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9.90-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 of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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

2009

Open to Public Inspection

A	For t	the 2009 calend	lar year,	or tax year beginning , 2009, and e	nding			, 20		
В	Check if applicable Please C Name of organization D Emp							mployer identification number		
		ess change	use IRS tabel or	Oklahoma FFA Alumni Association		51-0225794				
닖		change	ephone r	umb	er					
		retum inated	type. See	1500 W. 7th	l l	405 743-5489				
Н		nded return	Specific Instruc-	City or town, state or country, and ZIP + 4	F Gr	F Group Exemption				
		cation pending	tions.	Stillwater, OK 74074		mber	-			
	• \$	ection 501(c)(3) organiz	rations and 4947(a)(1) nonexempt charitable trusts must attach	G Accounting I	Method.	V	Cash		
			a cor	npleted Schedule A (Form 990 or 990-EZ).	Other (speci					
				1	H Check ▶ □	If the	orga	nization is not		
1	Website: ► required to attach Schedule B (Form 990,									
J	J Tax-exempt status (check only one) — ☑ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 │ 990-EZ, or 990-PF).									
K	Check ► ☐ If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A									
	Forn	n 990-EZ or For	m 990 re	turn is not required, but if the organization chooses to file a return, be su	re to file a com	plete re	turn			
<u>L</u>	Add I			9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of F		▶ (<u> </u>			
	Part	Revenu	ue, Exp	enses, and Changes in Net Assets or Fund Balances (S	See the instr	uction	s fo	r Part I.)		
	1	1 Contributi	ons, gif	s, grants, and similar amounts received		1				
	2	2 Program s	service r	evenue including government fees and contracts	<i>.</i>	2	L	149,624 00		
	3	3 Membersl	hip dues	and assessments		3	L	301,061.00		
	4					4	<u> </u>	3,043.18		
	5	5a Gross am	ount fro	m sale of assets other than inventory 5a	<u> </u>	_				
				r basis and sales expenses						
4	,	C Gain or to	SS) (O)	sale of assets other than inventory (Subtract line 5b from line 5a line complete applicable parts of Schedule G). If any amount is from gaming, ch	a) <u>.</u>	5c				
Roverne	<u> </u>									
9		a Gross rev								
ď	<u> </u>	@eported of			6,679 5	┥				
				nses other than fundraising expenses <u>6b</u>	1,057.0	1				
		Net incom	e_or_(lo	se) from special events and activities (Subtract line 6b from line 6	a)	6c	<u> </u>	5,622.49		
	7	GOS GAL	HELLIN	entoni, less returns and allowances		4				
	-	bess cos	•			┥				
	١.			ss) from sales of inventory (Subtract line 7b from line 7a)		7c		0		
	8		8	 -	450 250 67					
	9			dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9	<u> </u>	459,350.67		
	10			r amounts paid (attach schedule)		10	<u> </u>	425,091.76		
<u> </u>	11			r for members		11		2,002.00		
7 8	3 12	•		mpensation, and employee benefits		12	<u> </u>	2 700 00		
07 : P	2 13 2 4			and other payments to independent contractors		13	-	2,700.00		
∍ }	14	•	-	utilities, and maintenance		14	_	1,334.14		
: "	1 ''	3.1		ons, postage, and shipping		15	 			
:	16			describe		16	<u> </u>	677.72		
_	17			Add lines 10 through 16		17	├	431,805.62 27,545.05		
Not Accote	2 19			for the year (Subtract line 17 from line 9)		18		27,545.05		
Ü	<u>وَ</u> '`			reported on prior year's return)		1-0		188,072.61		
4	5 ~	•		,		19	 	188,072.01		
Ž	20			net assets or fund balances (attach explanation)		20	┢	215,617 66		
21 Net assets or fund balances at end of year. Combine lines 18 through 20										
	Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 (See the instructions for Part II.) (A) Beginning of						1 0	(B) End of year		
,		Cash sauman		·		533.97	20			
	22 23	_		vestments	182	333.87		210,079.02		
	:3 24	Other assets	•			538.64	23	5,538.64		
	25			e▶)		,072.61	-	215,617.66		
	25 26	Total liabilitie			100		26	213,017.00		
	27			palances (line 27 of column (B) must agree with line 21)	188	072.61		215,617.66		
	- •			,	,			,		

