

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public

ΑI	For the	2013 calendar year, or tax year beginning	and	ending						
В	Check if applicable	C Name of organization			D Employer identif	ication number				
Г	Addre:	S CHILLICOTHE FFA ALUMNI	ASSOCIATION							
Ē	Name change	Doing Business As			43-1	L609199				
	Initial return	Number and street (or P.O. box if mail is not deli	vered to street address)	Room/sur	E Telephone number					
	Termir ated	C/O RON WOLF, 1200 FA	(660							
	Ameno	City or town, state or province, country, and a	G Gross receipts \$	110,533.						
	Applic	CHILLICOTHE, MO 64601			H(a) Is this a group	return				
	pendir	F Name and address of principal officer:RON	WOLF		for subordinate	s? Yes X No				
		1200 FAIR STREET, CHILL		01	H(b) Are all subordinates	ıncluded? Yes No				
1	Tax-exe	empt status X 501(c)(3) 501(c) ()		or 52	27 If "No," attach	a list. (see instructions)				
	Websit	on number ▶ 0776								
			sociation Other >	L Ye	ar of formation: 1992	M State of legal domicile: MO				
	art I	Summary								
6	4	Briefly describe the organization's mission or most	significant activities: EDUC	ATION	IN AGRICULT	TURAL				
ctivities & Governance	1	SCIENCES								
<u> </u>	2		tinued its operations or dispo	sed of mo	ore than 25% of its net a	assets.				
ě.	3	Number of voting members of the governing body (3	1 1 1				
<u>φ</u>	3	Number of independent voting members of the gov			4	10				
روم دو	5	Total number of individuals employed in calendar y			5	0				
ë	5		car 2010 (r art v, mic 2a)		6	50				
3	6	Total number of volunteers (estimate if necessary)	tumn (C) line 13		7a	1				
Š	-10	Total unrelated business revenue from Part VIII, col			7a	 				
	<i>р</i> р	Net unrelated business taxable income from Form	990-1, line 34							
	_			F	Prior Year 56,018.	Current Year 75,349.				
Đ.	1	Contributions and grants (Part VIII, line 1h)	•	-						
Revenue	1	Program service revenue (Part VIII, line 2g)	•	-	29,717.					
<u>چ</u>	10	Investment income (Part VIII, column (A), lines 3, 4,	and 7d)	F	145					
-		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,		 	10,137					
		Total revenue - add lines 8 through 11 (must-eqนัสโ			96,017					
		Grants and similar amounts paid (Part IX-column (L	12,315					
	14	Benefits paid to or for members (Part IX, column)(A), (line 4)	_	0.					
Ś	15	Salaries, other compensation, employee, penefits (F	art IX, column (A), lines 5-10)		0	0.				
Expenses	16a	Professional fundraising fees (Part)X, column (A), li	<u>ne</u> 11e) .	<u>L</u>	0					
ĝ	b	Total fundraising expenses (Part IX, column.(D), line	25) 🕨	<u>0.</u>	The state of the state of	「「一年、春天事」				
ũ	17	Other expenses (Part IX, column (A), lines 1 1a 11d.	11f;24e)		124,178	115,712.				
	18	Total expenses Add lines 13-17 (must equal Part 1)	(, column (A), line 25)		136,493	128,032.				
	19	Revenue less expenses Subtract line 18 from line			-40,476	-17,499.				
10.	3				Beginning of Current Year					
ets	20	Total assets (Part X, line 16)			946,848	929,349.				
Ass	21	Total liabilities (Part X, line 26)	•		0 .					
Net Assets or Find Balances	22	Net assets or fund balances Subtract line 21 from	line 20		946,848	· · ·				
P	art II	Signature Block	.							
		Ities of perjury, I declare that I have examined this return,	including accompanying schedule	es and state	ements, and to the best of r	ny knowledge and belief, it is				
		t, and complete. Declaration of propage (other than office				/ /				
uuc	, correc	it, and somplete, disclaration of inseparation office	17 13 Bused on an information of w	mon propa		J114				
٥.		Signature of officer			Date	/ / · / 				
Sig		/ / //								
He	re	RON WOLF, TREASURER Type or print name and title								
		<u> </u>	Dranger's grandure		Date Check	PTIN				
۲.		Print/Type preparer's name	Preparer's signature		ď					
Pai					setf-emple	oyea				
	parer	Firm's name			Firm's EIN					
Use	Only	Firm's address	1							
					Phone no.					
		RS discuss this return with the preparer shown abo		· · · · · · · · · · · · · · · · · · ·	 	Yes No.				
332	001 10-2	9-13 LHA For Paperwork Reduction Act Notic	e, see the separate instructi	ons.		(20 13)				

