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# **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)

OMB No 1545-0047

Dep	artment of the mal Revenue	e Treasury Service  The organization may have to use a copy of this return to satisfy state	reporting requi	rements	Inspection								
A	For the 2	-	, 20										
В	Check if a		D Employ	er identification number									
	Address c	lange Doing Business As			51-0225794								
	Name cha		suite	E Telephor	ne number								
	Initial retur	1500 W. 7th Ave.		405-743-5489									
	Terminate	Terminated City or town, state or country, and ZIP + 4  Amended return Stillwater, OK 74074 G Gro											
	Amended	<b>G</b> Gross re	eceipts \$										
	Application	pending F Name and address of principal officer Kurt Murray	H(a) Is this	a group return	for affiliates? Yes V No								
		1500 W 7th Ave. Stillwater, OK 74074	1		ncluded? Yes No								
	Tax-exem	ot status	If "N	lo," attach a	list (see instructions)								
J	Website:	·	H(c) Grou	p exemption	number ►								
ĸ	Form of or	anization ☐ Corporation ☐ Trust ☑ Association ☐ Other ► L Year of form	ation	M State	of legal domicile OK								
P	art I	Summary											
	1 E	riefly describe the organization's mission or most significant activities. to pr	omote, serve,	& suppor	t Agricultural Education								
0	<u> </u>	Provide leadership activities and incentives for FFA members such as the annual	Alumni Leade	rship Cam	ps, Scholarships for								
2	1 3	tate officers, state speaking contest, leadership workshops for members, and bu	ses to the Wa	shington L	eadership Conference								
Activities & Governance	-	o educate others in agriculture, to generate support for the FFA, and to help build											
Š	1	Theck this box $lacktriangle$ if the organization discontinued its operations or disposed	l of more thai	n 25% of	its net assets.								
ص ح	l l	lumber of voting members of the governing body (Part VI, line 1a)		. 3	18								
es	1	lumber of independent voting members of the governing body (Part VI, line 1)	o)	. 4	18								
ΞΞ		otal number of individuals employed in calendar year 2011 (Part V, line 2a)	• • •	. 5	0								
Act	1	otal number of volunteers (estimate if necessary)		. 6	25								
_		otal unrelated business revenue from Part VIII, column (C), line 12	• • •	. <u>7</u> a	0								
	b	let unrelated business taxable income from Form 990-T, line 34	<del> </del>	.   7b	0								
			Prior Y		Current Year								
e		Contributions and grants (Part VIII, line 1h)		09,460.00	307,794 00								
Revenue	1	Program service revenue (Part VIII, line 2g)	1	71,204 05	159,955.15								
æ	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		2,581 95	1 655 76								
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	8,958.21	12,714 51								
_		otal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<del></del>	92,204.21	482,119.42								
	•	Grants and similar amounts paid (Part-IX, column (A), lines 1–3)		16,600 00	22,100 00								
	م سدا	Benefits paid to or for members (Part IX, column (A), line 4)											
Ses	16a F	Professional fundraising rees (Part IX, column)(A), line 11e)											
Expenses	b 7	otal fundraising expenses (Part IV, column (IV) line 25)											
X	17	Other expenses (Part (X) CDD (A), (b) es 11a-11d, 11f-24e)		66,512.66	473,352.20								
		otal expenses Add lines 13=17 (must equal Part IX, column (A), line 25)		83,112.66	495,452.20								
		Revenue less expenses. Subtract line 18 from line 12		9,091 55									
- ×	1	avoido los experiese, substante la melli mile 12	Beginning of C		End of Year								
Net Assets or	20	otal assets (Part X, line 16)		19,170 57	205,837.79								
Ass	21	otal liabilities (Part X, line 26)											
뢷	22 1	let assets or fund balances. Subtract line 21 from line 20	2	19,170 57	205,837.79								
Р	art II	Signature Block			<del></del>								
Ur	nder penalt	es of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to	the best of	my knowledge and belief, it is								
tπ	ue, correct,	and complete Declaration of preparer (other than officer) is based on all information of which prepared	rer has any knov	vledge									
		Kurt Marray											
Si	gn	Signature of officer	D	ate 🧷	11/ 10								
He	ere	Kurt Murray Okla HA Alumni Advis	or	8-1	4-12								
_		Type or print name and title											
P	aid	Print/Type preparer's name Preparer's signature	Date	Check	If PTIN								
	eparer			self-em									
	se Only	Firm's name	Fır	m's EIN ▶									
		Firm's address ▶	Ph	one no									
Ma	May the IRS discuss this return with the preparer shown above? (see instructions)												
<b>-</b> -		of Deduction Act Notice one the concepts instructions			F 000 (0011)								

Form	990	(2011)	

