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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

2012

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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.

Open to Public Inspection

A For the 2012 calendar year, or		2012 calend					July 31	, 20	13		
B Check if applicable		oplicable	C Name of organization				D Empl	oyer iden	tification numb	er	
	Address c	hange	Oklahoma Vocational Ag Teacher's Ass	sociation				73-	1172026		
	Name cha				s)	Room/suite	E Telephone number				
닏	Initial retur	11500 W 7th			ľ	405.	743.5499				
H	Terminate Amended		City or town, state or country, and ZIP + 4				F Group Exemption				
H	Application		Stillwater, OK 74074-4364				Num	nber 🕨			
<u>G</u>		ting Method	✓ Cash ☐ Accrual Other (specif	fv) ▶		н	Check I	▶ ∏ıft	he organization	n is not	
	Websit	_							h Schedule B		
-			eck only one) — 501(c)(3) 🗸 501(c) (6) 4 (insert no.) ☐ 4	947(a)(1) or	□ <u>52</u> 7	•		EZ, or 990-PF)		
	Check >		e organization is not a section 509(a)(3) sup				·				
	_		10. A Form 990-EZ or Form 990 return is no			-		_	•	-	
			oses to file a return, be sure to file a complete	•	111 330 14 (0	-postcard) me	ly be req	julieu (se	e manachons,	Dutii	
	•		b, to line 9 to determine gross receipts. If gro		00 or more	or if total asset	s (Part II				
			pw) are \$500,000 or more, file Form 990 instead		, , , , ,	or wroter good.	υ (ι ω. ι. ι.,	▶ ←			
_	Part I		e, Expenses, and Changes in Ne		d Balana	os (see the	inetrue	otions f	or Port IV		
	arti										
	 		the organization used Schedule O								
	1		ons, gifts, grants, and similar amounts		· ·			1	47	,231.24	
	2	-	ervice revenue including government				• •	2			
	3		ip dues and assessments					3		,221.80	
	4	Investment						7.3%		259.75	
	5a		ount from sale of assets other than inv	-				14490 200			
	b		or other basis and sales expenses .								
	С	•	ss) from sale of assets other than inve	ntory (Subtract line	5b from l	ne 5a)		5c			
	6	_	nd fundraising events					. ~.(*			
	а		ome from gaming (attach Schedul	-	an						
Ę		\$15,000) .			6a						
Revenue	b	Gross inco	me from fundraising events (not inclu	ding \$	o1	contribution	าร	3 8, 9			
Re			aising events reported on line 1) (atta					\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
	1	sum of suc	ch gross income and contributions exc	ceeds \$15,000) . .	6b						
	С	Less: direc	ct expenses from gaming and fundrais	sing events	. 6с						
	d	Net incom	e or (loss) from gaming and fundrais	ing events (add lin	es 6a and	d 6b and su	btract				
	Î	line 6c) .						6d			
	7a	Gross sale	s of inventory, less returns and allowa	ınces	. 7a			J. 15. 18.			
	Ь	Less: cost	of goods sold		. 7b			7			
	С	Gross prof	it or (loss) from sales of inventory (Sul	otract line 7b from le	ne 7a) .			7c			
	8	Other reve	nue (describe in Schedule O)					8	7	,430.00	
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, a	ınd 8	<i>.</i> .		. ▶	9		.142.79	
	10	Grants and	d similar amounts paid (list in Schedule	e O)				10	52	,863.42	
	11	Benefits pa	aid to or for members	RE	CEIV	ED .		11			
2 20 Éxpenses	12	•	ther compensation, and employee be	nefits				12			
	13		al fees and other payments to indepe	ndent contractors				13			
	. 14		y, rent, utilities, and maintenance .	8 .FE	EB 25 2	.014		14			
	15		ublications, postage, and shipping.			<u> </u>		15	2	,547.87	
	16	-			GDEN	UT		16		,647.31	
		•	enses. Add lines 10 through 16			<u></u>	· 🔓 🛭	17		,047.31 ,058.60	
Net Assets 2	18		(deficit) for the year (Subtract line 17 f		· · ·	· · · ·	•	18		,084.19	
	19		s or fund balances at beginning of ye	•	 Olumn (A))	(must agree	with	10		,004.19	
			ar figure reported on prior year's return			, mast agree		19	445	E1E 25	
	a 0	-	nges in net assets or fund balances (e.))		•	20	115	,515.35	
	20 5 21		or fund balances at end of year. Com		•			21	400	500 54	