		3-1609199 Page 2
Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1 、	Briefly describe the organization's mission:	
	PROVIDE STUDENTS OF CHILLICOTHE R-II SCHOOLS HANDS-ON LEAD	RNING
	EXPERIENCES IN AGRICULTURAL SCIENCES.	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	Yes X No
	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?	☐Yes X No
J	If "Yes," describe these changes on Schedule O.	La les Las 140
4	Describe the organization's program service accomplishments for each of its three largest program services, as mea	seurad by avanage
4		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, t	ne total expenses, and
	revenue, if any, for each program service reported	25 104
4a	/ (
	PROVIDE STUDENTS OF CHILLICOTHE R-II SCHOOLS HANDS-ON LEAD	KNING
	EXPERIENCES IN AGRICULTURAL SCIENCES.	
4b	(Code) (Expenses \$) (Revenue \$	
40	(Code) (Expenses \$) (Revenue \$) (Revenue \$)	,
		
4c	(Code) (Expenses \$	
	(cocco) (coccoccoccoccoccoccoccoccoccoccoccoccoc	
		
		
		· · · · · · · · · · · · · · · · · · ·
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 128,032.	
		Form 990 (2013)

Part IV Checklist of Required Schedules

			Yes	No
1.	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
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		X
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_		X
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		X
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_		<u>X</u>
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, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9_		_ <u>X</u> _
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	127336EE	X Linicated
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.		1433 113348	Half- Hall
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		7.	
L	Part VI	11a	Х	
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	446		X
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
ч	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	110		
u	Part X, line 167 If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			77
46	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	<u> 17</u>		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_		v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
20°2	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		$\frac{x}{x}$
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
<u> </u>	in 165 to into 20a, and the organization attach a copy of its addition infancial statements to this letting		990 (2012)

			Yes	No
21 .	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or 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	X	
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		1	
	Schedule J .	23		X
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	ļ	}	
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	1		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,	ĺ		
	complete Schedule L, Part II	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	7 HISE MEET	X
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):	111		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
C	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		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		'	
	contributions? If "Yes," complete Schedule M	30	-	<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			~~
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	_33_		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		v
25-	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	SSa		
U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	300		
~	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٥,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	
			990	2012)

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Part VI. Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
_		١.	1 4	O 1-404134001	Yes	No BBF-LB
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1			
	If there are material differences in voting rights among members of the governing body, or if the governing			2		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	<u>1b</u>	1	<u>U</u>	1 113	100
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other	THE	iii	
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision	1		
	of officers, directors, or trustees, or key employees to a management company or other person?			_3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form S	990 wa	is filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximately appr	ppoint	one or			
	more members of the governing body?			7a		X
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockh	olders, or	1		
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:	121 33333		22.2
а	The governing body?			8a	X	
ь	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched a	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Ri	ечепи	Code)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl	napter	s, affiliates,	1 .		
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befo	re filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			30,00	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," de	escribe			
	ın Schedule O how this was done	_		12c		
13	Did the organization have a written whistleblower policy?	-		13		X
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approva	al by in	dependent	19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	雌儿	link 1
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•	•	2 14		
а	The organization's CEO, Executive Director, or top management official			15a		X
	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			14.0	Marini Marini	\$17.3
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	nth a		32114	
-	taxable entity during the year?			16a	- Ahdran	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its p	articipation	1171	H BASS	100
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		-			
	exempt status with respect to such arrangements?			16b	Linnigh	المشمشدمي
Sec	tion C. Disclosure				-	
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			_		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Sect	ion 501(c)(3)s only)	avaılab	le	
-	for public inspection. Indicate how you made these available Check all that apply		(//·/··//			
	Own website Another's website X Upon request Other (explain	ın Sch	nedule (1)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co		•	nd finan	iciat	
	statements available to the public during the tax year	.,	s, antorous policy, al	ii iii idi	-Jiul	
20	State the name, physical address, and telephone number of the person who possesses the books at	nd rece	ords of the organize	ation 🕨		
~-0	RON WOLF - (660) 646-3414					
	1200 FAIR STREET, CHILLICOTHE, MO 64601					
	1200 1111 DIMMI, CHIMPLOOTHE, MO 07001					