Part I	
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	to promote, serve, & support Agricultural Education. Provide leadership activities and incentives for FFA members such as the
	annual Alumni Leadership Camps, Scholarships for state officers, state speaking contest, leadership workshops for members,
	& buses to the Washington Leadership Conference. To educate others in agriculture, to generate support for the FFA, and to help
	build confidence in today's FFA members
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.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of
	grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 288,929.30 including grants of \$) (Revenue \$ 30,780.15 )
	Alumni Leadership Camp to provide activities focused on communication skills- personal, family, interpersonal, responsible and
	1-4:
4b	(Code: ) (Expenses \$ 147,508.50 including grants of \$ ) (Revenue \$ 129,175.00 )
	Washington Leadership Conference Bus Trip - helps FFA members improve their leadership skills and prepare for leadership roles
	in the chapters, communities, and their future careers
4c	(Code: ) (Expenses \$ 38,553.89 including grants of \$ ) (Revenue \$ )
	State & National Conventions - Provide leadership development training, provide students, teachers, & members with information
	on new techniques & opportunities in the field of agriculture. Awards given for high achievement. Provide scholarships to the state
	FFA officers.
A -	Other program convect (Decembers Cabadula O.)
4d	Other program services (Describe in Schedule O.)  (Exposes \$
A-	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ▶

	o (2011)			age S
Part l	V Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
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		<b>√</b>
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<u>,</u>
9	Did the organization report an amount in Part X, line 21; 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,"			
10	complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		✓
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	✓	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	<	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e	-	1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		<b>√</b>
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, XII, and XIII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
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		1
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		1
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		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20b

Part	Checklist of Required Schedules (continued)			-3-
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<b>✓</b>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 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		✓
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 25	24a		<b>√</b>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		<b>✓</b>
d		24c 24d		<b>✓</b>
25a		25a		<b>√</b>
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	05h		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	25b 26		<u>*</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			*
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
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		1
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? <i>If "Yes," complete Schedule R, Part I</i>	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	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		1
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	36		1
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		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	
			<del></del>	

Part	<del></del> · · · ·			
	Check if Schedule O contains a response to any question in this Part V			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a		Yes	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	reportable gaming (gambling) winnings to prize winners?	1c		<b>/</b>
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	,		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		········
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<b>√</b>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
_	account)?	4a		
b	If "Yes," enter the name of the foreign country:			
e-	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b		
6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	organization solicit any contributions that were not tax deductible?	6a		./
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Oa		<u> </u>
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		1	× 1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	*		
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	****	~	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h		Ne 1
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		44	v. 8*
	organization, have excess business holdings at any time during the year?	8	معمقمة	
9	Sponsoring organizations maintaining donor advised funds.	23 102 1		
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	· 12:	•;)	
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	] je	A	~
11	Section 501(c)(12) organizations. Enter:		,	*,
a	Gross income from members or shareholders		Ş.	: *.
b	Gross income from other sources (Do not net amounts due or paid to other sources		°agav. garij	, ,
10-	against amounts due or received from them.)	- <del>10</del>	× × × × ×	
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
а	Is the organization licensed to issue qualified health plans in more than one state?		4 TW	
a	Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which	3		٠
	the organization is licensed to issue qualified health plans	,X		
С	Enter the amount of reserves on hand	1	` ?	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b_	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response to any question in this Part VI	ee ins	tructi	ons.
Section	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent .   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		1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
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		1
6	Did the organization have members or stockholders?	6		<b>✓</b>
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, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	<b>\</b>	<u> </u>
р	Each committee with authority to act on behalf of the governing body?	8b	<b>✓</b>	ــــــ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	, ,	<b>✓</b>
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	oae.) Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	163	<b>√</b>
10a 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?	10a		<b>-</b>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		<b>✓</b>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			3]
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		✓
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		
13	Did the organization have a written whistleblower policy?	13		✓_
14 15	Did the organization have a written document retention and destruction policy?	14	✓	
а	The organization's CEO, Executive Director, or top management official	15a		<del> </del> -
b	Other officers or key employees of the organization	15b		$\Box$
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure	1.00	L	
17	List the states with which a copy of this Form 990 is required to be filed ▶ Oklahoma			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectio available for public inspection. Indicate how you made these available. Check all that apply.	n 501(	(c)(3)s	only)
19	Own website Another's website Upon request  Describe in 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.	of inte	rest p	oolicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	9	

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Enrm	990	(2011)	

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	and
	Independent Contractors	

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - · List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers, key employees, highest compensated employees; and former such persons.

