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# Form **990**

## **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2013

Open to Public

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ 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.

Inspection

	A	For the	2013 cale	ndar year, or tax year beginning , 2013, and endi	ng		, 20		
			applicable	C Name of organization Oklahoma FFA Alumni Association		D Employe	er identification number		
		Address		Doing Business As		1	51-0225794		
		Name ch	•	Number and street (or P O box if mail is not delivered to street address) Room/s	uite	E Telephor			
	$\overline{}$	Initial reti	_	1500 W. 7th Ave.			405-743-5489		
	_	Terminat		City or town, state or province, country, and ZIP or foreign postal code					
	_	Amended	<b>G</b> Gross re	ceipts \$					
	_			Stillwater, OK 74074  F Name and address of principal officer Kurt Murray	H(a) is this a	4	subordinates? Yes Vo		
		Applicati		1500 W. 7th Ave. Stillwater, OK 74074	ľ		included? Yes No		
		Tay ayar	npt status	✓ 501(c)(3)			list (see instructions)		
		Website:	•		<del></del> 1	exemption			
				Corporation Trust ✓ Association Other ► L Year of form		<del> </del>	of legal domicile OK		
		art I	Summ				or regar definience OK		
53/2				scribe the organization's mission or most significant activities: To pro	omote serve	& support	Agricultural Education		
\$	ø.	l.	-	-					
9	Governance			adership activities, and incentives for FFA members such as the annual fer state speaking contest, leadership workshops for members, and buse					
<b>P</b>	Ë								
٣	S C	1		s box $\blacktriangleright$ if the organization discontinued its operations or disposed	of more tha	1 1			
\$				of voting members of the governing body (Part VI, line 1a)		. 3	16		
ぎ	Activities &			of independent voting members of the governing body (Part VI) line 1b		4	16		
	ıtie.			nber of individuals employed in calendar year 2018 (Party) line (Pa)		5	0		
	댦	1		nber of volunteers (estimate if necessary)		. 6	25		
	ď			elated business revenue from Part VIII, column (C), line 12		. 7a	0		
		b	Net unre	ated business taxable income from Form 980-19/16e134"	<del></del>	.   7b	0		
				[8]	Prior Y	ear	Current Year		
67.W	ē	8	Contribu	ions and grants (Part VIII, line 1h)		04,872.00	315,404.00		
. O	Revenue	9		service revenue (Part VIII, line 2g)	1	64,510.38	204,439.69		
2	ě			nt income (Part VIII, column (A), lines 3, 4, and 7d)		262 46	217.52		
SCANNED JUL	u.	11	Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		12,478.51	11,404.13		
		12	Total reve	enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4	82,123.35	531,465.34		
e_		13	Grants a	nd similar amounts paid (Part IX, column (A), lines 1-3)		31,208.80	25,200 00		
		14	Benefits	oaid to or for members (Part IX, column (A), line 4)					
	S	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)					
⊨	use	16a	Profession	nal fundraising fees (Part IX, column (A), line 11e)					
9	- g	b	Total fun	draising expenses (Part IX, column (D), line 25) ► 6,393.87		, «	, î, ·.		
2014	ω	17	Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	4	54,017.22	502,842.11		
£		18	Total exp	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4	185,226.02	528,042.11		
		19	Revenue	less expenses. Subtract line 18 from line 12		(3,102.67)	3,423.23		
	es or				Beginning of C	urrent Year	End of Year		
	sets or	20	Total ass	ets (Part X, line 16)		208,273.76	206,461.90		
	Ass	21		ılıtıes (Part X, line 26)		1			
	Net Ass Fund Ba	22		ts or fund balances. Subtract line 21 from line 20		208,273.76	206,461.90		
	_	art li		ure Block	* <u></u>				
			<u></u>	ry, I declare that I have examined this return, including accompanying schedules and sta	tements, and to	the best of r	ny knowledge and belief, it is		
				ete Declaration of preparer (other than officer) is based on all information of which prepare					
		_	T	21711					
	Sig	ın	Sign	ature of officer		ate	· · · · · · · · · · · · · · · · · · ·		
	He	-		KURTMURRAY		11	7.11		
			Type	or print name and title		<u> </u>	79		
	_	<del></del>	Print/Ty	pe preparer's name Preparer's signature	Date	<u> </u>	PTIN		
	Pa					Check self-em	II		
		epare	I		E.	<del></del>			
	US	e Onl				m's EIN ▶			
	Ma	v the IF		ddress ► s this return with the preparer shown above? (see instructions)	<u> </u>	none no	Yes No		
		<del></del>			N= 11000Y	· · · ·	Form <b>990</b> (2013		
	ror	raperv	work medu	ction Act Notice, see the separate instructions. Cat	No 11282Y		rorm <b>330</b> (2013		