						. ago . .			
Par	III Statement of Program Service Accom	plishments (See the instr	uctions for Part II	l.)		Expenses			
What is the organization's primary exempt purpose? (Req									
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise									
	ner, describe the services provided, the number of	of persons benefited, and o	other relevant info	rmation for		izations and section a)(1) trusts, optional			
each	program title.				for ot				
28	Alumni Camp - Provide leadership training by provide	ling activities focused on tea	mwork, exhibiting a	1					
	positive attitude, character building, citizenship, and	a motivated chapter officer	team						

	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	28a	265,770.76			
29	Washington DC - Provide training to FFA members t								
	state and country. Focus on leadership skills by lea								
	others.								
	(Grants \$) If this amount	29a	121,394.40						
30	State & National Conventions - Provide leadership d					101,00			
00	members with info on new techniques & opportunitie		l i						
	achievement.	oo are note of agriculture,	Awards given for in	3					
		includes foreign greats, eb			200	15,326.60			
24	Other program services (attach schedule)	includes foreign grants, ch	eck nere	<u>. </u>	30a	13,320.00			
31	. •	indudes fausian annata at			04-				
22	(Grants \$) If this amount Total program service expenses (add lines 28a	includes foreign grants, ch		<u>. P.</u>	31a	400 404 70			
Par				tod (Sootho	32	402,491.76			
Far	List of Officers, Directors, Trustees, and Rey	(b) Title and average	(c) Compensation	(d) Contribution		(e) Expense			
	(a) Name and address	hours per week	(If not paid,	employee benefit	plans &	account and			
		devoted to position	enter -0)	deferred compe	nsation	other allowances			
	te Womack	Chairperson 3 hrs/week							
	Box 99A8; Madill, OK 73446		-0-		-0-	-0-			
	e Detrick	Vice Chairperson 3 hrs/wk							
PO E	Box 91; Ringwood, OK 73768		-0-		-0-	-0-			
	y Stafford	Secretary 3 hrs/wk							
PO E	3ox 285; Elmer, OK 73539		-0-		-0-	-0-			
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Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity. Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes. If the organization had income from business activities, such as those reported on lines 2, 5a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization do not report the income on Form 990-T. Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? If "Yes," has it filed a tax return on Form 990-T for this year? Did the organization deepen distinction, dissolution, termination, or significant disposition of net assets during the year? "If "Yes," complete applicable parts of Schedule N The programization for the promition of the organization file Form 1120-POL for this year? The programization for the promition of the promition of the promition of the organization file Form 1120-POL for this year? The programization file Form 1120-POL for this year? Section 501(c)(7) organizations file for the program of the promition of the organization of the organization file Form 1120-POL for this year? Section 501(c)(7) organizations file for the program of the promition of the program of the pr	Part '	Other Information (Note the statement requirements in the instructions for Part V.)			-90 -
Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity. Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes. If the organization had income from business activities, such as those reported on lines 2, 5a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization donot report the Income on Form 990-T. If the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? If "Yes," has filled a tax return on Form 990-T for this year? If the organization in Perm 1102-DFL for this year? Did the organization organization in Perm 1102-DFL for this year? Did the organization beromy from, or make any loans to, any officer, director, frustee, or key employee or were any such loans made in a pror year and stall outstanding at the end of the penod covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved. Section 501(c)(7) organizations. Enter and the termination of the penod covered by this return? Section 501(c)(7) organizations. Enter amount of tax mposed on the organization during the year under: section 4911 ≥ section 4912 ≥ section 4912 ≥ section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prory 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 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax mposed on organization with a disqualified person in a prory year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Form 8886-T. Locate at ≥ 1500 W. This Sillwester, OK ZPP 4 ≥ TAVA. At any time during the calendar ye				Yes	No
## the changes ## If the organization had income from business activities, such as hose reported on lines 2, 6a, and 7a (among others), but not reported on from 990-T, attach a statement explaining why the organization did not report the income on Form 990-T. ## If Yes, organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? ## If Yes, and the datax return on Form 990-T for this year? ## If Yes, and the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete applicable parts of Schedule N ## Did the organization full permitted by the organization of the sessets of schedule N ## Did the organization full permitted by the organization of the permitted organization of the permitted organization organization full permitted by the organization organization organization. Enter amount of tax imposed on the organization during the year under: section 910(2) organizations. Enter amount of tax imposed on the organization during the year under: section 910(2) organizations. Enter amount of tax imposed on the organization organization is prior. ## Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 organizations prior. ## Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4956. ## Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4956. ## Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c remitted by the organization and the	33		33		
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833 V 8 16 Yes," has it filed a tax return on Form 990-T for this year? 8 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes," complete applicable parts of Schedule N 8 Did the organization for the Yes," complete applicable parts of Schedule N 8 Did the organization for Form 1120-POL for this year? 8 Did the organization form face any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? 8 Did the organization brown from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? 9 Did the organization form face and still outstanding at the end of the period covered by this return? 9 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 Did the organization engage in any section 4956 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person of unity the transaction and the transaction as not been reported on any of the organizations prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I. 10 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 11 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization by the organization Did the organization and the properties of the pro	35				