Check this box if neither the organization no	r any relate	d orga	anız	atio	n co	ompe	nsa	ted any curren	t officer, director	, or trustee.
(C)										·
(A) Name and Title	(B) Average hours per	box,	Position (do not check more than one box, unless person is both an officer and a director/trustee)						<b>(E)</b> Reportable compensation from	(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Monte Womack										
Chairman	3 hr/wk			<b>/</b>				-0-	-0-	-0-
(2) Wade Detrick	<u> </u>						ļ			
Vice Chair	3 hr/wk			✓			i	-0-	-0-	-0-
(3) Kathy Stafford										
Secretary	3 hr/wk			✓				-0-	-0-	-0-
(4) Shelly Bilderback										
Camp Director	1 hr/wk			✓			1	-0-	-0-	-0-
(5) David Turner										
Assistant Camp Director	1 hr/wk			1				-0-	-0-	-0-
(6) John Carter										
Southeast District Rep.	1 hr/wk			✓				-0-	-0-	-0-
(7) Ralph Dean										
Northeast District Rep	1 hr/wk			✓				-0-	-0-	-0-
(8) Joe Stafford			П							
Southwest District Rep.	1 hr/wk			1				-0-	-0-	<b>-</b> 0-
(9) Camille Holt										
Northwest District Rep.	1 hr/wk			✓				-0-	-0-	-0-
(10) Charles Arthur										· · · · · ·
Central District Rep.	1 hr/wk			1				-0-	-0-	-0-
(11) Jon Ramsey										
Member-at-Large	1 hr/wk		✓					-0-	-0-	-0-
(12) Kurt Murray							Ī			
State FFA Alumni Advisor	3 hr/wk		✓			ļ		-0-	-0-	-0-
(13) Jack Staats										
State FFA Advisor	1 hr/wk	1	1					-0-	-0-	-0-
(14) C.L. McGill										
OAETA President	1 hr/wk		✓					-0-	-0-	-0-

Fait	Section A. Officers, Directors, Trust	lees, key E	Inplo	/ees			lignes	SI C	ompensated E	mployees (C	onunu	iea)		
					-	C)								
	(A)	(B) Position (do not check more than on							(D)	(E)	1		(F)	
	Name and title	Average hours per					is both		Reportable compensation	Reportable compensation			mated ount of	
		week			_	$\overline{}$	or/trust	<u> </u>	from	related	"""		ther	
		(describe hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	활	Former	the organization	organization (W-2/1099-M			ensation m the	
		related	egu	듛	et.	E E	est o	重	(W-2/1099-MISC)	(00-271099-1011	30,		nization	
		organizations	의 출	nal		ğ	e Si					and r	related	
		in Schedule O)	ıste	lrus		&	Pen					organi	izations	
			. w	ee			Highest compensated employee							
(15) Ke	nt Boggs					-	-	┝			$\rightarrow$			
	Recutive Secretary	3 hr/wk	1						-0-		-0-			-0-
	andon Baumgarten											-		
State F	FA President	1 hr/wk	1			ļ	ļ	ļ	-0-		-0-			-0-
(17) Sh	irley Hufford													
Past C	hairman	1 hr/wk	1						-0-		-0-			-0-
(18) Co	urtney Maye											<u>-</u>		
Past F	FA President	1 hr/wk	1						-0-		-0-			-0-
(19)														
(20)		-												
(04)			<del>                                     </del>	-	├	<b>.</b>	}	-			$\rightarrow$			
(21)			}											
(22)					├	╁		╁─	<del> </del> -					
\ <del></del> /		-[	ļ		l	ļ		Į						
(23)			<u> </u>				-	╁			-+			
35.57		-									1			
(24)					<b>-</b>			<u> </u>			$\neg \dagger$			
						}	}				-			
(25)														
		<u> </u>				<u>.                                    </u>								
1b	Sub-total							▶						
C	Total from continuation sheets to Part	VII, Section	n A	•	•	•								
		<del></del>					· ·	<u> </u>	<u> </u>	<u> </u>				
2	Total number of individuals (including bu		d to th	ose	e list	ted	above	e) w	ho received m	ore than \$10	00,000	) of		
	reportable compensation from the organ	ization -											T	<u> </u>
3	Did the organization list any former of	fficer direc	tor o	or tr	net	ΔΔ.	kov (	omr	alovee or high	est compa	neater	ـــا ۾	Yes	No
3	employee on line 1a? If "Yes," complete									•		3		✓
4	For any individual listed on line 1a, is the													<u> </u>
•	organization and related organizations													
	<u> </u>											4		<b>√</b>
5	Did any person listed on line 1a receive of	or accrue c	ompe	nsa	tıon	fro	m any	y ur	related organiz	zation or ind	ividua	al		<u> </u>
	for services rendered to the organization	? If "Yes," (	comp	lete	Scl	hed	ule J	for s	such person			5		1
Section	n B. Independent Contractors													
1	Complete this table for your five highest													
	compensation from the organization. Rej	port compe	nsati	on f	or t	he c	alenc	dar y	year ending wit	h or within t	he or	ganızatıd	on's ta	X
	year.							_						
	(A) Name and business add	trace						1	(B) Description of s	anucco.		(C) Compens		
	Name and business add							┼	Description of s	ervices		Compens		
					-			╀		<del></del>				
			-					╁						
								十		<del></del>				
								+						
2	Total number of independent contractor	ors (includi	ng bi	ut n	ot	lımı	ted to	o th	nose listed ab	ove) who		<del></del>		
•	received more than \$100,000 of compen													

