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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form
990 All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the
end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150 2007

Open to Public Inspection

| Ā | For the | e 2007 calend | ar year, | or tax year beginning | 9/01/07 , | and ending | 8/3 | 31/08 | 3 | | | |
|--------------------------|-----------------------|------------------|---------------------|---|---------------------------------------|-------------------------|-------------|--|------------------------------------|--------------|-----------------|---|
| В | Check if | | Please | C Name of organization | on | | | | | D | Emplo | oyer identification number |
| | Address | change I | use IRS label or | | | | | | | | | |
| Ш | Name cl | hanaa | print or | Bellville | FFA Alumni | | | | | | 30- | 0550608 |
| X | Initial re | | type. | · · | or PO box, if mail is not d | lelivered to street a | iddress) |) | Room/suite | E | Telep | hone number |
| Ц | Termina | nion • | See Specific | P O Box 24 | | | | | | | | |
| Н | Amende | | Instruc- | - | r country, and ZIP + 4 | | | | | F | Group | Exemption |
| Ц | | | tions | Bellville | | TX 77418 | | | | | Numb | |
| | Sec | tion 501(c)(3) | _ | zations and 4947(a)(1) | • | e trusts must at | ttach | | G Accounting | met | hod | X Cash Accrual |
| _ | | | a cor | npleted Schedule A (F | orm 990 or 990-EZ). | | | | Other (specify) | | | |
| ١. | Websit | | | V 5044) / | 3 . 44 | 1 .0.17()(4) | | | H Check ▶ | ured | if the to attac | organization h 990-EZ, or 990-PF) |
| 7 | | | | one)— X 501(c) (| 3) | 4947(a)(1) o | | 527 | | | | |
| K | Check | | | zation is not a section 5 | | | | receipts | are normally n | ot n | nore th | an \$25,000 A return is |
| _ | • | | | zation chooses to file a ne 9 to determine gross | | | | antand of | Form 000 F7 | | ▶ \$ | 52,854 |
| | art I | | | penses, and Cha | | | | | | | | |
| <u>F</u> | 1 | | | nts, and similar amounts rec | | is or runa b | alali | ces (or | se page 33 | " | 1 | 9,589 |
| | 2 | `` | • | enue including governm | | | | | | ŀ | 2 | 3,303 |
| | 3 | _ | | d assessments | cin ices and contracts | Se | e S | tate | ment 1 | ŀ | 3 | 4,125 |
| 'an | 4 | Investment in | | | | | _ | | | ı | 4 | |
| | 5a | | | ale of assets other than | inventory | | 5a | | | ı | | |
| | Ь | | | asis and sales expense | • | | 5b | | | \neg | | |
| 急 | C | | | of assets other than invent | | ne 5a (attach sche | dule) | | | \Box | 5c | |
| m ₂ | 6 | Special even | its and a | ctivities (attach schedul | e) If any amount is froi | m gaming, chec | k here | | ▶ 🗍 | ſ | | |
| LUC CENENTATE Revenue | а | Gross revenu | ue (not ii | ncluding \$ | of co | entributions | S | ee W | orkshee | t | | |
| | | reported on l | ine 1) | | | | 6a | | 39,14 | _ | | |
| • | b | Less direct e | expense | s other than fundraising | expenses | | 6b | | 15,10 |)5 | | |
| 80 | С | Net income of | or (loss) | from special events and | l activities Subtract line | e 6b from line 6a | | | | ļ | 6c | 24,035 |
| € | 7a | Gross sales | of invent | tory, less returns and al | lowances | | 7a | | | _ | 1 | |
| | b | Less cost of | goods s | old | | | 7b | <u> </u> | | _ | | |
| ال. | C | | | from sales of inventory | Subtract line 7b from I | ine 7a | | | | - | 7c | |
| | 8 | Other revenu | | *************************************** | | | | | | .) | 8 | 27 740 |
| | 9 | | | ines 1, 2, 3, 4, 5c, 6c, 7 | | | | 14-4- | ment 2 | | 9 | 37,749 11,082 |
| | 10 | | | nounts paid (attach sch | edule) | se | :e> | | | | 10 | 11,002 |
| | 11 | Benefits paid | | | hanafita | | 1 - | NEC | CEIVED | } | 11 | |
| enses | 13 | | - | ensation, and employee d other payments to ind | | | 0 | | ` | 7 | 013 | |
| Den | 1 | | | ties, and maintenance | ependent contractors | | 246 | SEP | 3 0 2010 | 16 | 71 | |
| ξχ | 15 | | | , postage, and shipping | | | 1 L | | _ | 1 \$ | 15 | |
| | 16 | | | cribe ▶ See St | atement 3 | | f | OGD | EN LIT | → # | 16 | 1,712 |
| | 17 | | | lines 10 through 16 | · · · · · · · · · · · · · · · · · · · | | | | <u> </u> | × | 17 | 12,794 |
| | 18 | | | the year Subtract line | 17 from line 9 | | | | ·································· | | 18 | 24,955 |
| Net Assets | 19 | | | nces at beginning of year (fi | | ust agree with end-of-y | year figure | e reported o | n pnor year's return) | | 19 | 5,191 |
| et 7 | 20 | Other change | es in net | assets or fund balance | s (attach explanation) | | | | | | 20 | |
| | 21 | Net assets or | r fund ba | alances at end of year (| Combine lines 18 through | gh 20 | | | | ▶ [| 21 | 30,146 |
| | art II | Baland | ce She | ets—If Total assets o | n line 25, column (B) ai | re \$250,000 or m | nore, fil | le Form 9 | 990 instead of I | orm | 990-E | Z |
| | | | (See | e page 60 of the instruct | ions) | | | (A) E | Beginning of year | | Ш., | (B) End of year |
| | | savings, and in | rvestme | nts | | | | | 5,19 | 21 | 22 | 30,146 |
| | | nd buildings | | | | | | ļ | | | 23 | |
| | <u></u> | assets (describ | oe 🕨 | | · | |) | | | _ | 24 | 20 146 |
| 25 | | | b | | | | | | 5,19 | | 25 | 30,146 |
| | | iabilities (desc | | e (line 27 of column (D) | munt agree with here | 4\ | 'ا | | E 16 | 0 | 26 | 30,146 |
| | | | | s (line 27 of column (B) Reduction Act Notice | | | | <u>t</u> | 5,19 | 7 1 | 27 | 990-EZ (2007) |
| ۱۲, | 7 | Totaliurap | , | MOULE MOLICE | , see the separate INS | น นับบับทร. | | | | | Λ | 1 230-EZ (2007) |

