated with,	
d	☐ Type III non-functionally i	ntegrated. A su	pporting organization	operated	d in conn	ection with its suppo	orted organization(s)	
	that is not functionally integ	grated. The orga	nization generally mu	st satisfy	a distribi	ution requirement an	d an attentiveness	
	requirement (see instruction	ns). <b>You must c</b>	omplete Part IV, Sec	tions A a	and D, ar	nd Part V.		
е	Check this box if the organ functionally integrated, or T	ization received Type III non-func	a written determination	on from ti	he IRS th	at it is a Type I, Type ion.	e II, Type III	
f	Enter the number of supported of							
g	Provide the following information	about the supp	orted organization(s).					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of	
			(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)	
				Yes	No			
(A)								
(B)		· ·						
(C)								
(D)								
(E)								

	le A (Form 990 of 990-EZ) 2019						Page ∠
Part	Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1	)(A)(iv) and 1	170(b)(1)(A)(vi	)
	(Complete only if you checked the	ne box on line	5, 7, or 8 of	Part I or if th	e organizatio	n failed to qua	alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Tøtal
1	Gifts, grants, contributions, and	` '					
	membership fees received. (Do not						
	include any "unusual grants.")			İ			
2	Tax revenues levied for the				<del></del>	<b> </b>	
~	organization's benefit and either paid					/	
	to or expended on its behalf					/	
_	•				<del></del>	<del>                                     </del>	
3	The value of services or facilities					/	
	furnished by a governmental unit to the					/	
	organization without charge		····		ļ,	<u> </u>	
4	Total. Add lines 1 through 3						
5	The portion of total contributions by	<u></u>			/	ر با در	
	each person (other than a	,			/ '		
	governmental unit or publicly		•	'			
	supported organization) included on				/	1	
	line 1 that exceeds 2% of the amount					1	
	shown on line 11, column (f)			. /	1		
6	Public support. Subtract line 5 from line 4	3					
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c)/2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4		<b>,</b>	/	(-7	(-,	()
8	Gross income from interest, dividends,			/			-
•	payments received on securities loans,			./			•
	rents, royalties, and income from	İ					
	similar sources						
9	Net income from unrelated business			-		· · ·	
3	activities, whether or not the business						
	is regularly carried on						
40	• •		/	<del> </del>			
10	Other income. Do not include gain or loss from the sale of capital assets	/	ĺ				
	(Explain in Part VI.)						
				<u> </u>			
11	Total support. Add lines 7 through 10	/a.a.a./adm.cati		L		1 10 1	
12	Gross receipts from related activities, etc	. ,	-			12	504( )(0)
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he			· · · · ·		<u> </u>	<u> </u>
Secti	on C. Computation of Public Suppor					<del>,</del>	
14	Public support percentage for 2019 (line					14	<u></u>
15	Public support percentage from 2018 Sci					15	<u>%</u>
16a	331/3% support test-2019. If the organ				nd line 14 is 3	31/3% or more,	check this
	box and stop here. The organization qua			-			
b	331/3% support test-2018. If the organi						ore, check
	this box and stop here. The organization	qualifies as a	publicly suppo	orted organizat	ion		▶ 🗆
17a	10%-facts-and-circumstances test-2	019. If the orga	anızatıon did r	not check a bo	x on line 13, 1	6a, or 16b, and	d line 14 is
	10% or more, and if the organization me	•					
	Part VI how the organization meets the "						
	organization /						<b>≻</b> 🗂
ь	10%-facts-and-circumstances test—2	018. If the ora	anization did r	not check a bo	y on line 13 1	16a 16b or 17	_
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization r						
	· // · · · · · · · · · · · · ·	ineets the nac			. no organizati	on quames as	
18	Private foundation. If the organization di					k this boy and	🗀
10							
	instructions	· · · · · ·					
	//				Sci	hedule A (Form 99	or 990-EZ) 2019