Par	¥VIII	Statement of Revenue						
				-	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b	307,794.00	]	,		
	С	Fundraising events	1c		1			
	d	Related organizations	1d		1	}		
i, (	е	Government grants (contributions)	1e			}		
rois	f	All other contributions, gifts, grants,			1			
the per		and similar amounts not included above	1f			`		
Ę Ó	g	Noncash contributions included in lines 1a	-1f. \$		1			
a S	h	Total. Add lines 1a-1f			307,794.00	-		
		<del>-</del>		Business Code	,			
Ven	2a	Alumni Leadership Camp			30,780.15	30,780.15		
Be	ь	Washington Leadership Conferen	ice		129,175.00			
Program Service Revenue	С				120,100	120,110.00		
ě	d							
E	e					<del></del>		·
gra	f	All other program service revenu						
S.	g	Total. Add lines 2a–2f			159,955.15		<u> </u>	
	3	Investment income (including			100,000.10		· · · · · · · · · · · · · · · · · · ·	
		<del>_</del> _		•	1,655.76	1,655.76		
	4	income from investment of tax-exer	not bo	ond proceeds ▶	1,000.70	1,000.70		
	5	Royalties	•	•				
		(i) Real		(ii) Personal	*			
	6a	Gross rents			,			
	ь	Less: rental expenses			·	, ,		
	c	Rental income or (loss)				*	•	İ
	d	Net rental income or (loss) .						
	7a	Gross amount from sales of (i) Securit	ies	(ii) Other	: .?.4:M		ý. á	
		assets other than inventory				` ' ' ' '		
	ь	Less: cost or other basis			1 3/		^ ^	
		and sales expenses				* S		
	С	Gain or (loss) .			· ·	- '**	*	<b>*</b>
	d	Net gain or (loss)		•	<del></del>			
		,						
enueve	8a	Gross income from fundraising			1		y	, All
Ver		events (not including \$				<u> </u>	,	`
		of contributions reported on line 1	c).					* *
e		See Part IV, line 18	· a	17,536.00	1 1 1 2 m		*	*
Other R	b	Less: direct expenses	. b		1 1 1 1 1	\$ 4.	*	-
•		Net income or (loss) from fundra		events . >	12,714.51	y '5.	***************************************	12,714.51
		Gross income from gaming activi			7472	.,,	*	,
		See Part IV, line 19	. а		244	<i>i</i> , , , , , , , , , , , , , , , , , , ,	<i>r</i>	Ì
	b	Less: direct expenses	. b		1 11.5	. ,		
	С	Net income or (loss) from gamin	g acti	vities . ►				
	10a	Gross sales of inventory,	less			,		
		returns and allowances	· a		,	•	·	
	b	Less: cost of goods sold	. b	-	,			
	С	Net income or (loss) from sales of	of inve	entory ►				
		Miscellaneous Revenue		Business Code				
	11a							
	b							
	С							
i	ď	All other revenue	.					
	е	Total. Add lines 11a-11d		>				
	12	Total revenue. See instructions.		▶	482,119.42	161,610.91		12.714.51

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respon	se to any question	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 governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	22,100.00	22,100.00		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	22,100.00	22,100.00	• у	
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 8	Other salaries and wages				
9 10	Other employee benefits				
11 a	Fees for services (non-employees):  Management				
b	Legal			-	
С	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17	· · · · · · · · · · · · · · · · · · ·	,	(1.1.) * (#)	
f	Investment management fees		у %		<u> </u>
g g	Other				
12		44.050.74			
	Advertising and promotion	14,056.74		14,056 74	
13	Office expenses	762.99		762.99	
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 .	442,532.75	442,532.75		,
20	Interest				
21	Payments to affiliates				<del></del>
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered	%		, .	
	above. (List miscellaneous expenses in line 24e. If			, 7, * <sub>1</sub> 4 <sup>2</sup> **	
	line 24e amount exceeds 10% of line 25, column				*
	(A) amount, list line 24e expenses on Schedule O.)			, , , , , , , , , , , , , , , , , , ,	
а	State Convention	12,123.57	12,123.57		
b	State Officer	2,800.00	2,800.00		
c	Award Sponsor	70.00	70.00		
d	Other	1,006 15	1,006.15		· · · · · · · · · · · · · · · · · · ·
e	All other expenses	1,000 10	1,000.10		
25	Total functional expenses. Add lines 1 through 24e	495,452 20	480,632.50	14 040 70	
26	Joint costs. Complete this line only if the	733,432 20	400,032.30	14,819.73	
20	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)				
	1011011111g 001 00 2 (100 000-120)				