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- 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

(A) Name and Title	(B) Average hours per week	(do	not c	((Pos heck ss pe	c) itior more rson		one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Individual trustee or directo Institutional trustee		Key employee	Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) E.L. REED PRESIDENT	0.50							0.	0.	0.
(2) RON WOLF	0.50							0.	0.	
TREASURER (3) GAYLEN POTTER	0.50									0.
DIRECTOR (4) DAVID WALKER	0.50							0.	0.	0.
DIRECTOR (5) CHARLES EDDY	0.50		_					0.	0.	0.
DIRECTOR (6) STEVE RADCLIFF	0.50							0.	0.	0.
DIRECTOR (7) SUSAN DAVIS	0.50					ļ		0.	0.	0.
DIRECTOR (8) MIKE RESOR	0.50	-				_	_	0.	0.	0.
DIRECTOR							_	0.	0.	0.
(9) DAVID WILLIAMS DIRECTOR	0.50							0.	0.	0.
(10) RUSTY BLACK DIRECTOR	0.50							0.	0.	0
								1		
										 -
										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B) (C) (D) (E									(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
•	hours per	box	not c , unle	ss pe	rson	ıs bot	h an	compensation	compensation	amount of
	week	_	ceran	dad	recto	r/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	ip io	يو			ated	İ	organization	(W-2/1099-MISC)	
	related	stee	truste			pens		(W-2/1099-MISC)		organization
	organizations below	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				and related
	line)	PAR	Stet	Officer	E S	ghes	Former			organizations
		드	_=	8	\$	포함	12			
		ł								
			-							<u> </u>
		-		Ì	ŀ					
	<u> </u>	ļ	ļ		<u> </u>	 	<u> </u>			
							İ			
									· · · · · · · · · · · · · · · · · · ·	
		_				<u> </u>				
		L	L	L	L		L			
		Ì					Ĺ			
									,	
	,	1								
1b Sub-total							▶	0.	(0.
c Total from continuation sheets to Part V	II. Section A						•	0.	(0.
d Total (add lines 1b and 1c)	.,						•	0.	(0.
2 Total number of individuals (including but	not limited to th	1056	liste	ed al	hove	e) wh	no re			
compensation from the organization						•,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0
compensation from the organization										Yes No
3 Did the organization list any former officer	director or tr	ıeta	o ka	w er	nnlc	N/AA	or	highest compensated e	mnlovee on	
			c, kc	, y Cı	пріс	усс	, 01	riigitest compensated e	mployee on	3 X
line 1a? If "Yes," complete Schedule J for					-t		4 0+1	har companyation from	the organization	10 11 9 13
4 For any individual listed on line 1a, is the s									the organization	4 X
and related organizations greater than \$15									dual for convece	A A
5 Did any person listed on line 1a receive or							elat	ed organization or indiv	idual for services	
rendered to the organization? If "Yes," con	nplete Scheau	e J	or s	ucn	per	son				5 X
Section B. Independent Contractors								that reason and are are 41-	¢100 000 =f ====	anantian from
1 Complete this table for your five highest c										ansauon mom
the organization. Report compensation for	the calendar y	ear	enai	ng v	vitn	or w	'itmir		year	(0)
(A) Name and busines	e address	B.T.	∩ati					(B) Description of s	services	(C) Compensation
	3 4441033	147	ON	<u> </u>						
								····		
							-	ı		
							\dashv			
							1		1	
			•	٠.				4 - b		PINE KOMEK
2 Total number of independent contractors		iot li	mite	a to		_	stec	above) who received n	nore man	主要提供 新新草
\$100,000 of compensation from the organ	iization 📂				- '	0		1	[31]	31 21 24 4
										Form 990 (2013)