| Form | <u>n 990-EZ (2007) Bellvill</u> | e FFA Alumni | <u> 30-0</u> | <u>550608</u> | | | | | P | age 2 |
|--|---|---|---|------------------------|--------|----------|------------------------------|------------------|----------------------|---------------|
| Pε | art III Statement of Prog | ram Service Accomplishments (Se | e page 60 of the | instruction | າຣ.) | | Exp | enses | ŕ | |
| What | it is the organization's primary exempt | t purpose? | | | | (| Required | for 50 | 1(c)(3 |) |
| S | ee Statement 4 | | | | | a | ind (4) or | ganıza | tions | , |
| | | out the organization's exempt purposes. In a cle | | | | а | ınd 4947(| a)(1) t | rusts, | |
| desc | | er of persons benefited, or other relevant inform | | | | ٥ | ptional fo | r othe | rs)_ | |
| 28 | | rips and financial supp | ort to Bell | ville | | | | | | |
| | Future Farmers of | America. | | | | | | | | |
| | | | | | | | | | | |
| _ | (Grants \$ 8,432 |) If this amount includes foreign grants, check | here | | Ш | 28a | | | 11, | 182 |
| 29 | | | | | | | | | | |
| | | | | | | | | | | |
| , | 10 | N. If there are sent made and a factorial and a should | | | \Box | 00. | | | | |
| _ | (Grants \$ |) If this amount includes foreign grants, check | nere | | | 29a | | | | |
| 30 | | | | | | | | | | |
| | | | | | | | | | | |
| , | (Grants \$ |) If this amount includes foreign grants, check | here | | \Box | 30a | | | | |
| - | Other program services (attach sched | = • • | THEFE | | | 004 | | | | |
| | (Grants \$ |) If this amount includes foreign grants, check | here | • | \Box | 31a | | | | |
| | Total program service expenses. A | | | | - | 32 | | | 11,0 | 082 |
| | | ors, Trustees, and Key Employees (List each | one even if not compe | nsated See | page (| | ne instruc | | | |
| X | | | (B) Title and average | (C) Compen | sation | (D) (| Contributions | to | (E) Exp | |
| | (A) Nan | me and address | hours per week devoted to position | (If not pa | | | e benefit pla ed compensa | | account her allow | |
| See | Statement 5 | | | | | | | | | |
| | | | | | | | | | | |
| | | | | • | | | | | | |
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| | | | | | | | | | | |
| | | | | | | <u> </u> | | | | |
| | | | | | | | | | | |
| - | - 4115 Oth - 4155 | (Nata the statement requirement in | Camaral Instructi | \ / \ | | l | | | ·. 1 | - |
| | | (Note the statement requirement in | | | | | T | | Yes | No |
| 33 | | e in its activities or methods of conducting activ | ities ∕it "Yes," attach a | 1 | | | | | | x |
| 34 | | | | | | | | 22 | | |
| | detailed statement of each change | language or appearing documents but not report | nd to the IDS2 If "Ves" | | | | | 33 | | _== |
| 34 | Were any changes made to the org | ganizing or governing documents but not report | ed to the IRS? If "Yes," | | | | | | | |
| | Were any changes made to the orgattach a conformed copy of the cha | anges | | , | | | | 33 | | x |
| 35 | Were any changes made to the org attach a conformed copy of the cha If the organization had income from busi | anges ness activities, such as those reported on lines 2, 6, ai | nd 7 (among others), but i | , | | | | | | |
| 35 | Were any changes made to the org attach a conformed copy of the cha If the organization had income from busi reported on Form 990-T, attach a statem | anges ness activities, such as those reported on lines 2, 6, an nent explaining your reason for not reporting the incom | nd 7 (among others), but i e on Form 990-T | not | | | | | | |
| | Were any changes made to the orgattach a conformed copy of the chalf the organization had income from busineported on Form 990-T, attach a statem Did the organization have unrelated | anges ness activities, such as those reported on lines 2, 6, ai | nd 7 (among others), but i e on Form 990-T | not | | | | 34 | | X |
| 35 | Were any changes made to the orgattach a conformed copy of the chalf the organization had income from busineported on Form 990-T, attach a statem Did the organization have unrelated proxy tax requirements? | anges ness activities, such as those reported on lines 2, 6, and the activities and the income of \$1,000 or more or 6 | nd 7 (among others), but i e on Form 990-T | not | | | | | | |
| 35 a | Were any changes made to the orgattach a conformed copy of the chalf the organization had income from busine reported on Form 990-T, attach a statem Did the organization have unrelated proxy tax requirements? If "Yes," has it filed a tax return on I | anges ness activities, such as those reported on lines 2, 6, and nent explaining your reason for not reporting the incomed business gross income of \$1,000 or more or 6 | nd 7 (among others), but i e on Form 990-T 6033(e) notice, reportir | not ng, and | | | | 34 35a | | X |
| 35 a b | Were any changes made to the orgattach a conformed copy of the chalf the organization had income from busine reported on Form 990-T, attach a statem Did the organization have unrelated proxy tax requirements? If "Yes," has it filed a tax return on I | anges ness activities, such as those reported on lines 2, 6, and the activities and the income of \$1,000 or more or 6 | nd 7 (among others), but i e on Form 990-T 6033(e) notice, reportir | not ng, and | | | | 34 35a | | X |
| 35 a b | Were any changes made to the orgattach a conformed copy of the chalf the organization had income from busineported on Form 990-T, attach a statem Did the organization have unrelated proxy tax requirements? If "Yes," has it filed a tax return on It was there a liquidation, dissolution statement | anges ness activities, such as those reported on lines 2, 6, and nent explaining your reason for not reporting the incomed business gross income of \$1,000 or more or 6 | nd 7 (among others), but i e on Form 990-T 6033(e) notice, reportir | not ng, and | | | 0 | 34 35a 35b | | x |
| 35 a b 36 | Were any changes made to the orgattach a conformed copy of the chalf the organization had income from busineported on Form 990-T, attach a statem Did the organization have unrelated proxy tax requirements? If "Yes," has it filed a tax return on I Was there a liquidation, dissolution statement Enter amount of political expenditures, d | anges ness activities, such as those reported on lines 2, 6, and nent explaining your reason for not reporting the incomed business gross income of \$1,000 or more or 6 Form 990-T for this year? In termination, or substantial contraction during the firect or indirect, as described in the instress. | nd 7 (among others), but i e on Form 990-T 6033(e) notice, reportir | not ng, and ch a | | | 0 | 34 35a 35b | | x |