Part X Balance Sheet  1 Cash—non-interest-bearing	(A) Beginning of year . 21,063.30		(B) End of year
(	·	-	•
(	·	1	76,258.12
	98,107.27	2	99,444.67
3 Pledges and grants receivable, net	<del></del>	3	
4 Accounts receivable, net		4	<del></del>
5 Receivables from current and former officers, directors, trustees			
employees, and highest compensated employees. Complete Part			
Schedule L		5	
6 Receivables from other disqualified persons (as defined under se	ection		
4958(f)(1)), persons described in section 4958(c)(3)(B), and contrib		1	
employers and sponsoring organizations of section 501(c)(9) volu			
		6	
7 Notes and loans receivable, net		7	
employees' beneficiary organizations (see instructions)  Notes and loans receivable, net		8	
9 Prepaid expenses and deferred charges		9	<del></del>
10a Land, buildings, and equipment: cost or			
other basis. Complete Part VI of Schedule D 10a	· .		<u> </u>
b Less: accumulated depreciation 10b	*	10c	<del></del>
11 Investments—publicly traded securities		11	
12 Investments—other securities. See Part IV, line 11		12	30,135.00
13 Investments—program-related. See Part IV, line 11	·	13	·
14 Intangible assets		14	
15 Other assets. See Part IV, line 11		15	5,538.64
16 Total assets. Add lines 1 through 15 (must equal line 34)		16	211,376.43
17 Accounts payable and accrued expenses		17	
18 Grants payable		18	
<b>19</b> Deferred revenue		19	
20 Tax-exempt bond liabilities		20	
21 Escrow or custodial account liability. Complete Part IV of Schedule	D .	21	
		( 14 )	
Payables to current and former officers, directors, trustees employees, highest compensated employees, and disqualified per Complete Part II of Schedule L		ń	. *
Complete Part II of Schedule L		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	I third		
parties, and other liabilities not included on lines 17-24) Complete	Part X		
of Schedule D		25	
26 Total liabilities. Add lines 17 through 25		26	
Organizations that follow SFAS 117, check here ▶ ☐ and con	nplete	-%	
lines 27 through 29, and lines 33 and 34.	<u> </u>	1,3	* 4
Telephone 27 Unrestricted net assets		27	
28 Temporarily restricted net assets		28	
29 Permanently restricted net assets		29	
□ Organizations that do not follow SFAS 117, check here ▶ □	and 📗 🔻 🐒	Į.	
lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here   complete lines 30 through 34.  30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances.	anu	-	
30 Capital stock or trust principal, or current funds		30_	ļ
31 Paid-in or capital surplus, or land, building, or equipment fund .		31	
32 Retained earnings, endowment, accumulated income, or other fund		32	
33 Total net assets or fund balances		33_	
34 Total liabilities and net assets/fund balances	224,709.21	34_	211,376.43

Onn 9	(2011)			Pa	geı∠
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		482,1	19.42
2	Total expenses (must equal Part IX, column (A), line 25)	2		495,4	52 20
3	Revenue less expenses. Subtract line 2 from line 1	3		(13,33	2.78)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		224,70	9.21
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6		211,3	76.43
Part	XII Financial Statements and Reporting				
_	Check if Schedule O contains a response to any question in this Part XII	<u> </u>		· <u>·</u>	
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash Cash Counting Method used to prepare the Form 990:  Cash Cash Cash Cash Cash Cash Cash Cash				
	If the organization changed its method of accounting from a prior year or checked "Other," exp Schedule O.	lain in			aranan mananan
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a		1
b	Were the organization's financial statements audited by an independent accountant?		2b		<b>✓</b>
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over				
	of the audit, review, or compilation of its financial statements and selection of an independent accour	ntant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, exp Schedule O.	olain in	,	25.7	:
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year	r wore	, , , , , ,		
a	issued on a separate basis, consolidated basis, or both:	i weie			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		\	20.8	/ /
За	As a result of a federal award, was the organization required to undergo an audit or audits as set f				
	the Single Audit Act and OMB Circular A-133?		3a		✓_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	_			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits	3b		
			Forr	ո 990	(2011)

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

Department of the Treasury Internal Revenue Service **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