[- 0	II K		Check if Schedule O conf		or note to any li	ne in this Part VIII			
	-1	,	a land	n Shirt	1 14 15 15 15 15 15 15 15 15 15 15 15 15 15	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Gifts, Grants lar Amounts		b c	Federated campaigns Membership dues Fundraising events Related organizations	1a 1b 1c 1d			新年 第 对 元 · · · · · · · · · · · · · · · · · ·		
Contributions, Gifts, Grants and Other Similar Amounts		f	Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines	nts, and nts, and nts, and	75,349.	The second state of the second second	A CONTRACTOR OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF TH		
<u>ਨੂੰ ਵ</u>		h	Total. Add lines 1a-1f		<u> </u>	75,349.	Abbell to the b	त अक्षेत्र को अस्त्री	
					Business Code		Append to the	* 17 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	"精"。
Program Service Revenue	2	a b c d	SALE OF LIVESTO	OCK, ETC	110000	27,202.	27,202.		
<u>9</u> д		е							_
₫.		f	All other program service reve	enue					
		g	Total. Add lines 2a-2f			27,202.	二、新祖二郎,	The Back State	神"之事"禁"
	3		Investment income (including other similar amounts) Income from investment of tax		•	97.	97.		
	5		Royalties	x oxompt bond	D			· · · · · · · · · · · · · · · · · · ·	
	6	а	Gross rents	(i) Real 7,885			ALM BURNEY	Mary on the state	
		b	Less: rental expenses	0.		the internet 227 12		Falls of	M. 18 19 19 19 19 19 19 19 19 19 19 19 19 19
		С	Rental income or (loss)	7,885.	<u></u>	F+ 412 14 14 14 14 14 14 14 14 14 14 14 14 14	The speciments of the second	and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t	The Miller wei, in
		d	Net rental income or (loss)		<u> </u>	7,885.	7,885.		
	7	а	Gross amount from sales of	(i) Securities	(ii) Other	THE REPORT OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE	· · · · · · · · · · · · · · · · · · ·	The think is the	一种中心
			assets other than inventory				1 种体	· 建加加工厂 对	
		b	Less: cost or other basis				14年4月1日	1. 中国 · 中国 · 中国 · 中国 · 中国 · 中国 · 中国 · 中国	4.5 1.144.5 41.5.44
			and sales expenses			manager of the state of		4 -18 - 10/4 - 18	Profit In the second
			Gain or (loss)		L			to the total	444 4 Algrida 114
e		а	Net gain or (loss) Gross income from fundraising		> _	Contract the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the C	again the same	3 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Other Revenue			including \$	of 1c). See a		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
the			Less direct expenses	b		प्रकार ^क है थु है ।	large to a co	Marine St.	
0			Net income or (loss) from fund		>	breather measured as the size of		وني . په د ده مودهها	ا "بي بد ها به المستخدمةخالفة أباكا و ا
			Gross income from gaming ac	•		1960年 1961年	1. 1.	1 . 1 us 4	1894 OF JULY 21 AL
			Part IV, line 19	, a		· · · · · · · · · · · · · · · · · · ·	والمستقيلة الإ	31 + 31 \ 3	ريا الأولياء
		b	Less: direct expenses	b		明, 原识期 如	و الموادية الموادية		and the state of
		С	Net income or (loss) from gam	ning activities					
	10	а	Gross sales of inventory, less	returns		1世の東ルン1日 日刊	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5 5 1 1 4 5 2 2 T	"这一种是一个
			and allowances	а		교육 발생 회사를 기를 다시	Harris & Gran	1 -1 - 14	
			Less: cost of goods sold	b			مالح المسالما		الدغاء المتعالم الأساك
		<u>c</u>	Net income or (loss) from sale		<u> </u>	1			
			Miscellaneous Revenu	e	Business Code				E Little Girthton
	11 :	a							
	ı	b							
		C		·					
Ì			All other revenue		L				· H
			Total. Add lines 11a-11d			110 522	3F 104	25 8 114 1	
	12_		Total revenue. See instructions.			110,533.	35,184.	0.	0.