| 35 a b 36 | Were any changes made to the orgattach a conformed copy of the chalf the organization had income from busineported on Form 990-T, attach a statem Did the organization have unrelated proxy tax requirements? If "Yes," has it filed a tax return on I Was there a liquidation, dissolution statement Enter amount of political expenditures, d Did the organization file Form 1120 | anges ness activities, such as those reported on lines 2, 6, and nent explaining your reason for not reporting the incomed business gross income of \$1,000 or more or 6 Form 990-T for this year? In termination, or substantial contraction during the firect or indirect, as described in the instress. | nd 7 (among others), but in e on Form 990-T 6033(e) notice, reporting the year? If "Yes," attack | not ng, and ch a | | | 0 | 35a 35b 36 | | х х |
| 35 a b 36 37a b | Were any changes made to the orgattach a conformed copy of the chalf the organization had income from busine reported on Form 990-T, attach a statement of the organization have unrelated proxy tax requirements? If "Yes," has it filed a tax return on I was there a liquidation, dissolution statement. Enter amount of political expenditures, do Did the organization file Form 1120. | anges ness activities, such as those reported on lines 2, 6, and the explaining your reason for not reporting the incomed business gross income of \$1,000 or more or 6. Form 990-T for this year? In termination, or substantial contraction during the firect or indirect, as described in the instription of this year? | nd 7 (among others), but in e on Form 990-T 6033(e) notice, reporting the year? If "Yes," attached by the year? If "Yes," attached by the year? | not ng, and ch a | | | 0 | 35a 35b 36 | | х х |
| 35 a b 36 37a b | Were any changes made to the orgattach a conformed copy of the chalf the organization had income from busine reported on Form 990-T, attach a statement of the organization have unrelated proxy tax requirements? If "Yes," has it filed a tax return on It was there a liquidation, dissolution statement Enter amount of political expenditures, do Did the organization file Form 1120 Did the organization borrow from, or any such loans made in a prior year | anges ness activities, such as those reported on lines 2, 6, and the explaining your reason for not reporting the incomed business gross income of \$1,000 or more or 6 form 990-T for this year? In termination, or substantial contraction during the firect or indirect, as described in the instribution. D-POL for this year? Or make any loans to, any officer, director, truster. | nd 7 (among others), but in e on Form 990-T 6033(e) notice, reporting the year? If "Yes," attained as e, or key employee or red by this return? | not ng, and ch a | | | 0 | 35a 35b 36 | | x x x |
| 35 a b 36 37a b 38a | Were any changes made to the orgattach a conformed copy of the chalf the organization had income from busine reported on Form 990-T, attach a statement of the organization have unrelated proxy tax requirements? If "Yes," has it filed a tax return on It was there a liquidation, dissolution statement Enter amount of political expenditures, do Did the organization file Form 1120 Did the organization borrow from, or any such loans made in a prior year | anges ness activities, such as those reported on lines 2, 6, and the explaining your reason for not reporting the incomed business gross income of \$1,000 or more or 6 form 990-T for this year? In termination, or substantial contraction during the first or indirect, as described in the instruction of the contraction of the period cover make any loans to, any officer, director, truster and still unpaid at the start of the period cover | nd 7 (among others), but in e on Form 990-T 6033(e) notice, reporting the year? If "Yes," attained as e, or key employee or red by this return? | not ng, and ch a | | | 0 | 35a 35b 36 | | x x x |
| 35 a b 36 37a b 38a | Were any changes made to the orgattach a conformed copy of the chall the organization had income from busineported on Form 990-T, attach a statement of the organization have unrelated proxy tax requirements? If "Yes," has it filed a tax return on the Was there a liquidation, dissolution statement of political expenditures, do Did the organization file Form 1120 Did the organization borrow from, of any such loans made in a prior year of "Yes," attach the schedule specific involved 501(c)(7) organizations. | anges ness activities, such as those reported on lines 2, 6, and the explaining your reason for not reporting the incomed business gross income of \$1,000 or more or 6 form 990-T for this year? In termination, or substantial contraction during the firect or indirect, as described in the instruction of the contraction of the end of the end of the end of the start of the period cover and still unpaid at the start of the period cover field in the line 38 instructions and enter the amount of the end of the | nd 7 (among others), but in e on Form 990-T 6033(e) notice, reporting the year? If "Yes," attained as e, or key employee or red by this return? | not ng, and ch a 37a | | | 0 | 35a 35b 36 | | x x x |
| 35 a b 36 37a b 38a b | Were any changes made to the orgattach a conformed copy of the chalf the organization had income from busineported on Form 990-T, attach a statement of the organization have unrelated proxy tax requirements? If "Yes," has it filed a tax return on the Was there a liquidation, dissolution statement. Enter amount of political expenditures, do Did the organization file Form 1120 Did the organization borrow from, of any such loans made in a prior year if "Yes," attach the schedule specific involved. | anges ness activities, such as those reported on lines 2, 6, and the enterpolarity of the income of the such as those reported on lines 2, 6, and the enterpolarity of the income of the such as the s | nd 7 (among others), but in e on Form 990-T 6033(e) notice, reporting the year? If "Yes," attained as e, or key employee or red by this return? | not ng, and ch a | | | 0 | 35a 35b 36 | | x x x |