514,121.14

4e

Total program service expenses

Part I	V Checklist of Required Schedules			
	•		Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	✓	
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		<b>✓</b>
	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		<b>✓</b>
	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>
	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	_		1
		5		<u> </u>
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,	<b>-</b>		<u> </u>
•	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,"	<del>'</del>		<del>-</del>
	complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	<u> </u>	-	r <del>`</del>
•	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		1
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,		*******	i i
	VII, VIII, IX, or X as applicable	أم سندا		* ;
а	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		<b>✓</b>
С	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? If "Yes," complete Schedule D, Part IX	11d		<b>✓</b>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		İ	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<b>✓</b>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			1
	Schedule D, Parts XI and XII	12a		
D	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			1
40		12b		<del> </del>
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? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a	ļ	✓_
b	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 other assistance to or	1.75		<del>L'</del>
	for any foreign organization? 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 other	_ <del></del>	t	Ť
	assistance to or for foreign individuals? 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	<b>  ''</b>	<del>                                     </del>	+
	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?		<u> </u>	
	If "Yes," complete Schedule G, Part III	19		✓
	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		✓
		For	m <b>99</b> 0	(2013)

Part	Checklist of Required Schedules (continued)			
			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		1
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		✓
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		<b>√</b>
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 25a	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 24c		<b>√</b>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		√ √
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	25b		<i>'</i>
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, complete Schedule L, Part II	26		1
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		<b>√</b>
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 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<b>√</b>
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		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	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,			
38	Part VI	37	1	\   
			000	10012

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	·		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a	~	,	,
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			المــــــــــــــــــــــــــــــــــــ
_	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		
За	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	-	1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<b>-</b>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	35	-	<u> </u>
	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: ▶		· ģ	
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.	`	8	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<b>✓</b>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	.		
_	gifts were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).		3	
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		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10	-	
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7.3		
е	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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7</b> g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		ļ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		د ــــــــــــــــــــــــــــــــــــ	الأشا
•	organization, have excess business holdings at any time during the year?	8	16	<del> </del> ,
9 a	Sponsoring organizations maintaining donor advised funds.  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:	<del></del>	٠,	3
a	Initiation fees and capital contributions included on Part VIII, line 12		* 5	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1	***	
11	Section 501(c)(12) organizations. Enter:	1 25.	S.	
а	Gross income from members or shareholders		`	
b	Gross income from other sources (Do not net amounts due or paid to other sources	. , , , ,		
	against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	L		1.
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	100		¥
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	2	1
b	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			{
S	the organization is licensed to issue qualified health plans		<u> </u>	Š .
С	Enter the amount of reserves on hand	1 🔻		1 6
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	+-	+
	If "Ves " has it filed a Form 720 to report these payments? If "No " provide an evaluation in School II O	14b	+	+

Form 99	· · · · · · · · · · · · · · · · · · ·			age 6
Part '				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			ons.
Section	' Check if Schedule O contains a response or note to any line in this Part VI			
00011	on A. doverning body and wanagement		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a			
	If there are material differences in voting rights among members of the governing body, or	1		į
	if the governing 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 .   1b			ţ
2	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?			,
3	Did the organization delegate control over management duties customarily performed by or under the direct	2		
•	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		<u></u>
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		✓
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		✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	76		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7b	* 1 5 6	ź
•	the year by the following	18.88.8	3 7 4 7	
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	<b>\</b>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
<del></del>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	١.,,	<b>✓</b> _
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue C	oae.) Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<b>√</b>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		_
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10ь		
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	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a		<b>✓</b>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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		1
14	Did the organization have a written document retention and destruction policy?	14	1	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		ļ	
a	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b		<del>                                     </del>
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	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	12		للننا
	organization's exempt status with respect to such arrangements?	16b		ļ
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► Oklahoma  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization for make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires and organization for make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires and organization for make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires and organization for make its Forms 1023 (or 1024 if applicable).	n FO1	(0)(2)-	
10	available for public inspection. Indicate how you made these available. Check all that apply.	11 00 11	(0)(3)8	only)
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	terest	polic	y, and
	financial statements available to the public during the tax year			-
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	9	
	Organization: News Museum 1500 W. 7th Avg. Stillwater, OK, 74074, 405, 742, 5490			