Open to Public Inspection

Name of the organization

Employer identification number

	homa FFA Alumni /	Association							51-022	25794
Pai	t I Reason f	or Public Cha	r <b>ity Status</b> (All orga	nızations	must c	omplete	this par	t.) See ir	nstructio	ns.
1 2 3 4	A church, con A school desc A hospital or a A medical resc hospital's nam	vention of church ribed in <b>section</b> a cooperative hose earch organization ne, city, and state		churches th Schedu ation desc ction with	describe ule E ) cribed in s a hospit	ed in sec section 1 al describ	tion 170( 170(b)(1)( ped in se	(b)(1)(A)(i) A)(iii). ction 170	)(b)(1)(A)(	•
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 7	An organization	on that normally	nment or government receives a substantia (A)(vi). (Complete Par	l part of					it or from	the general public
9	An organization receipts from support from acquired by the	on that normally activities related gross investme ne organization a	n section 170(b)(1)(A) receives: (1) more that it to its exempt funct int income and unre fter June 30, 1975. Se	an 331/3% ions—sub lated bus ee <b>sectio</b> n	of its subject to desiness tax n 509(a)(	upport fro certain ex xable und <b>2).</b> (Comp	ceptions come (les olete Part	s, and (2) ss section t III.)	no more n 511 ta:	than 331/3% of its
10 11	An organization purposes of co 509(a)(3). Che	on organized ar one or more pub ock the box that	operated exclusively ad operated exclusive blicly supported organ describes the type of	ely for th nizations supportin	e benefi describe g organiz	t of, to p d in sect zation and	oerform toon 509(and comple	the function (1)	ions of, ection 509 1e throug	9(a)(2). See section th 11h
е	other than for or section 509	indation manage (a)(2).	that the organization ers and other than one	e or more	ntrolled o	lirectly or supporte	indirectly ed organi	izations c	or more o lescribed	in section 509(a)(1)
f		ation received a check this box	written determination	on from t	the IRS 1		a Type 		l, or Typ	e III supporting
g	Since August following pers		he organization acce	pted any	gift or co	ontributio	n from a	ny of the	•	
			ndirectly controls, eitody of the supported						d in (ii) ar 	11g(i) Yes No
h	(iii) A 35% co	ntrolled entity of	on described in (i) abo a person described in on about the support	ı (ı) or (iı) a	above? .					11g(ii) 11g(iii)
(1)	Name of supported organization	(iı) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col (i) lis	rganization sted in your document?	the organ	ou notify nization in of your port?	organızat (i) organı	s the ion in col zed in the S ?	(vii) Amount of support
				Yes	No	Yes	No	Yes	No	
(A) ——	<del></del> -									
(B)		-								
(C)	-									
(D)										
(E)										
Tota	ı				T. A.Y.		٠٠	1,	£	

Schedul	e A (Form 990 or 990-EZ) 2011						Page <b>2</b>
Part	II Support Schedule for Organiza	ations Descr	ibed in Secti	ons 170(b)(1	)(A)(iv) and 1	70(b)(1)(A)(vi	
	(Complete only if you checked the						llify under
	Part III. If the organization fails to	gualify unde	er the tests lis	ted below, p	ease comple	te Part III.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not				ļ		
_	include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						•
4	Total. Add lines 1 through 3			<u> </u>			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on			**		,	
	line 1 that exceeds 2% of the amount shown on line 11, column (f)					. ,	
6	Public support. Subtract line 5 from line 4.	l	<u> </u>	· · · · · · · · · · · · · · · · · · ·			
	on B. Total Support	(-) 0007	(1) 0000	( ) 0000	( D 0040	( ) 0044	
	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	( <u>d)</u> 2010	(e) 2011	(f) Total
7	Amounts from line 4	<u> </u>		<del> </del>			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10	3 t .	L i				
12	Gross receipts from related activities, etc	•				12	==::-:-
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he			· · · ·	· · · · ·		· · <b>&gt;</b> 🗆
	on C. Computation of Public Suppo			14 1 (6)			
14	Public support percentage for 2011 (line		-			14	<u>%</u>
15 16a	Public support percentage from 2010 Sc 331/3% support test—2011. If the organibox and stop here. The organization qua	ızatıon did not	check the box	on line 13, and	d line 14 is 33 <sup>1</sup>	/3% or more, c	heck this
b	331/3% support test—2010. If the orga check this box and stop here. The organ	nization did ni	ot check a box	x on line 13 or	r 16a, and line		_
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part IV how the organization meets the " organization	ets the "facts-	and-circumsta	inces" test, ch	eck this box ar	nd <b>stop here.</b> B	Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part IV how the organization in	ition meets the	e "facts-and-c	ircumstances"	test, check th	ns box and st	, and line op here.

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

### 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section	on A. Public Support			, p		·· <i>·</i> ,	
	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees	(-)	(1) 1000	(3) _ 333	(4, 23, 10		(4)
	received. (Do not include any "unusual grants ")	216,201.50	227,399.00	301,061 00	309,460.00	307,794 00	1,361,915.50
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	108,187.00	149,078.50	149,624.00	171,204.05	159,955 15	738,048.70
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	324,388.50	376,477.50	450,685.00	480,664.05	467,749 15	2,099,964.20
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	A * *		. (1,241 %)	1.7		
	line 6.)				* :	,, j	2,099,964.20
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	324,388.50	376,477.50	450,685.00	480,664.05	467,749 15	2,099,964.20
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,				}		
	royalties and income from similar sources .	7,456.72	6,071 37	3,043.18	2,581.95	1.655.76	20,808.98
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	7,456.72	6,071.37	3,043.18	2,581.95	1.655.76	20,808.98
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.)	470.00	489.29	5,622.49	8,958.21	12,714 51	28,254.50
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	332315.22	383,038.16	459,350.67	492,204.21		2,149,027.68
14	First five years. If the Form 990 is for the organization, check this box and stop he	re	<u>.</u> .	d, third, fourth,	-		
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2011 (line						98 %
16	Public support percentage from 2010 Sci			<u> </u>	<u> </u>	16	98 %
	on D. Computation of Investment In						
17	Investment income percentage for 2011 (		• • • • • • • • • • • • • • • • • • • •			17	1 %
18	Investment income percentage from 2010					18	1 %
19a	331/3% support tests—2011. If the organ						
	17 is not more than 331/3%, check this box		-	-		-	_
b	331/3% support tests – 2010. If the organize line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	id not check a l	hox on line 14	19a or 19b o	heck this hox	and see instru	ctions >

Schedule A (Form 990 or 990-EZ) 2011 Pag						
Part IV	<b>Supplemental Information.</b> Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).					
		•				
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## SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990. ▶ See separate instructions.