| <u>Form</u> | 990-EZ (2007) Bellville FFA Alumni | 30-05506 | 808 | | | Р | age 3 |
|-------------|---|----------------------------|-------------|----------------|--------------|---------|--------------|
| Pį | art V . Other Information (Note the statement requirement in General | al Instruction V.) | (Contin | ued) | | | |
| 40a | 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year u | nder | | | | | |
| | section 4911 ▶ 0 , section 4912 ▶ (| 0 , section 4955 ▶ | | | 0 | | |
| b | 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transact | ion during the | | | | Yes | No |
| | year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explan | nation | | | 40b | | X |
| C | Enter amount of tax imposed on organization managers or disqualified persons during | | | | | | |
| | the year under sections 4912, 4955, and 4958 | • | | 0 |) | | |
| d | Enter amount of tax on line 40c reimbursed by the organization | > | | . 0 | Ī ' | | |
| θ | All organizations. At any time during the tax year, was the organization a party to a prohibite | ed tax shelter | | | _ | | |
| | transaction? | | | | 40e | | X |
| 41 | List the states with which a copy of this return is filed None | | | | | | |
| 42a | The books are in care of ▶ Brandon Luedke | Tel | ephone no | > | | | |
| | 702 Concordia Drive A | | | | | | |
| | Located at ▶ Bellville, TX | | ZIP + 4 | • • | 77418 | | |
| b | 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, o | r other financial | | | | Yes | No |
| | account)? | | | | 42b | | X |
| | If "Yes," enter the name of the foreign country | | | | | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1. | | | | | | |
| C | At any time during the calendar year, did the organization maintain an office outside of the | US? | | | 42c | | X |
| | If "Yes," enter the name of the foreign country | | | | | | _ |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—C | Check here | | | | • | ▶ ∐ |
| | and enter the amount of tax-exempt interest received or accrued during the tax year | | <u> </u> | 43 | | | |
| | Under penalties of perjury, I declare that I have examined this return, including accompanying and belief, it is true, correct, and complete Declaration of preparer (other than officer) is base | | | | | | |
| Plea | ase | ed on all information of w | nicn prepar | | nowledge | | |
| Sig | L Bignature of officer // | I Date | | 01- | 2010. | | |
| Her | Brandon Luedke | Treasurer | | | | | |
| | Type or print name and title | | | | | | |
| | | Date | Check if | | Preparer's S | SN or I | PTIN |
| Paid | Preparer's signature had and a to the had a signature | 0 /00 /10 | self- | , 🖘 | (See Gen I | | |
| Pre | nararia | 9/22/10 | employed | <u>▶ X </u> | P0008 | 587 | |
| Use | Only Firm's name (or yours Wehring Wealth Management | | - | EIN P | · | | |
| | if self-employed), address, and ZIP + 4 PO Box 26 Bellville, TX 7/418-0026 | | | Phone | 979-86 | c = | 0.5.0 |
| | address, and ZIP+4 BellVille, TX 7/418-0026 | | | no 🕨 S | | | |
| | | | | | Form 99 | いーにと | . (2007) |