Sect	ion 501(c)(3) and 501(c)(4) organizations must con	nplete all columns All ot	her organizations must c	omplete column (A)	
	Check if Schedule O contains a respo	nse or note to any line in			
	not include amounts reported on lines 6b, 8b, 9b, 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 PROPERTY OF THE PARTY OF TH	
	the United States. See Part IV, line 22	12,320.	12,320.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16			THE PARTY OF	
4	Benefits paid to or for members			The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	學流過其代數學
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	· · · · · · · · · · · · · · · · · · ·			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)		'		
а	Management .				
b	Legal				
c	Accounting				
d	Lobbying		16-98-3-3-3-3-3-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Market - to the the test of	
e	Professional fundraising services. See Part IV, line 17			建筑 (1) (1) (1)	
f	Investment management fees		<u></u>		
9	,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	**************************************			
14	Information technology				
15	Royalties				
16 17	Occupancy Travel				
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest			=	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	62,368.	62,368.		
23	Insurance	<u> </u>			
24	Other expenses. Itemize expenses not covered	· · · · · · · · · · · · · · · · · · ·		京の時により、大下 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	李明建 5.5 建建筑
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)			操物心态型型	
	amount, list line 24e expenses on Schedule 0.)	四國(多川) 冷、聲傳數	这里 力工工具 经	学。4、经验公司	医神经性病 经净证据
a	SUPPLIES	49,771.	49,771.		
þ	LABOR	3,000.	3,000.		
¢	REPAIRS AND MAINTENANCE	573.	573.		
q					
	All other expenses	400 555	400 000		
25_	Total functional expenses Add lines 1 through 24e	128,032.	128,032.	0.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)			l	l

CHILLICOTHE FFA ALUMNI ASSOCIATION 43-1609199 Page 11 Form 990 (2013) Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 93,890. 62,023. Cash - non-interest-bearing 1 1 16,181. 16,279. Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets Notes and loans receivable, net 7 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment; cost or other 1,264,764 basis Complete Part VI of Schedule D 10a 445,584 868,644. 819,180. b Less accumulated depreciation 10b 10c 11 11 Investments - publicly traded securities Investments - other securities See Part IV, line 11 12 12 13 Investments · program-related See Part IV, line 11 13 Intangible assets 14 14 Other assets. See Part IV, line 11 15 15 946,848. 929,349. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. 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 third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 0 Total liabilities. Add lines 17 through 25 26 墓憶 Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 0 30 0. 30 Capital stock or trust principal, or current funds 0. 31 Paid-in or capital surplus, or land, building, or equipment fund 31

> 929,349. Form **990** (2013)

929,349.

<u>929,349.</u>

32

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

Retained earnings, endowment, accumulated income, or other funds

946,848.

946,848.

946,848.

32

33

Forn	990 (2013) CHILLICOTHE FFA ALUMNI ASSOCIATION	43-16	09199	Page	e 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	,			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		, 53	
2	Total expenses (must equal Part IX, column (A), line 25)	2		,03	
3	Revenue less expenses. Subtract line 2 from line 1	3		,49	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	946	, 84	8.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses .	7	400		
8	Prior period adjustments .	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	929	,34	<u>.9</u>
Pa	rt XII Financial Statements and Reporting			_	
	Check if Schedule O contains a response or note to any line in this Part XII				
			77	Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	∍ O	1.3		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a	200		inter.
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				and in
þ	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basıs,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				u 1.
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,			1
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	nedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit			
	Act and OMB Circular A-133?		За	\perp	<u>X_</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ured audit		ĺ	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	- 1	