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any such loans made in a prior year and still outstanding at the end of the period covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved					1
b If "Yes," complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations. Enter: 39	38a				
39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities 39b 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. 41 List the states with which a copy of this return is filed. ▶ Oklahoma 42a The organization's books are in care of ▶ Kurt Murray Telephone no. ▶ 405/743-5489 Today 43 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: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 43 Feeting the mame of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year Feeting the foreign country: ▶ 43 Section 501(c)(3) and 501(c)(4) or		· · · · · · · · · · · · · · · · · · ·	38a		~
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B Gross receipts, included on line 9, for public use of club facilities 39b 39ction 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ;section 4912 ▶ ;section 4955 ▶ 5 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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. 6 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. 41 List the states with which a copy of this return is filed. ▶ Oklahoma 42a The organization's books are in care of ▶ Kurt Murray Telephone no. ▶ 455743-5489 Located at ▶ 1500 W. 7th; Stillwater, OK ZIP + 4 ▶ 74074 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, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside of the U.S.?					
Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► section 4912 ► section 4915 ► section 4915 ► section 4916 ► section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 Form 990 or 990-EZ in live's Complete Schedule L, Part I. c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. 41 List the states with which a copy of this return is filed. ► Oklahoma 42a The organization's books are in care of ► kurt Murray Located at ► 1500 W. 7th; Stillwater, OK 2IP + 4 ► 74074 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; ► 3 Section 4947(a)(1) nonexempt chantable trusts filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 42b ✓ 43 Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year. 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45 Is any related organization a controlled entity of the organizati		· · · · · · · · · · · · · · · · · · ·	-		
section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 C Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. 41 List the states with which a copy of this return is filed. ▶ Oklahoma 42a The organization's books are in care of ▶ Kurt Murray Located at ▶ 1500 W. 7th; Stillwater, OK At any time during the calendar year, did the organization have an interest in or a signature or other authonity over a financial account in a foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42b ✓ Yes No Yes No Yes No Old the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year Pyes," Form 990 must be completed instead of Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year Pyes No 10 the organization account maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 11 the first prop			-		
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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	b		-	_	
Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filed. Oklahoma 1 List the states with which a copy of this return is filed. Oklahoma 1 Located at 1500 W. 7th; Stillwater, OK 2 IP + 4 74074 1 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? At any time during the calendar year, did the organization maintain an office outside of the U.S.? At any time during the calendar year, did the organization maintain an office outside of the U.S.? At any time during the calendar year, did the organization maintain any office outside of the U.S.? At any time during the calendar year, did the organization maintain any office outside of the U.S.? At any time during the calendar year, did the organization maintain any office outside of the U.S.? At any time during the calendar year, did the organization maintain any office outside of the U.S.? At any time during the calendar year, did the organization maintain any office outside of the U.S.? At any time during the calendar year, did the organization maintain any office outside of the U.S.? At any time during the calendar yea					١.,
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reimbursed by the organization All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filed. ▶ Oklahoma Telephone no. ▶ 405/743-5489 Located at ▶ 1500 W. 7th; Stillwater, OK ZIP + 4 ▶ 74074 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year Pyes No Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.	С	organization managers or disqualified persons during the year under sections 4912,			
transaction? If "Yes," complete Form 8886-T. 40e List the states with which a copy of this return is filed. ▶ Oklahoma The organization's books are in care of ▶ Kurt Murray Telephone no. ▶ 405/743-5489 Located at ▶ 1500 W. 7th; Stillwater, OK At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ Telephone no. ▶ 405/743-5489 At 150 No. 140	đ	titi till till till till till till till			
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over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.		Located at N 1500 W 7th: Stillwater OV	740)74	
account)?	b				·
If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside of the U.S.?		· · · · · · · · · · · · · · · · · · ·		Yes	No
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		,	42b		1
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
If "Yes," enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 Yes No Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	~		420	-	\ \stacksquare
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Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
"Yes," Form 990 must be completed instead of Form 990-EZ		Form 990-EZ	44		1
	45		AE		.,
)-F7	