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

000-

2007

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization Employer identification number Bellville FFA Alumni 30-0550608 Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None") (d) Contributions to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours (c) Compensation empl benefit plans account and other than \$50,000 per week devoted to position & deferred comp allowances NONE Total number of other employees paid over \$50,000 Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services Compensation of the Five Highest Paid Independent Contractors for Other Services Part II-B (List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of other contractors receiving over \$50,000 for other services For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ. Schedule A (Form 990 or 990-EZ) 2007

| Sch | edule A (Form 990 or 990-EZ) 2007 Bellville FFA Alumni | 30-0550608 | | Р | age 2 |
|-----|---|-------------|-----|-----|-------|
| P | art III Statements About Activities (See page 2 of the instructions.) | | | Yes | No |
| 1 | During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ | n line 38, | 1 | | X |
| | Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. | | | | |
| 2 | During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions) | е | | | |
| а | Sale, exchange, or leasing of property? | | _2a | | х |
| b | Lending of money or other extension of credit? | | 2b | | х |
| С | Furnishing of goods, services, or facilities? | | 2c | | х |
| d | Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? | | 2d | | х |
| е | Transfer of any part of its income or assets? | | 2ө | | _x |
| 3а | Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments) | on | 3a | | x |
| b | Did the organization have a section 403(b) annuity plan for its employees? | | 3b | | х |
| С | Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement | | 3c | | х |
| d | Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? | ļ | 3d | | х |
| 4a | Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g | · | 4a | | x |
| b | Did the organization make any taxable distributions under section 4966? | | 4b | | |
| С | Did the organization make a distribution to a donor, donor advisor, or related person? | | 4c | | |
| d | Enter the total number of donor advised funds owned at the end of the tax year | - | _ | | |
| 0 | Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year | > | | | |
| f | Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts | > | | 0 | |
| g | Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year | > | | | 0 |