Pa	rt II	Balance Sheets (se				David II		
		Check if the organiza	tion used Schedule	O to respond to a	ny question in this	(A) Beginning of year		(B) End of year
22	Casi	h, savings, and investme	ante		 	115,515.35		129,599.54
23							23	129,399.54
24		er assets (describe in Sc			🗂		24	
25	Tota	al assets			[115,515.35	25	129,599.54
26		al liabilities (describe ın					26	
27		assets or fund balance				115,515.35	27	129,599.54
Par	E IIII	Statement of Progra		•		, ,		Expenses
\A/hat	ic the	Check if the organiza organization's primary		O to respond to a	ny question in this	Part III	٠,	uired for section (3) and 501(c)(4)
		, ,			f its those laws at a		organ	nizations and section
as m	easure	e organization's progra ed by expenses. In a c nefited, and other releva	lear and concise m	nanner, describe the				(a)(1) trusts, optional hers)
28								
			\ 16 at	* 1 (<i>f</i>				
20	(Grant) If this amount				28a	
29						ì		
		•••••						
	(Grant	s \$) If this amount	includes foreign gra	ants, check here .	▶ □	29a	
30								
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				••	
04	(Grant	s \$ program services (desc) If this amount		ants, check here .		30a	
31	(Grant	•	•		ants, check here		31a	
32		program service expe					32	
Par		List of Officers, Directo						ions for Part IV)
		Check if the organiza	tion used Schedule	O to respond to a			<u> </u>	🔲
		(a) Name and title		(b) Average hours per week	(c) Reportable compensation	(d) Health benefits, contributions to employe		
		(a) realite and the		devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and deferred compensation		ther compensation
Bob f	Mitchell			Dunaidant			+	
		Ripley, OK 74062		President - 1 hr/week	-0-	-0	_	-0-
David	Turne	r		Treasurer -				
#1 Be	II-Ande	erson Road; Eufaula, OK	74432	1 hr/week		-0	<u>. </u>	-0-
	Long			Secretary -				
10375	North	Perry Loop; Stigler, OK	74462	1 hr/week	-0-	-0	-	-0-
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Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this						
	"Instructions for Part V) Check if the organization used schedule of to respond to any question in this	ran	Yes	No			
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓			
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)						
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1			
b c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b		1			
36	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	36		✓			
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions 137a Did the organization file Form 1120-POL for this year?	37b		7			
38a	Did the organization borrow 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 tax year covered by this return?	38a		1			
	If "Yes," complete Schedule L, Part II and enter the total amount involved	Joan					
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9						
ь 40а	Gross receipts, included on line 9, for public use of club facilities			``			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b					
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	100					
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	40e					
41	List the states with which a copy of this return is filed ▶ Oklahoma						
42a	The organization's books are in care of ▶ Mike Robison Telephone no. ▶						
	Located at ► 1500 W. 7th: Stillwater, OK ZIP + 4 ►	74074	-4364 Yes				
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 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 the U.S.?	42c		✓			
43	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	· ·	. 1	▶ □			
			Yes	No			
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	-4	1			
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1			
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		1			
•	explanation in Schedule O	44d					
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1			
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b					

46 D	ıd the organizatıon engage, directly or ır	ndirectly, in political o	campaign activities	on behalf of o	r ın opposit	ion [Yes	No			
to	candidates for public office? If "Yes," of		, Part !	<u>.</u>		. 46		√			
Part VI	All section 501(c)(3) organization 50 and 51	s must answer que			mplete the	e tables	for lin	ies			
	Check if the organization used Scl	nedule O to respond	to any question i	n this Part VI	· · · ·	<u>· · · · </u>	120	<u> </u>			
	the organization engage in lobbying activities or have a section 501(h) election in effect during the tax? If "Yes," complete Schedule C, Part II										
	the organization a school as described in	48	\rightarrow	<u> </u>							
	id the organization make any transfers to			_[
		res," was the related organization a section 527 organization?									
50 C	omplete this table for the organization's mployees) who each received more than	s five highest comper	nsated employees (other than offi	cers, direct	ors, trust	ees ar	nd keg "			
	(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	(d) Health	benefits, to employee and deferred	(e) Estimate other co	ted amo	ount of			
			-								
			_								
		<u> </u>									
	otal number of other employees paid ov omplete this table for the organization'				مطمعه مطبب		al				
	100,000 of compensation from the organization			ent contractor	s who each	received	ı more	e thai			
(a) Na	me and address of each independent contractor pa	ud more than \$100,000	(b) Type of	service	(c)	Compensa	.tion				
			-								
			-								
								-			
				· ·							
			-								
d To	otal number of other independent contra	actors each receiving	over \$100 000	-	<u> </u>						
	id the organization complete Schedule A	_	*	ons and 4947(s	 a)(1)						
	onexempt charitable trusts must attach					► 🗌 Ye	s 🗌	No			
	alties of perjury, I declare that I have examined this					owledge ar	nd belief	, it is			
true, correc	t, and complete Declaration of preparer (other than	n officer) is based on all info	ormation of which prepa	rer has any knowle	dge						
	nek Colin		2/20/2014								
Sign	▼ Signature of officer	Dat	e ·								
Here	Mike Robison, Advisor Type or print name and title										
	Print/Type preparer's name	Preparer's signature		Date	T	PTIN					
Paid	, , ,				Check L	If]					
Prepar	-					Firm's EIN ▶					
Use Or	Firm's address >				Phone no						
May the	IRS discuss this return with the preparer	r shown above? See	instructions		, , ,)	► ∏ Ye	s \sqcap	No			

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Oklahoma Vocational Ag Teacher's Association	73-1172026					
Line 8 Other Revenue: PAC Funds and Retirement Funds						
Line 10 Grants and similar amounts paid: Dues, Scholarships, and Contributions to widows of deceas	ed Ag Ed Instructors					
Line 16 Other Expenses: Conferences, Lobbyist Expenses, Supplies and Bank Charges						