		7
raq	е	•

Part VII	Compensation of Officers, Directors,	Trustees,	Key Employees,	Highest (	Compensated I	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.

Cheek this box if neither the exceptration per any related exceptration compensated any current efficer, director, or trustee

Check this box if neither the organization	on nor any relate	a orga	anız			ompei	nsa	ited any curren	t onicer, director	, or trustee.
					C)					
(A)	(B)	(do n			ition	than o	ne	(D)	(E)	(F)
Name and Title	Average					is both		Reportable	Reportable	Estimated
	hours per week (list any		r and		irect	or/truste	<u> </u>	compensation from	compensation from related	amount of other
	hours for	Individual trustee or director	Inst	Officer	Ş.	emp Hig	Former	the	organizations	compensation
	related organizations	lirec vide	핥	cer	em	nest	mer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	ğ a	Institutional trustee		Key employee	e con		((VV-2/1099-WII3C)		and related
	line)	l ste	tru		ee	per				organizations
		8	stee			Highest compensated employee				
(1) Monte Womack										
Chairman	3 hr/wk			✓				-0-	-0-	-0
(2) Wade Detrick				_	-					
Vice Chair	3 hr/wk			✓	<u> </u>			-0-	-0-	-0
(3) Kathy Stafford									İ	
Secretary	3 hr/wk		ļ	✓	<u> </u>			-0-	-0-	-0
(4) Ginger Cothran										
SE Dist Rep	1 hr/wk		<u> </u>	✓	<u> </u>			-0-	-0-	0
(5) Jım Pilkington		1								
NE Dist Rep	1 hr/wk		<u> </u>	✓				-0-	-0-	-0
(6) Amber McNeil				١,						
SW Dist Rep	1 hr/wk		ļ	<b>✓</b>	ļ.,		<u> </u>	-0-	-0-	-0
(7) Camille Holt	P. Contract of the Contract of	1		١,		'		1	]	
NW Dist Rep	1 hr/wk	ļ		✓	<u> </u>	ļ	ļ	-0-	-0-	-0
(8) Charles Arthur				١.						
Central Dist Rep	1 hr/wk		-	✓	<u> </u>	ļ	_	-0-	-0-	<u></u> C
(9) Jon Ramsey				١.						
Member-at-Large	1 hr/wk	<u> </u>	↓_	✓	╙	ļ	ļ	-0-	-0-	-0
(10) Kurt Murray		1		١,	1		l			
State FFA Alumni Advisor	3 hr/wk	ļ		✓	<u> </u>	<u> </u>	<u> </u>	-0-	-0-	
(11) Jack Staats				١.		1				
State FFA Advisor	1 hr/wk	ļ	<u> </u>	✓	₩	<u> </u>	L	-0-	-0-	
(12) Bobby Mitchell		-								
OAETA President	1 hr/wk	ļ	<u> </u>	✓	4	<u> </u>	ļ	-0-	-0-	-(
(13) Kent Boggs				١.				1		
FFA Executive Secretary	3 hr/wk	ļ	↓	✓	-	-	$oxed{oxed}$	-0-	-0-	
(14) Garrett Reed								1		
State FFA President	1 hr/wk			<u> </u>				-0-	-0-	Form <b>990</b> (201)