| Pa | art f | Reason for Non-Private Found | ation Status (See _l | pages 4 through 8 | of the instru | uctions.) | | | |
|------------|---|--|--------------------------------|--|----------------------|-------------------|-------------|--|--|
| l cer 5 | tify th | at the organization is not a private foundation bed A church, convention of churches, or association | • | • | ox) | | | | |
| 6 | | A school Section 170(b)(1)(A)(ii) (Also complete | e Part V) | | | | | | |
| 7 | | A hospital or a cooperative hospital service orga | inization Section 170(b)(| (1)(A)(III) | | | | | |
| 8 | | A federal, state, or local government or government | nental unit Section 170(b | o)(1)(A)(v) | | | | | |
| 9 | | A medical research organization operated in cor | njunction with a hospital | Section 170(b)(1)(A)(III) | Enter the hos | spital's name, c | ity, | | |
| | | and state ▶ | | | | | | | |
| 10 | | An organization operated for the benefit of a coll (Also complete the Support Schedule in Part IV | - | or operated by a govern | nmental unit Se | ection 170(b)(1)(| A)(ıv) | | |
| 11a | | An organization that normally receives a substait 170(b)(1)(A)(vi) (Also complete the Support Sc | | om a governmental unit | or from the gen | eral public Sec | tion | | |
| 11b | | A community trust Section 170(b)(1)(A)(vi) (Als | so complete the Support | : Schedule in Part IV-A |) | | | | |
| 12 | An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.) | | | | | | | | |
| 13 | An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization. Type I Type II Type III-Functionally Integrated Type III-Other | | | | | | | | |
| | | Provide the following inform | 1 | | | | (-) | | |
| | | (a) | (b) | (c) | (d | | (e) | | |
| | | Name(s) of supported organization(s) | Employer identification | Type of organization | Is the su | | Amount of | | |
| | | | number (EIN) | (described in lines | organization the sup | | support | | |
| | | | number (Liv) | 5 through 12 | organiz | | | | |
| | | | | above or IRC | governing d | | | | |
| | | | | section) | | | | | |
| | | | | | Yes | No | | | |
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| | | A | | | | | | | |
| 14 | $\perp \perp$ | An organization organized and operated to test | or public safety Section | 509(a)(4) (See page 8 | of the instruction | ons) | | | |

Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting Calendar year (or fiscal year beginning in) (a) 2006 (c) 2004 **(b)** 2005 (d) 2003 (e) Total Gifts, grants, and contributions received (Do not include unusual grants. See line 28.) 16 Membership fees received 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 Net income from unrelated business activities not included in line 18 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge Other income Attach a schedule Do not e gain or (loss) from sale of capital assets Total of lines 15 through 22 24 Line 23 minus line 17 25 Enter 1% of line 23 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 26 26a b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts 26b Total support for section 509(a)(1) test Enter line 24, column (e) 26c Add Amounts from column (e) for lines 18 22 26b 26d Public support (line 26c minus line 26d total) 26e Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 26f Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return. Enter the sum of such amounts for each year. N/A (2005)(2004)b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess N/A amounts) for each year (2006)(2005)(2003)Add Amounts from column (e) for lines 27c d Add Line 27a total and line 27b total 27d Public support (line 27c total minus line 27d total) 27e f Total support for section 509(a)(2) test Enter amount from line 23, column (e) g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27g Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) % Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006. prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

Part V · Private School Questionnaire (See page 9 of the instructions)

(To be completed ONLY by schools that checked the box on line 6 in Part IV) N/A Yes 29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, No other governing instrument, or in a resolution of its governing body? 29 30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, 30 programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way 31 that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement) 32 Does the organization maintain the following Records indicating the racial composition of the student body, faculty, and administrative staff? 32a Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 32b Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 32c d Copies of all material used by the organization or on its behalf to solicit contributions? 32d If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) 33 Does the organization discriminate by race in any way with respect to Students' rights or privileges? 33a Admissions policies? 33b Employment of faculty or administrative staff? 33c Scholarships or other financial assistance? 33d Educational policies? 33e Use of facilities? 33f Athletic programs? 33g Other extracurncular activities? 33h If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) Does the organization receive any financial aid or assistance from a governmental agency? 34a b Has the organization's right to such aid ever been revoked or suspended? 34b If you answered "Yes" to either 34a or b, please explain using an attached statement Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation 35