Name of	the organization		Employe	er identification number
Oklahor	ma FFA Alumni Association			51-0225794
Part	Organizations Maintaining Dono organization answered "Yes" to Fo	··	nds or A	Accounts. Complete if the
		(a) Donor advised funds	(	b) Funds and other accounts
	Total number at end of year			
2 /	Aggregate contributions to (during year) .			
3 /	Aggregate grants from (during year)			
	Aggregate value at end of year			
	Did the organization inform all donors and ounce and ounce are the organization's property, subjec			
(	Old the organization inform all grantees, don only for charitable purposes and not for the conferring impermissible private benefit?	benefit of the donor or donor advisor, or	for any o	other purpose
Part	Conservation Easements. Compl	ete if the organization answered "Yes"	" to Forn	n 990, Part IV, line 7.
[ [ <b>2</b> (	Purpose(s) of conservation easements held be Preservation of land for public use (e.g., r	ecreation or education)	of a certif	fied historic structure
`	addition the last day of the tax year.		г	Held at the End of the Tax Year
	Total number of conservation easements .		ŀ	
			<u>_</u>	2a
	Total acreage restricted by conservation easo Number of conservation easements on a cert			2b
	Number of conservation easements include			2c
	nistoric structure listed in the National Regist			<u>.</u> .
	Number of conservation easements modified			2d
	ax year ►	, transferred, released, extiliguished, or te	IIIIIIateu	by the organization during the
	Number of states where property subject to a	consequence accoment is leasted		
5 [	Does the organization have a written polition politions, and enforcement of the conservations.	cy regarding the periodic monitoring, in		 , handling of · · · · □ Yes □ No
6 5	Staff and volunteer hours devoted to monitor	ring, inspecting, and enforcing conservation	n easeme	
	Amount of expenses incurred in monitoring, i	nspecting, and enforcing conservation eas	sements (	during the year
	Does each conservation easement reported (i) and section 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the requirements	of section	on 170(h)(4)(B) · · · · · □ Yes □ No
i	n Part XIV, describe how the organization repolation repolation in the organization's accounting for conservation earth organization's accounting for conservation earth organization's accounting for conservation earth or	text of the footnote to the organization's f		
Part I		ctions of Art, Historical Treasures, or ered "Yes" to Form 990, Part IV, line 8		Similar Assets.
1	f the organization elected, as permitted und works of art, historical treasures, or other soublic service, provide, in Part XIV, the text of	similar assets held for public exhibition, e	education	i, or research in furtherance of
\ !	f the organization elected, as permitted un works of art, historical treasures, or other solublic service, provide the following amounts	similar assets held for public exhibition, earelating to these items:	education	n, or research in furtherance of
(	i) Revenues included in Form 990, Part VIII,	line 1		. ▶ \$
(	(ii) Assets included in Form 990, Part X			. ▶ \$
2 !	f the organization received or held works of following amounts required to be reported ur	of art, historical treasures, or other simila	ar assets	
	Revenues included in Form 990, Part VIII, line	e1		. > \$