	• (A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office office or dire	unles	s pe	rtion more	n both Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportabl compensation related organizatio (W-2/1099-M	from	(F) Estimater amount of other compensate from the organization and relate organization	of Jon Jon Jon
(15) SH	irley Hufford												
	hairman	1 hr/wk			✓	<u> </u>			-0-		-0-		-0-
Past F	even Vekony FA President	1 hr/wk			1				-0-		-0-		-0-
(17)	ATTESION	7 1117WK						-	-0-		-0-		-0-
(18)													
(10)					-								
(19)	·	<del> </del>											
(20)								$\vdash$					
											.		
(21)		ļ											
(22)			-	1				-					
(22)			1										
(23)													
(24)													
(25)		ļ	-										
1b c d	Total from continuation sheets to Part	t not limited				ted	above	► ► ► •) w	ho received m	ore than \$10	00,00	0 of	
												Yes	s No
3	Did the organization list any former of							emp	oloyee, or high	est compe	nsate		البناك
4	employee on line 1a? If "Yes," complete of For any individual listed on line 1a, is the organization and related organizations individual	sum of re	porta	ble	con	преі	nsatio						
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or ind		al 5	
Section	on B. Independent Contractors	, -											
1	Complete this table for your five highest compensation from the organization. Repyear.												tax
	(A) Name and business add	iress							(B) Description of s	ervices		(C) Compensation	
								<b>.</b>					
								<u> </u>	<del></del>				
<del></del>								-	<del></del>				
								<del> </del>	<del></del>	_			
2	Total number of independent contractor received more than \$100,000 of compen							o th	nose listed ab	ove) who	;	* , **	·

Part	VIII	Statement of Revenue				
	•	Check if Schedule O contains a response or no	te to any line in this (A) Total revenue	Part VIII  (B)  Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<u>0</u> 9	1a	Federated campaigns 1a				
in a			<del></del>			
اعِ قَ	b	Membership dues 1b 315,40	4.00			*
Į, j£	C	Fundraising events 1c				* .
<u> </u>	d	Related organizations 1d	<b> </b> · ′			
s ië	е	Government grants (contributions) 1e			. **	· *
er fi	f	All other contributions, gifts, grants,			* * *	```, '
혈된		and similar amounts not included above 1f			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f. \$			. ~	**
	h	<b>Total.</b> Add lines 1a–1f	315,404.00			
ine		Business Co	ode		and the set of the common test and an adaptive sets	*
ver	2a	Alumnı Leadership Camp	28,979.69	28,979.69		
æ	ь	Washington Leadership Conference	175,460.00	175,460.00		
ice	С					
)en	d					
E	е			•		
Program Service Revenue	f	All other program service revenue				
Pro	g	Total. Add lines 2a–2f	204,439.69		646 43331	* * * * * * * * * * * * * * * * * * * *
	3	Investment income (including dividends, interes				
	_	and other similar amounts)	217.52	217.52		
	4	Income from investment of tax-exempt bond proceeds	<del></del>	217.52		
	5	Royalties				
	"	(i) Real (ii) Persona	<u>,</u>		`# ¥	
	6a	Gross rents			*	
		Less: rental expenses	<del> </del>			٠
	b	·				*
	C	Rental income or (loss)				<u> </u>
	d	Net rental income or (loss)	8.3			<u> </u>
	7a	assets other than inventory	<i>*###</i> #,			
				* •		<b>*</b>
	b	Less: cost or other basis				
	1	and sales expenses			or it is	
	C	Gain or (loss) .	idadx.a.i			***************************************
	d	Net gain or (loss)			12	
۵					* * * - 3	Z.
П	8a	Gross income from fundraising				4
Še		events (not including \$	1 * * * *	•		
æ		of contributions reported on line 1c).			1 ** 12.5	** : ·
ĕ		See Part IV, line 18 a 17,79	8.00		,	•
Other Reve	b	Less: direct expenses <b>b</b> 6,39	3.87			
•	С	Net income or (loss) from fundraising events	11,404.13			11,404.13
	9a	Gross income from gaming activities.			1	,
		See Part IV, line 19 a				* •
	b	Less: direct expenses <b>b</b>				
	С	Net income or (loss) from gaming activities .	<b>&gt;</b>			
	10a	Gross sales of inventory, less	/ \$ <b>\$ 11 \$</b> \$ 1		17 7 182	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
		returns and allowances a				, , , , , , , , , , , , , , , , , , ,
	b	Less cost of goods sold b				<b>*</b> -
	С	Net income or (loss) from sales of inventory	<b>&gt;</b>			
	<u> </u>	Miscellaneous Revenue Business Co	ode 🔻		¥ê	:
	11a			***		Windows construction to the second se
	b					
	c					
	d	All other revenue				
	e	<b>Total.</b> Add lines 11a–11d	<b>•</b>		100	
	140	Total revenue Conjuntriations			7,8,2	