| Schedule A (Form 990 or 990-EZ) 2007 B | | | | | 30-05 | | |
|---|--|--------------------------------------|-----------------------|----------------|--|---------|--|
| Part VI-A Lobbying Expend (To be completed | ditures by Electin ONLY by an eligi | g Public Charitie ble organization t | s (See paghat filed F | ge 11 orm : | of the instruction of the instru | • | , |
| Check 🅨 a 📗 if the organization belo | ngs to an affiliated grou | ıp Check | b if | you ch | ecked "a" and "limit | ed con | trol" provisions apply |
| | n Lobbying Expe | | | | (a) Affiliated group totals | | (b) To be completed for all electing organizations |
| 6 Total lobbying expenditures to influence | tures" means amounts | | | - | | | |
| 7 Total lobbying expenditures to influence | | · -: | | 36 | | | |
| 38 Total lobbying expenditures (add lines 3 | | ct lobbying) | | 37 38 | | | |
| B9 Other exempt purpose expenditures | o and 37) | | | 39 | | | |
| 10 Total exempt purpose expenditures (add | d lines 38 and 30) | | | 40 | | - | <u> </u> |
| I1 Lobbying nontaxable amount Enter the | • | nna table- | | 40 | | ····· | |
| If the amount on line 40 is- | | ontaxable amount is- | | | | | |
| Not over \$500,000 | 20% of the amount | | 7 | | | | |
| Over \$500,000 but not over \$1,000,000 | | of the excess over \$500.0 | 100 | | | | |
| Over \$1,000,000 but not over \$1,500,000 | • • | of the excess over \$1,000 | | 41 | | | |
| Over \$1,500,000 but not over \$17,000,000 | | of the excess over \$1,500. | | ···· | | | |
| Over \$17,000,000 | \$1,000,000 | | | | | | |
| 2 Grassroots nontaxable amount (enter 2 | • • | | | 42 | | | |
| Subtract line 42 from line 36 Enter -0- if | • | ne 36 | | 43 | | | |
| 4 Subtract line 41 from line 38 Enter -0- if | fline 41 is more than lir | ne 38 | | 44 | | | |
| | | | | | | | I |
| Caution: If there is an amount on either | line 43 or line 44, you | must file Form 4720 | | | | | |
| | | aging Period Und | ler Sectio | n 50 | 1(h) | | |
| (Some organization | ons that made a section | n 501(h) election do not | have to com | plete a | all of the five column | s belov | v |
| | See the instructions for | or lines 45 through 50 or | n page 13 of | the ins | structions) | | |
| | | Lobbying Expe | nditures Du | ring 4 | -Year Averaging Pe | riod | |
| Calendar year (or | (a) | (b) | (c) |) | (d) | | (e) |
| fiscal year beginning in) | 2007 | - 2006 | 200 | 5 | 2004 | | Total |
| | | | | | | | |
| Lobbying nontaxable amount | T | | | | | | ····· |
| 6 Lobbying ceiling amount (150% of | | | | | | | |
| line 45(e)) | | | | | | | |
| 7 Total lobbying expenditures | | | | | | | |
| | | | | | | | |
| 8 Grassroots nontaxable amount | | | | | | | |
| 9 Grassroots ceiling amount (150% of | | | | | | | |
| line 48(e)) | | | | | | | |
| | | | | | | | |
| O Grassroots lobbying expenditures | | | | | <u> </u> | | |
| Part VI-B Lobbying Activity | | | | | | | |
| (For reporting only | | | | |) (See page 14 | of the | instructions.) N/A |
| During the year, did the organization attemp | | _ | • | ıy | Yes | No | Amount |
| attempt to influence public opinion on a legis | slative matter or referer | ndum, through the use o | of | | | | *************************************** |
| a Volunteers | | | | | <u> </u> | ├ | |
| b Paid staff or management (Include co | mpensation in expense | es reported on lines c th | rough h.) | | ļ | 1 | |
| c Media advertisements | | | | | | 1 | |
| d Mailings to members, legislators, or the | | | | | | + | |
| Publications, or published or broadcas Grants to other organizations for labbilities. | | | | | | ┼ | |
| f Grants to other organizations for lobby | • • • | | | | <u> </u> | ├ | |
| g Direct contact with legislators, their sti | | | | | 1 | ┼ | |
| h Rallies, demonstrations, seminars, co i Total lobbying expenditures (Add lines | | ectures, or any other m | eans | | | 1 | |
| Loren roppying exherinitates (Add lines | o u uuugu n.) | | | | ŀ | | i . |