Part \	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 ar	section 4947(a)(1) none 47(a)(1) nonexempt chari nd 51.	xempt charita table trusts mu	ble trusts only. A st answer question	ll sect ons 46	tion -49b
	Did the organization engage in direct or indirect					Yes No
	candidates for public office? If "Yes," complete				46	V
	Did the organization engage in lobbying activities	•	· ·		47	
	Is the organization a school as described in section		•		48	<u> </u>
	Did the organization make any transfers to an ex		-		49a	
	If "Yes," was the related organization a section 5 Complete this table for the organization's five h				49b	
	employees) who each received more than \$100,					
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation		(e) acc	Expense ount and allowances
None	(1141) \$100,000	devoted to position	<u>-</u> -	deterred compensation	other	allowances
		·			ļ	
						
	••••					
	•••••					
					_	
		-				
f	Total number of other employees paid over \$10	0.000	-0-		1	
None	(a) Name and address of each independent contractor	r paid more than \$100,000	(b) T	ype of service	(c) Con	pensation
d	Total number of other independent contractors	each receiving over \$100,00	00 •	-0-		<u>-</u>
	Under penalties of perjury, I declare that I have examin	ned this return, including accompan	ying schedules and s	tatements, and to the be	st of my	knowledge
Sign Here	and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has					
	Signature of officer Kurt Murray, Oklahoma FFA Alumni Adv Type or print name and title	isor		Date		
Paid Prepare	Preparer's signature	Date	Check if self- employed ► [Preparer's identifying nui	nber (See	instructions)
Use On	I FINI S NAME (C)					
	address, and ZIP + 4		F	Phone no 🕨	7.4	
iviay th	e IRS discuss this return with the preparer show	n above? See instructions	· · · · ·	<u>▶ </u>	Yes m 990	<u> </u>

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.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