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).									
	Check if Schedule O contains a response or note to any line 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				#8#. ***   					
	the United States See Part IV, line 22 .	25,200.00	25,200.00							
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16									
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)				<del></del>					
7 8	Other salaries and wages									
9	Other employee benefits									
10	Payroll taxes									
11	Fees for services (non-employees):				-					
a	Management		<del></del>							
b	Legal									
c d	Accounting									
e	Professional fundraising services See Part IV, line 17									
f	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)									
12	Advertising and promotion									
13	Office expenses	1,791.37	-	1,791.37						
14 15	Information technology									
16	Occupancy									
17	Travel		·							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	484,307.03	484,307.03							
20	Interest	.0.,007.00	10-1,007100							
21	Payments to affiliates									
22	Depreciation, depletion, and amortization .									
23	Insurance	· · ·								
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If		*		Francisco					
	line 24e amount exceeds 10% of line 25, column		٠		*					
	(A) amount, list line 24e expenses on Schedule O)	. ,	Ŷ		**************************************					
а	State Convention	12,663 06	12,663.06		*					
b	State Officer	2,800.00	2,800.00							
C	Other	1,280.65	1,280.65							
d	All other expenses									
е 25	All other expenses  Total functional expenses. Add lines 1 through 24e	528,042.11	526,250.74	1 704 07						
26	Joint costs. Complete this line only if the	320,042.11	320,230.74	1,791.37						
	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)									

P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	rt X		
	•		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	73,104.17	1	76,514.10
	2	Savings and temporary cash investments	129,630.95	2	69644.25
	3	Pledges and grants receivable, net	<u> </u>	3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	territorio de la companio de la comp
	6	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			
s		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		≹ 6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	_	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			37.5
	ь	Less: accumulated depreciation 10b	كسنسة لأستب الأكت السندا	10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	0.00	12	60,303.59
	13	Investments—program-related. See Part IV, line 11	0.00	13	60,303.39
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	5,538.64	15	0.00
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	0.00
_	17	Accounts payable and accrued expenses	208,273.76	17	206,461.90
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
'n	22	Loans and other payables to current and former officers, directors,		21	3,
Liabilities	22	trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
<u>ia</u>				23	
_	23	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		23	· · · · · · · · · · · · · · · · · · ·
	24	· ·		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		05	
	00			25	
	26	Total liabilities. Add lines 17 through 25	, ,	26	
ces		complete lines 27 through 29, and lines 33 and 34.	-1		
<u>la</u>	27	Unrestricted net assets		27	
8	28	Temporarily restricted net assets		28	
5	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.	4		
ş	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ă	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Šet	33	Total net assets or fund balances	208,273.76	33	206,461.90
_	34	Total liabilities and net assets/fund balances	208,273.76		206,461.90

D	4	
Page		4

.

Part XI Reconciliation of Net Assets  Check if Schedule O contains a response or note to any line in this Part XI		_
		. 17
	531.	465.34
2 Total expenses (must equal Part IX, column (A), line 25)		212.11
3 Revenue less expenses. Subtract line 2 from line 1		253.23
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		273.76
5 Net unrealized gains (losses) on investments		
6 Donated services and use of facilities		
7 Investment expenses		
8 Prior period adjustments		
9 Other changes in net assets or fund balances (explain in Schedule O)	(5,	538 64)
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		
33, column (B))	206,	,461.90
Part XII Financial Statements and Reporting		
Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	. 🗆
	Yes	No
1 Accounting method used to prepare the Form 990: 🗸 Cash 🔲 Accrual 🔲 Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in	, ,	. (**)
Schedule O	ند دلله ک	â
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	1	✓
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	1	
reviewed on a separate basis, consolidated basis, or both:		* * * * * * * * * * * * * * * * * * * *
Separate basis Consolidated basis Both consolidated and separate basis	· 	
b Were the organization's financial statements audited by an independent accountant?	)	1.
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		
separate basis, consolidated basis, or both:	* ` ` .	35
Separate basis Consolidated basis Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		
of the audit, review, or compilation of its financial statements and selection of an independent accountant?	3	<del></del>
If the organization changed either its oversight process or selection process during the tax year, explain in	1 7	
Schedule O		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	1	
<u> </u>	a	<b>↓</b> ✓
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		
, , , , , , , , , , , , , , , , , , , ,	<b>o</b>	
	orm <b>99</b>	<b>(</b> 2013)