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

lame of t	he organizati							ļE		identificat		oer
<u> </u>			OTHE FFA ALU						4	<u>3-1609</u>	<u>9199 </u>	
Part I			ity Status (All organiz					tructions.				
he organ	ization is not a	private foundation	because it is: (For lines:	1 through	11, check	only one t	oox)					
1 🖳	A church, cor	nvention of churche	s, or association of chur	ches desc	ribed in se	ection 170)(b)(1)(A)(i)).				
2	A school des	cribed in section 17	70(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🖳	A hospital or	a cooperative hospi	tal service organization (described	ın section	170(b)(1)	(A)(iii).					
4 🔲	A medical res	earch organization	operated in conjunction	with a hos	pital desc	ribed in se	ection 170	(b)(1)(A)(i	ii). Enter	the hospita	al's name,	
	city, and state	e [.]										
5 🗀	-	•	benefit of a college or ur	niversity o	wned or o	perated by	a governi	mental un	ıt describ	ed in		
• 🗀		(b)(1)(A)(iv). (Comple		+ daaaba.	d 10 a i	- 470/hV	4V AV. 3					
6			ent or governmental unit					v from the		nublic des	ambad 15	
7			eives a substantial part	oi its supp	on nom a	governine	and unit c	אוווטווו נוזפ	general	public desi	cribed in	
		b)(1)(A)(vi). (Comple		/O l - t -	Dest 11.)							
8 🕌			section 170(b)(1)(A)(vi).					l l-				
9 X	-	-	eives (1) more than 33 1		• •				-	_		
			nctions - subject to certa									
			axable income (less sect	tion 511 ta	ix) irom bu	isinesses	acquired b	y the orga	anization	arter June	30, 1975.	
		509(a)(2). (Complete				````	- 500/-\/	• •				
	_		perated exclusively to te	•				•	a aut tha		af ana ar	
11	U	•	perated exclusively for the						•			
	-		ations described in section				z) See sec	ction 509((a)(3). On	eck the bo.	x mai	
			organization and comple	ype iii - Fu			م	. — T.,,	a III. Na	n-functiona	dhe intoarc	at a d
	a Type I	•										eu
e	-	=	at the organization is not									
		-	han one or more publicly		_				9(a)(1) 01	Section 50	9(a)(Z)	
f			tten determination from t	ine ins ma	atitisa iy	pe i, Type	ii, or rype)			ſ	
		ganization, check th									٠. ١	
g	-		organization accepted ar								W 1	
			lirectly controls, either al	one or log	ether with	persons (Jescribed	iri (ii) ariu	(III) Delow	-		<u>No</u>
	-		upported organization?					•		11g(i)	1 .	
		•	n described in (i) above?		-0					11g(ii)		
			person described in (i) o	• •						11g(ıii	<u> </u>	
h	Provide the to	ollowing information	about the supported or	ganization	(S)							
(i) Name	of supported	(ii) EIN	(iii) i)po oi oigamaation	(iv) Is the c	organization	(v) Did yo	u notify the	(vi) la organizati	s the	(vii) Amour	nt of monet	ary
orga	inization		(described on lines 1-9 above or IRC section	in col. (i) lis governing	stea in your document?	(i) of you	(1011 III COI. r sunnart?	(i) organi U.S	zed in the 1	Su	pport	
			(see instructions))		1			 _				
				Yes	No	Yes	No	Yes	No			
						,				l		
						<u> </u>		ļ	ļ			
		ı										
					 	 						
									-			
							<u>L</u> .					
		11 1 1 1	事者 都不及 禁養		1	Fall A	事。	THE RES	4 4 4			
otal		in the Burn of the	是 " 如果 " "	भिष्कां है	T. Ten		1 3 m 3 m	f				
ЦА Бан Б	anonwork Da	duction Act Natice	see the Instructions for	~				Schodu	la Λ /Ε~~	m 000 or 0	00 E7\0	042

332021 09-25-13

Form 990 or 990-EZ.

Schedule A (Form 990 or 990 EZ) 2013 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in) (c) 2011 (d) 2012 (e) 2013 (f) Total (a) 2009 **(b)** 2010 1 Gifts, grants, contributions, and membership fees received. (Do not 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 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 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 7 Amounts from line 4 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	11 11 11 11 11 11 11 11 11 11 11	いいないでは		Print and the second	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	THE STATE OF	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	 	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ıx year as a section	n 501	(c)(3)	

organization, check this box and stop nere		
Section C. Computation of Public Support Percentage		
14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line	14 is 33 1/3% or more, check this bo	ox and
step have. The organization qualifies as a publish supported organization		ightharpoonup

stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box

and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

_18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2013

(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.)