<u>UKI</u>	ano	ma FFA Alun	nni Association		_				51)225794	
Pa	<u>rt 1</u>	Reason	for Public Ch	arity Status (All or	ganızatıc	ons mus	t compl	ete this	<u>part.) Se</u>	e instru	ctions.	
-he	orga	anization is no	ot a private foun	dation because it is:	(For lines	1 throug	gh 11, ch	eck only	one box.)		
1	_			rches, or association		_	-	-		-		
2				on 170(b)(1)(A)(ii). (Att						,,,		
3				nospital service organ			ın sectio	n 170(b)	(1)(A)(iii).			
4				tion operated in conj						170(b)(1	\(A\(iii), Enter	r the
			me, city, and st				opna. Go				,,,,,,,,, _,,,,o,	(
5		•	•	the benefit of a colle	ge or uni	versity ov	wned or a	nerated	by a gove	ernmenta	Lunit describ	ed in
•	_		(b)(1)(A)(iv). (Cor		go or arm	versity ev		porated	by a gov		i dilik desemb	CQ 11
6		A federal, sta	ate, or local gov	ernment or governme	ental unit	describe	d in sect	ion 170(I	o)(1)(A)(v)			
7		An organizat	ion that normally	receives a substantia	al part of	its suppo	ort from a	governn	nental uni	t or from	the general p	ublic
	_			1)(A)(vi). (Complete P								
8	\sqcup			i in section 170(b)(1)								
9				receives: (1) more that								
				ed to its exempt funct								
				ent income and unre						511 tax) from busine	esses
		acquired by	the organization	after June 30, 1975	See sec	tion 509((a)(2). (Co	omplete i	art III.)			
10				nd operated exclusive								
1				nd operated exclusiv								
				olicly supported organ								ction
		509(a)(3). Ch	neck the box tha	it describes the type	of suppo	rting orga	anızatıon	and com	iplete line	s 11e th	rough 11h	
		a 🗌 Type	I b □	Type II c	: 🗌 Тур	e III-Fun	ctionally	ıntegrate	d	d□	Type III–Oti	her
е		By checking	this box, I cert	ify that the organizat	tion is no	t control	led direc	tly or inc	directly by	one or	more disqua	lified
		•		n managers and other	r than one	e or more	publicly	supporte	ed organız	ations de	escribed in se	ction
		509(a)(1) or :	section 509(a)(2)									
f		_		a written determinati			that it is	a Type	l, Type II,	, or Type	: III supportin	ig _
		•	, check this box						•			L
g		Since Augus following per		the organization acce	epted any	gift or c	ontributio	on from a	iny of the	1		
				ndirectly controls, e				th persor	s describ	oed in (ii)	Yes	No
		and (III) b	elow, the gover	ning body of the supp	ported or	ganizatio	n?				11g(i)	
		(ii) A family	member of a pe	rson described in (i) a	above?						11g(II)	
			_	of a person described		• •					11g(iii)	
<u>h</u>		Provide the	following informa	ation about the suppo	orted orga	anızatıon	(s)					
(1)		of supported	(ıi) EIN	(iii) Type of organization (described on lines 1-9		organization sted in your		ou notify		s the	(vii) Amount	of
	org	anization		above or IRC section		document?		nization in of your	organizati (i) organiz	zed in the	support	
				(see instructions))			sup	port?	US	S ?		
					Yes	No	Yes	No	Yes	No		
							ŀ				1	
						ļ	ļ	ļ	ļ			
						-		<u> </u>				
								 				

Total

				or 8 of Part I.	'/		
ection A.	Public Support						
Calendar ye	ar (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
members	ants, contributions, and ship fees received. (Do not any "unusual grants")						
	nues levied for the organization's nd either paid to or expended on f						
furnished	lue of services or facilities d by a governmental unit to the lition without charge						
4 Total. A	dd lines 1 through 3						
person (o publicly on line 1	ion of total contributions by each other than a governmental unit or supported organization) included that exceeds 2% of the amount in line 11, column (f)						
	upport. Subtract line 5 from line 4.						
	Total Support						
Calendar ye	ar (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts	s from line 4						
payment	come from interest, dividends, ts received on securities loans, yalties and income from similar	_					
activities	ome from unrelated business s, whether or not the business is a carried on						
loss fro	ncome Do not include gain or m the sale of capital assets in Part IV.)	<u> </u>					
1 Total su	pport. Add lines 7 through 10 .		<u> </u>	L		 	<u> </u>
2 Gross re	eceipts from related activities, etc	. (see instruction	ons)			12	
organiza	e years. If the Form 990 is for ation, check this box and stop he	re	<u> </u>			ear as a section	on 501(c)(3)
	Computation of Public Sur					· · · ·	
4 Public s	upport percentage for 2009 (line (6, column (f) d	ivided by line 1	1, column (f))		14	
5 Public s	upport percentage from 2008 Sch	nedule A, Part	II, line 14 .			15	%
	support test—2009. If the organiz p here. The organization qualifies				line 14 is 331/3	% or more, che	ck this box
	s upport test—2008. If the organi I stop here. The organization qua				and line 15 is	33% % or more	, check this
more, ar	cts-and-circumstances test—20 and if the organization meets the "fa ation meets the "facts-and-circum	acts-and-circui	mstances" test,	check this box	and stop here	. Explain in Part	IV how the
more, ar organiza	ets-and-circumstances test — 2008 and if the organization meets the "facts-and-circumstation meets the foundation. If the organization did	acts-and-circun inces" test. The	nstances" test, o organization qu	check this box a alifies as a public	and stop here. cly supported o	Explain in Part ganization	IV how the▶