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

| | 521 09/22/2010 · | 10 02 AM 990 or 990-EZ) 2007 | Rellwi | lle PPA A | lumni | | 30-0550608 | ì | В | 200 7 |
|----------|------------------|---------------------------------|-------------------|----------------------|-------------------|---|---------------------------------|--------------|----------|-------|
| | art VII 🕠 | | arding Tra | nsfers To and | Transaction | | ps With Noncharita | | <u> </u> | age 7 |
| 1 | | | | | | h any other organization | described in section | <u> </u> | | |
| | | | = | | _ | lating to political organiza | | | | |
| а | Transfers fro | m the reporting organi | zation to a no | nchantable exempt | organization of | - ' | | | Yes | No |
| | (i) Cash | | | | | | | 51a(i) | | X |
| | (ii) Other | assets | | | | | | a(ii) | | X |
| b | Other transa | ctions | | | | | | | | |
| | (i) Sales | or exchanges of assets | with a nonc | haritable exempt org | ganization | | | b(i) | | X |
| | (ii) Purcha | ases of assets from a r | onchantable | exempt organizatio | n | | | b(ii) | <u> </u> | X |
| | • • | of facilities, equipmen | - | sets | | | | _b(iii) | ļ | X |
| | | ursement arrangemen | ts | | | | | b(iv) | | X |
| | | or loan guarantees | | | | | | b(v) | | X |
| | | mance of services or m | | | | | | b(vi) | | X |
| C | | cilities, equipment, ma | = | | | ((A) - b - 1 | 0 - 6 1 - 1 6 4 | <u> </u> | L | X |
| đ | | | | - | | (b) snould always snow ion received less than fa | the fair market value of the | ne | | |
| | _ | - | | | = | er assets, or services rec | • | | | |
| | (a) | (b) | , 311044 111 0011 | (c) | the goods, oan | assets, or services rec | (d) | | | |
| | Line no | Amount involved | Name of | nonchantable exempt | organization | Description of tran | nsfers, transactions, and shar | ing arrangem | ents | |
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| 2a | • | zation directly or indire | • | | | | | ► □ | F | ē |
| L | | section 501(c) of the C | | ian section 501(c)(3 | i)) or in section | 52/7 | | Y | es [4 | K No |
| <u>D</u> | if Yes, Corr | plete the following sch | equie | 45 | | | 4-1 | | | |
| | N | (a) Name of organization | | (b) Type of orga | inization | | (c) Description of relationship | | | |
| | N/A | | | | | | - | | | |
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| | | | S | pecial Event | s Schedule | | | 0007 |
|---|--------------------------|------------------|---|--------------|-------------|------------------|------------------|---|
| Form 99 | | or calendar vear | 2007, or tax year be | eainnina | 9/01/07 | , and ending | 8/31/08 | 2007 |
| Name ` | | , | | <u> </u> | | | | ntification Number |
| Bellvi | lle FFA | Alumni | | | | | 30-0550 | 0608 |
| | | | (A) | (B) | (C) | | Othors | Total |
| Gross receipts Less contrib Gross revenu Less direct Net income (le | outions e expenses | | 39,140 0 39,140 15,105 24,035 | (| | 0 0 0 0 | 0 0 0 0 | 39,140 0 39,140 15,105 24,035 |
| Description | (A) | Clay Si | noot & Goa | t Show | | | | |
| | (B) | | | | | | | |
| | (C) | | | | | | | |
| | Others | | | | | | | |
| | | | | | <u> </u> | | | |
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BE3521 Bellville FFA Alumni

30-0550608

Federal Statements

9/22/2010 10:02 AM

FYE: 8/31/2008

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

| Description | _ | Amount |
|-----------------|-----|--------|
| Membership Dues | \$_ | 4,125 |
| Total | \$_ | 4,125 |

Alumni

Federal Statements

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|-------------------------------------|-----------------|----------------------------|------------------------|----------------------|---------------|--------------|---------------|
| | Date of Gift | Description of Property | Cash Contrib | NonCash Contrib | Book Value | BV Explan | FMV Explan |
| Bellville Future Farmers of America | armers of Ame | erica | 0 0 0 | · · | | | |
| 850 Schumann Road | | | 707'0 | _ው | | | |
| Bellville TX 77418 | | | | | | | |
| Scholarships to FFA Members | A Members | | 2,650 | | | | |

\$ 11,082 \$

Total

7

BE3521 Bellville FFA Alumni

30-0550608

Federal Statements

9/22/2010 10:02 AM

FYE: 8/31/2008

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

| Description | Amount | | | |
|----------------------|----------|--|--|--|
| Expenses | \$ | | | |
| • | 117 | | | |
| Advertising | 759 | | | |
| Business Promotion | 435 | | | |
| Dues & Subscriptions | 150 | | | |
| Meetings | 251 | | | |
| Total | \$ 1,712 | | | |

BE3521 Bellville FFA Alumni

30-0550608 FYE: 8/31/2008

Federal Statements

9/22/2010 10:02 AM

Statement 4 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

Provide scholarships and financial support for Bellville Future Farmers of America.

| BE3521 Bellville FFA Alumni 30-0550608 FYE: 8/31/2008 | Federal S | ederal Statements | | 9/22/201 | 9/22/2010 10:02 AM |
|---|---|-----------------------|---------------------|----------|--------------------|
| Statement 5 - Form | Statement 5 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key | of Officers, Director | s, Trustees and Key | | |
| Name and Address | Title | Average Hours | Compensation | Benefits | Expenses |
| Gary Inglish Bellville TX 77418 | Treasurer | 0 | 0 | 0 | 0 |
| Harold Luhn Bellville TX 77418 | President | 0 | 0 | 0 | 0 |
| Ron Eilers Brenham TX 77833 | Vice Preside | 0 | 0 | 0 | 0 |
| Dawn Compton Bellville TX 77418 | Secretary | 0 | 0 | 0 | 0 |
| Alfred Eckermann Bellville TX 77418 | Vice Preside | 0 | 0 | 0 | 0 |
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