Se	ction A. Public Support				-			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
1	Gifts, grants, contributions, and				·			
	membership fees received (Do not							
	include any "unusual grants.")	132,621.	<u>57,557.</u>	145,222.	46,018.	38,682.	420,100.	
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	28,252.	43,695.	42,940.	29,717.	27 - 202 -	171,806.	
3	Gross receipts from activities that		10,000			27,2020		
J	are not an unrelated trade or bus- iness under section 513			1				
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities							
J	furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	160,873.	101,252.	188,162.	75,735.	65,884.	591,906.	
7 <i>a</i>	Amounts included on lines 1, 2, and							
	3 received from disqualified persons	92,621.	31,957.	95,552.	43,238.	31,365.	294,733.	
t	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						0.	
c	: Add lines 7a and 7b	92,621.	31,957.	95,552.	43,238.	31,365.	294,733.	
8	Public support (Subtract line 7c from line 6)				THE STATE		297,173.	
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
9	Amounts from line 6	160,873.	101,252.	188,162.	75,735.	65,884.	591,906.	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	303.	299.	1,864.	145.	97.	2,708.	
t	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
c	: Add lines 10a and 10b	303.	299.	1,864.	145.	97.	2,708.	
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)							
13	Total support. (Add lines 9, 10c, 11, and 12)	161,176.	101,551.	190,026.	75,880.	65,981.	594,614.	
14	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiz		
	check this box and stop here						▶□	
Sec	ction C. Computation of Publ	ic Support Per	rcentage					
15	Public support percentage for 2013 (line 8, column (f) di	vided by line 13, c	olumn (f))		15	49.98 %	
16	Public support percentage from 2012					16	<u>47.07 %</u>	
<u>Sec</u>	ction D. Computation of Inves	stment Income	e Percentage					
17	17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) 17 .46 %							
18	Investment income percentage from	2012 Schedule A, I	Part III, line 17		i	18	.42 %	
19a	33 1/3% support tests - 2013. If the	_				•	_	
	more than 33 1/3%, check this box a						▶ (X)	
b	33 1/3% support tests - 2012. If the	•			•	*	and	
	line 18 is not more than 33 1/3%, che					-	▶⊣	
	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							
3320	23 09-25-13				Sch	edule A (Form 99)	0 or 990-EZ) 2013	

Schedule A (Form 990 or 990-EZ) 2013 Part IV Supplemental Information Also complete this part for	mation. Provid	le the explanations requ	ured by Part II, line 10, Part II,	Ine 17a or 17b; and Part III, line 12.
SCHEDULE A, LIST OF	UNUSUAL	GRANTS RECE	IVED:	
DESCRIPTION: CASH			1	
DATE: 07/03/13	AMOUNT:	5000.	<u>'</u>	
DESCRIPTION: CASH		· · · · · · · · · · · · · · · · · · ·		
DATE: 12/04/13	AMOUNT:	16667.		
DESCRIPTION: CASH				
DATE: 12/18/13	AMOUNT:	15000.		
			1	
			<u> </u>	
				
			,	
			<u> </u>	
				· · · · · · · · · · · · · · · · · · ·
			i	
			<u> </u>	
			1	
			,	
			1	
			!	

SCHEDULE D

Department of the Treasury

(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.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Internal Revenue Service Name of the organization

Inspection **Employer identification number**

	CHILLICOTHE FFA AL		43-1609199
Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year .		
2	Aggregate contributions to (during year)		<u> </u>
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	unds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be used	d only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose conf	erring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an historic	ally important land area
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the orga	anization during the tax
	year >	-	-
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements during	the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the	year ▶ \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)	(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	on easements in its revenue and expense stat	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the c	organization's accounting for
	conservation easements		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public exi	hibition, education, or research in furtherance o	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public s	service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gair	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X	'	> \$
			-