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support	od tile box of	inic 5 or rai					
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
	g, car de angles a cognitivo grand	(0, 2000	(4, 2000	(6, 255)	(4) 2000	(0) 2000	(1) 10(2)	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	223,540.00	306,370.00	216,201.50	227,399.00	301,061.00	1,274,571.50	
2	Gross receipts from admissions, merchandise				-			
	sold or services performed, or facilities furnished in any activity that is related to the	05 050 46	404 004 00	400 407 00	440.070.50	440.004.00	rn= 000 00	
	organization's tax-exempt purpose	86,959.46	104,034.90	108,187.00	149,078.50	149,624.00	597,883.86	
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	<u> </u>						
5	The value of services or facilities furnished by a governmental unit to the					į		
_	organization without charge	310,499,46	410,404.90	324,388.50	376,477.50	450 685 00	1,872,455.36	
6	Total. Add lines 1 through 5	310,433.40	_ 410,404.90	324,300.30	370,477.50	430,003.00	1,072,433.30	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .							
b	Amounts included on lines 2 and 3 received					ı		
	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.)						1,872,455.36	
Sec	tion B. Total Support							
Ca	ilendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
9	Amounts from line 6	310,499.46	410,404.9	342,388.50	376,477.50	450,685.00	1,872,455.36	
10a	Gross income from interest, dividends,							
	payments received on securities loans, rents, royalties and income from similar sources	3,895.10	5,528.86	7,456.72	6,071.37	3,043.18	25,995.23	
h	Unrelated business taxable income (less							
U	section 511 taxes) from businesses							
	acquired after June 30, 1975							
С	Add lines 10a and 10b	3,895.10	5,528.86	7,456.72	6,071.37	3,043.18	25,995.23	
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 IV.)	31.00	117.32	470.00	489.29	5,622.49	6,730.10	
13	Total support. (Add lines 9, 10c, 11, and 12)	314,425.56	416,051.08	350,315.22	383,038.16	459,350.67	1,905,180.69	
14	First five years. If the Form 990 is for organization, check this box and stop			nd, third, fourth	· ·		on 501(c)(3)	
Sec	tion C. Computation of Public Su							
15	Public support percentage for 2009 (lin	e 8, column (f)	divided by lin	e 13, column ((f))	15	98 %	
16	Public support percentage from 2008 \$	Schedule A, Pa	ırt III, line 15	<u> </u>		16	98 %	
Sec	tion D. Computation of Investmen	nt Income Pe	ercentage					
17	Investment income percentage for 200	9 (line 10c, col	umn (f) dıvıded	d by line 13, co	olumn (f)) .	17	1 %	
18						18	2 %	
19a								
b	33½% support tests – 2008. If the organ	lization did not	check a box on	line 14 or line	19a, and line 1	6 is more than	33% %, and	
20			_	•				
16 Sec 17 18 19a	Public support percentage from 2008 Schedule A, Part III, line 15							

Schedule A (F	orm 990 or 990-EZ) 2009				Page 4
Part IV	Supplemental Info Part II, line 17a or	ormation. Complete t 17b; and Part III, line	his part to provide the 12. Provide any other	ne explanations required er additional information.	by Part II, line 10, See instructions.
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