Part	Support Schedule for Organiza (Complete only if you checked th					to qualify up	dor Part II
	If the organization fails to qualify						der Fart II.
Secti	on A. Public Support	4.140.110.10	oto notou box	ow, piodeo o	37.11p.0.10 ; a. 1	···/	/
	dar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	(7,=3,+3	(0) 2010	(0) 20 11			<u> </u>
2	Gross receipts from admissions, merchandise		-			<i></i>	
2	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	Total. Add lines 1 through 5						
7a	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						
С	Add lines 7a and 7b	·······	/				
8	Public support. (Subtract line 7c from line 6.)	•					
Secti	on B. Total Support				·		
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ь	Unrelated business taxable income (less						•
	section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	/					
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	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop her				=	ear as a sectio	
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2019 (line 8	3, column (f), c	divided by line	13, column (f))		15	%
16	Public support percentage from 2018 Sch			<u></u> .	<u> </u>	16	%
Secti	on D. Computation of Investment Inc	come Perce	entage				
17	Investment income percentage for 2019 (I			oy line 13, colu	ımn (f))	17	%
18	Investment income percentage from 2018					18	%
19a	331/3% support tests - 2019. If the organi						
	17,15 not more than 331/3%, check this box						
b	331/3% support tests – 2018. If the organiz line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization dis	d not check a	box on line 14	, 19a, or 19b,	check this box	and see instruc	

#### 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.)

<del></del>	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	art v	.)	
Secti	on A. All Supporting Organizations		120	
1	Are all of the organization's supported organizations listed by name in the organization's governing	J	Yes	No ,
•	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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	45	ļ	
С	Did the organization support any foreign supported organization that does not have an IRS determination	4b	<del>                                      </del>	<del> </del>
	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)		ļ	
<b>-</b> -	purposes.	4c	ļ	
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		.	
h	was accomplished (such as by amendment to the organizing document).  Type I or Type II only. Was any added or substituted supported organization part of a class already	5a	-	<u> </u>
	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			
	(as 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	·	<del></del>
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	<b>-</b>		
	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 <b>Part VI</b> .	9a	·	ļ
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		
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 <b>Part VI</b> .		l	.
10a		9c		
·va	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes." answer 10b below.	102	1	1

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	V Supporting Organizations (continued)			
		$\square$	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
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	<b> </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	Щ.	L
Section	on B. Type I Supporting Organizations	—— <u> </u>	Yes	No
	Dod the dissertant to the second and the second and the second as the second as the second to the second as the se	$\vdash$	res	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 <b>Part VI</b> 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		
Saction	on C. Type II Supporting Organizations			
<del>Je</del> oul	on or type it authoriting 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations	ــــــــــــــــــــــــــــــــــــــ	L	L
00011	011 21 1 1 1 po 111 0 apport 11.5 0 1 3 at 11 at		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 organization's governing documents in effect on the date of notification, to the extent not previously provided?			
_		1	<del>                                     </del>	$\vdash$
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 <b>Part VI</b> how 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see   The organization satisfied the Activities Test Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity.			
2	Activities Test. Answer (a) and (b) below.			No
a	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 <b>Part VI identify</b>	-		
	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		<del>_</del>
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.			
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Part V <sup>-</sup> 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 instructions. All other Type III non-functionally integrated supporting organ			
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		
<b>6</b> 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):			945
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			1
factors (explain in detail in Part VI):	L,		
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		د.	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-functionall instructions).	y int	tegrated Type III support	ing organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organi	zations (continued)	<del>.</del>
Secti	on D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	rted		
3	Administrative expenses paid to accomplish exempt purp	anno of our ported or an	nizotiono	
4	Amounts paid to acquire exempt-use assets	riizations	<del></del>	
_ <del></del> _	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 whice (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	ponsive	-
9	Distributable amount for 2019 from Section C, line 6			
10				
10	Line 8 amount divided by line 9 amount		(ii)	(iii)
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6	, -	E-CFFEE	
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2019			G
а	From 2014 .	- n		
b	From 2015			<del></del>
С	From 2016			
d	From 2017			
е	From 2018	£		
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
j	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3ı from 3f.			
4	Distributions for 2019 from	19		
	Section D, line 7: \$		, , ,	
a	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.	1		
7	Excess distributions carryover to 2020. Add lines 3j and 4c			
8	Breakdown of line 7:			
a	Excess from 2015	r, grower source	e same a	Sales of the second
ь	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018		1	•
e	Excess from 2019	, ,	*	

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.)
	<del></del>

### 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
2019

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

West Virgi	inca Future Far	mers of An	merica Fou	ndation, I	nc.	55 064 9878
•						
Part V	TI Line 11 -	Form 990	is resieu	ued by t	he Four	ndation Chairman
						ew by all members
of the	c Erecutive (	summittee	and Gol	verning B	ody.	
Part ]	VI, Line 19	-All of ou	ur governi	ng docum	neuts, t	inancial statement
etc. a	are availabl	e to the	public u	pon regu	est.	
	•••••					
***************************************						
				•••••		
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			·	·····		
						·····