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-25-13

Schedule D (Form 990) 2013

	(Form 990) 2013	CHILLICOTHE	FFA AL	<u>UMNI AS</u>	SSOCIATIO	<u>.V</u>	<u>43-1609199</u>	Page
Part VII	Investments -	Other Securities.					,	
	Complete if the org	ganization answered "Yes"	to Form 990, F	art IV, line 1	1b. See Form 990	, Part X, line 12.		
(a) Descrip	otion of security or cate	GOTY (including name of security)	(b) Book	value	(c) Method of	valuation. Cost or	end-of-year market v	/alue
(1) Financia	al derivatives							
(2) Closely	held equity interests	5						
(3) Other							<u> </u>	
(A)								
(B)								
(C)								
(D)		*						
(E)					<u> </u>		·	
(F)					· · · · · · · · · · · · · · · · · · ·			_
(G)								
(H)								
	h) must equal Form 99	0, Part X, col. (B) line 12.)					HERE	LILL
		Program Related.						on is sun
I—		ganization answered "Yes"	to Form 990. F	Part IV line 1	1c. See Form 990.	Part X line 13		
	(a) Description of		(b) Book				end-of-year market v	/alue
(1)	(4)		(-)				·	
(2)								•
(3)				-			· -	
(4)								
(5)					·····		-	
(6)								
								-
(7)								
(8)						·		
(9)	h) must aqual Form 00	0, Part X, col. (B) line 13.)						ere :
Part IX.	Other Assets.	o, rait A, coi. (b) file 10.)		E	1884-1888181818-2-3	5. 95.21. 13.157 1.152.138999999 . G323.1	* 41.5.44 (2049) 00 10 10 10 10 10 10 10 10 10 10 10 10	(P. 1997 HOPER OF
<u> </u>		ganization answered "Yes"	to Form 990 F	Part IV line 1	1d See Form 990	Part X line 15		
	Complete ii the oig		Description	art IV, mio I	14. 000 1 0111 330	, r urt X, iii c 10	(b) Book va	ilue
(1)				 -		· · · · · · · · · · · · · · · · · · ·	(4)	
(2)								
(3)								
(4)								
(5)				· · · · · · · · · · · · · · · · · · ·				
(6)				 ,-				
(7)		·····						
(8)								
(9)								•
	ıma (h) must equal F	orm 990, Part X, col. (B) line	9 15)					-
Part X	Other Liabilitie		, 10)					
L		ganization answered "Yes"	to Form 990. F	Part IV. line 1	1e or 11f. See For	m 990. Part X. line	25	
1,		escription of liability	10 / 01111 000, /		b) Book value			THE OF
	leral income taxes			`				
(1)Fed (2)	iciai income taxes							The Court
(2)								regional in
(3)								
(4)				 -	1			
(6)			-		1	TITIE	· 在一种 一种	
(0)								

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) **>** 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013

(8) (9)

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

2013	Open to Public Inspection	Employer identification number
		Empl

OMB No 1545-0047

CHILLICOTHE FFA ALUMNI Bart! General Information on Grants and Assistance	FFA AL	4	SSOCIATION				43-1609199
Jes	substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	on Yes X No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	dures for monit	oring the use of grant	funds in the Unite	d States.			
Part [1,] Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	vernments and	d Organizations in the	e United States. C	Complete if the orga	anization answered "N	'es" to Form 990, Part IV	/, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
				_			
2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations listed in the line 1 table	government or	ganizations listed in the	listed in the line 1 table				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2013)

Schedule I (Form 990) (2013) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (d) Amount of non-cash assistance 12,320, 26 (c) Amount of cash grant (b) Number of recipients SCHOLARSHIPS AND AWARDS FOR STUDENTS IN EDUCATION (a) Type of grant or assistance OF AGRICULTURAL SCIENCES 332102 10-29-13

Page 2

43-1609199

CHILLICOTHE FFA ALUMNI ASSOCIATION

Schedule I (Form 990) (2013)

Part III

SCHEDULE O (Form 990 or 990-EZ)

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

➤ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public 13

Employer identification number

CHILLICOTHE FFA ALUMNI ASSOCIATION	43-1609199
FORM 990, PART VI, SECTION B, LINE 11:	
EXPLANATION: THE BOARD OF DIRECTORS REVIEWS THE FORM 990	PRIOR TO FILING.
FORM 990, PART VI, SECTION C, LINE 18:	
EXPLANATION: FORM 1023 AND 990 ARE AVAILABLE FOR PUBLIC I	NSPECTION UPON
REQUEST AT 1200 FAIR STREET, CHILLICOTHE, MO 64601.	
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: THE GOVERNING DOCUMENTS AND FINANCIAL INFORM	ATION ARE
AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST AT 1200 FAIR	STREET,
CHILLICOTHE, MO 64601.	
	<u> </u>