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schedule	U (Form	990) 2011

Part		Collections of	Art, His	torical 1	reasures,	or Ot	her Similar A	ssets (continued)
3	Using the organization's acquisition, collection items (check all that apply)	accession, and c	ther reco	rds, chec	k any of the	e follov	ving that are a	significant use of its
а	☐ Public exhibition		d	☐ Loan	or exchange	e prog	rams	
b	☐ Scholarly research							·
С	☐ Preservation for future generations	S			***************************************			
4	Provide a description of the organization	tion's collections	and expl	ain how t	hey further t	the org	janization's exe	mpt purpose in Part
_	XIV.							
5	During the year, did the organization	solicit or receive	donation	s of art,	historical tre	easure	s, or other simi	
	assets to be sold to raise funds rather							☐ Yes ☐ No
	line 9, or reported an amour	nt on Form 990	Part X I	ne 21				
1a	Is the organization an agent, trustee	, custodian or ot	her intern	nediary fo	or contributi	ons or	other assets r	not
	included on Form 990, Part X?							☐ Yes ☐ No
b	If "Yes," explain the arrangement in P	art XIV and comp	lete the fo	ollowing t	able:			
							/	Amount
С	Beginning balance					1c		
d	Additions during the year					1d		· · · · · · · · · · · · · · · · · · ·
е	Distributions during the year					<u>1e</u>		
f	Ending balance					1f		<u>-</u>
2a	Did the organization include an amou		Part X, line	21? .				☐ Yes ☐ No
	If "Yes," explain the arrangement in P				"\/" +- F		00 D-4 B/ I	- 40
Par	V Endowment Funds. Compl	(a) Current year			(c) Two years			
4.0	Paginning of year halance	(a) Current year	(6) Pr	or year	(c) Two years	s back	(a) Three years bac	ck (e) Four years back
1a	Beginning of year balance						<del></del>	
b C	Net investment earnings, gains, and		_					
C	losses							
d	Grants or scholarships		<del> </del>		····		<del> </del>	
e	Other expenditures for facilities and		<del></del>					,
·	programs							1
f	Administrative expenses			-				777
g	End of year balance					-		
2	Provide the estimated percentage of t	the current year e	nd baland	e (line 1g	, column (a)	) held a	as:	
а	Board designated or quasi-endowme	nt ►	<b>%</b>	_				
b	Permanent endowment ▶	%						
С	Temporarily restricted endowment ▶	%						
	The percentages in lines 2a, 2b, and 2	2c should equal 1	00%.					
3a	Are there endowment funds not in the	e possession of t	he organ	zation the	at are held a	and ad	ministered for t	
	organization by:							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations						· · · · · ·	3a(ii)
b	If "Yes" to 3a(ii), are the related organ		•			•		3b
4	Describe in Part XIV the intended use							<del></del>
Part	<del></del>				·			
<del>.</del>	Description of property	(a) Cost or o		1	or other basis other)		Accumulated epreciation	(d) Book value
1a	Land							
b	Buildings							
	Leasehold improvements							
	Equipment							
	Other	·			_			
Total.	Add lines 1a through 1e. (Column (d) r	nust equal Form :	990, Part	X, columr	(B), line 10	(c).)	▶	

Part VII	Investments - Other Securiti	es. See Form 990, Part X,	line 12.	Page 3
(a	Description of security or category (including name of security)	(b) Book value	(c) Method of v Cost or end-of-year	
(1) Financial	derivatives		<del>-</del>	
(2) Closely-I	neld equity interests			
(3) Other				
	of America CD	30,135.00	Cost	
(B)				
(C)				<del></del>
(D)				
(E)				
(F)				
(G)				
(H)				
(1)				
	b) must equal Form 990, Part X, col (B) line 12)	<b>&gt;</b>		
Part VIII	Investments—Program Rela		, line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of v Cost or end-of-year	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)	· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>		
(8)		<del></del>		
<u>(9)</u> (10)				
	b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. See Form 990,			
		(a) Description		(b) Book value
(1) John De	ere Gator			5,538.64
(2)				3,030.04
(3)	_			
(4)				
(5)				
(6)				
_(7)				
(8)				
_(9)				
(10)	45			
Total. (Colui	mn (b) must equal Form 990, Part X,	col. (B) line 15.)	<u> </u>	
Part X	Other Liabilities. See Form 99			
(1) Fodoral	(a) Description of liability Income taxes	(b) Book value		S. Control of the Con
(2)	income taxes		* ′	
(3)			-	
(4)			4 *	
(5)			-	
(6)			-	
(7)			•	
(8)			-	
(9)				
(10)			1	I CARROLLE
(11)			1	
	n) must equal Form 990, Part X, col. (B) line 25 ) I	<u> </u>	· ·	
2. FIN 48 (AS	SC 740) Footnote. In Part XIV, providence	de the text of the footnote to	the organization's financial state	monte that reports the
organization	's liability for uncertain tax positions	under FIN 48 (ASC 740).	J.gacation o intancial state	monto mat reports me

Sçhedu	e D (Form 990) 2011			Page <b>4</b>
Part	XI Reconciliation of Change in Net Assets from Form 990 to Au	dited Financial Statem	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	<b>-</b>	3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses	<u>-</u>	6	
7	Prior period adjustments	F	7	
8	Other (Describe in Part XIV.)		8	
9	Total adjustments (net). Add lines 4 through 8	_	9	
10	Excess or (deficit) for the year per audited financial statements. Combine is		10	
Part				rn
1	Total revenue, gains, and other support per audited financial statements.		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV.)	2d	1.5	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		16.4	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2 - 4 4 5 3 4 4 4	
b	Other (Describe in Part XIV.)	<del></del>	6	
С	Add lines <b>4a</b> and <b>4b</b>	<del></del>	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1		5	
Part			er Re	turn
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		25	
а	Donated services and use of facilities	2a	4	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIV.)	2d		
e	Add lines 2a through 2d	<del></del>	2e	
3	Subtract line 2e from line 1		3	<del></del> -
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		12 m	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)	4b	1	
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
Part		<del></del>		·
	lete this part to provide the descriptions required for Part II, lines 3, 5, and	9; Part III, lines 1a and 4: F	Part IV	, lines 1b and 2b:
	line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII,			
	Iditional information.		•	
				•••••
				•••••••••
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Schedule D (For	m 990) 2011	Page <b>5</b>
Part XIV	Supplemental Information (continued)	
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