#### 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.

2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name	of the organization							Employer id	entification	n number
Oklahoma FFA Alumni Association Part I Reason for Public Charity Status (All organizations must complete this p					51-0225794					
Par									nstructio	ons.
_			ition because it is: (Fo							
1 2			hes, or association of			ed in <b>sec</b>	tion 170	(D)(1)(A)(I)	).	
3			<b>170(b)(1)(A)(ii).</b> (Attad spital service organiza			cootion :	170/b)/4\/	/A\/;;;\		
4			on operated in conjun						)(b)(1)( <b>Δ</b> )	(iii) Enter the
•		e, city, and state			. ш.ноор.н	u. u.ooo			·(~)(·)(·)	(m) Enter the
5		on operated for ()(1)(A)(iv). (Com	the benefit of a collegical	ge or uni	versity ov	wned or	operated	by a go	vernment	al unit described in
6			nment or government							
7			receives a substantia (A)(vi). (Complete Par		its suppo	ort from a	a governr	mental un	it or fron	n the general public
8	A community t	rust described ii	n section 170(b)(1)(A)	<b>)(vi).</b> (Cor	nplete Pa	ırt II.)				
9	receipts from support from	activities related gross investme	receives: (1) more that d to its exempt funct ent income and unre- fter June 30, 1975 Se	ions-sul lated bus	oject to d siness ta	certain e xable ind	xceptions come (les	s, and (2) ss section	no more	e than 331/3% of its
10	☐ An organizatio	n organized and	operated exclusively	to test fo	r public s	safety Se	e <b>sectio</b>	n 509(a)(	4).	
11			nd operated exclusive							
			licly supported organ							
			describes the type of						-	='
_	a ☐ Type I	<b>b</b> Type								ionally integrated
е		ndation manage	that the organization ers and other than one							
f		· · · ·	a written determination	on from t	the IRS 1	that it is	a Type	I, Type I	I, or Typ	e III supporting
		check this box .								
g	g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?									
			ndirectly controls, eithody of the supported				persons	described	ın (ıı) ar	nd Yes No
	(ii) A famıly m	ember of a perso	on described in (i) abo	ove?						11g(iı)
			a person described ir							11g(ııı)
<u>h</u>	Provide the fo	llowing informati	on about the support	ed organı	zation(s).			·		
(1)	lame of supported organization (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))		in col (i) listed in your the organization the organization col (ii) listed in your col (iii)		ou notify nization in of your port?	(vi) Is the organization in col (i) organized in the US?		(vii) Amount of monetary support		
			(000	Yes	No	Yes	No	Yes	No	i
(A)										
(B)										
(C)										
(D)										
(E)										
Tota	I									

Part	(Complete only if you checked the	he box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qua	
<del></del>	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	T () ====					
1	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
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.	* * * * * * * * * * * * * * * * * * * *		· **	* *	,	
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4			<u></u>			
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	5.96	, <b>.</b>				
12 13	Gross receipts from related activities, etc First five years. If the Form 990 is for the organization, check this box and stop he	he organizatior	n's first, secon	d, third, fourth	 I, or fifth tax ye	ear as a sectio	n 501(c)(3)
Secti	on C. Computation of Public Suppo	rt Percentag	е				
14	Public support percentage for 2013 (line			1, column (f))	<del>-</del>	14	%
15 16a	Public support percentage from 2012 Sci 331/3% support test—2013. If the organi					15	%
	box and <b>stop here.</b> The organization qua						► []
b	331/3% support test—2012. If the organ check this box and stop here. The organ	nization did no	t check a box	on line 13 oi	r 16a, and line		or more,
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part IV how the organization meets the "torganization	ets the "facts- facts-and-circu	and-circumsta imstances" tes	nces" test, che st. The organiz	eck this box ar ation qualifies	nd <b>stop here.</b> E as a publicly si	xplain in apported
b	10%-facts-and-circumstances test—2015 is 10% or more, and if the organization in Part IV how the organization in supported organization in the control organization in the control organization is a supported organization.	012. If the orga tion meets the neets the "facts	anization did no e "facts-and-ci s-and-circums	ot check a box rcumstances" tances" test. T	on line 13, 16 test, check the he organizatio	ia, 16b, or 17a, his box and <b>st</b> o n qualifies as a	and line
18	Private foundation. If the organization de						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	<u>under the tes</u>	sts listed belo	w, please co	mplete Part I	l.)	
Section	on A. Public Support						<del></del>
Calen	dar year (or fiscal year beginning in) ▶	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees	· ,			• • • • • • • • • • • • • • • • • • • •	`	
	received (Do not include any "unusual grants")	301,061.00	309,460.00	307,794.00	304,872.00	315,404.00	1,538,591.00
2	Gross receipts from admissions, merchandise	301,001.00	303,400.00	307,734.00	304,872.00	313,454.55	1,000,001.00
	sold or services performed, or facilities			i			
	furnished in any activity that is related to the						
_	organization's tax-exempt purpose	149,624.00	171,204.05,	159,955.15	164,510.38	204,439.69	849,733.27
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	Total. Add lines 1 through 5	450,685.00	480,664.05	467,749.15	469,382.38	519,843.69	2,388,324.27
	Amounts included on lines 1, 2, and 3	400,000.00	100,001.00	4077740.10	400,002.00	010,010.00	E,000,0E4.E7
	received from disqualified persons .						
	· · · · · ·						<del></del>
b	Amounts included on lines 2 and 3 received from other than disqualified						
	·					1	
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b		× 24				
8	Public support (Subtract line 7c from	\$		* * * * * * *	۱ ،		
	line 6.)						2,388,324.27
<u>Secti</u>	on B. Total Support						<u>,                                      </u>
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	( <b>d)</b> 2012	(e) 2013	(f) Total
9	Amounts from line 6	450,685.00	480,664.05	467,749.15	469,382.38	519,843.69	2,388,324.27
10a	Gross income from interest, dividends,	;					
	payments received on securities loans, rents,						
	royalties and income from similar sources .	3,043.18	2,581.95	1,655.76	262.46	217.52	7,760.87
b	Unrelated business taxable income (less	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				-	
-	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b	3,043.18	2,581 95	1,655.76	262.46	217.52	7,760.87
11	Net income from unrelated business	3,043.16	2,361 93	1,033.70	202.40	217.32	7,700.07
• • •	activities not included in line 10b, whether						1
	or not the business is regularly carried on						1
40	- · · · · · · · · · · · · · · · · · · ·						
12	Other income. Do not include gain or						1
	loss from the sale of capital assets						
	(Explain in Part IV.)	5,622 49	8,958.21	12,714.51	12,478.51	11,404.13	51,177.85
13	Total support. (Add lines 9, 10c, 11,		l				
	and 12.)	459,350.67		482,119.42	482,123.35	531,465.34	2,447,262.99
14	First five years. If the Form 990 is for the	_	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he				· · · · ·	· · ·	<u> </u>
Secti	ion C. Computation of Public Suppor						
15	Public support percentage for 2013 (line 8	3, column (f) di	ivided by line 1	3, column (f))		15	98 %
16	Public support percentage from 2012 Sch	nedule A, Part	III, line 15		<u>.</u>	16	98 %
Secti	on D. Computation of Investment In	come Perce	ntage				
17	Investment income percentage for 2013 (	line 10c, colun	nn (f) divided b	y line 13, colur	nn (f))	17	1 %
18	Investment income percentage from 2012					18	1 %
19a	331/3% support tests—2013. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2012. If the organiz		-			-	
J	line 18 is not more than 331/3%, check this						
	Delicate foundation of the examplestion of		_				-1

ocheuule A (F	om 990 or 990-EZ) 2013
Part IV	Supplemental Information. 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 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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization Oklahoma FFA Alumnı Association 51-0225794 01 Governing body review (Part VI, Line 11) AVAILABLE UPON REQUEST 02 Governing documents, etc., available to public (Part VI, Line 19) AVAILABLE UPON REQUEST.