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# Department of the Treasury Internal Revenue Service

SCANNED ANG 1 & 2016

Form **990** 

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

OMB No 1545-0047

2015

Open to Public

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	2015 cale	ndar year, or tax year beginning , 2015, and endi			, 20						
В	Check if a	applicable		D Employer identification number								
	Address of	change	Doing business as		51-0225794							
	Name cha	ange	Number and street (or P O box if mail is not delivered to street address) Room/si	uite	E Telepho	ne number						
	Initial retu		1500 W. 7th Ave.			405-743-5489						
$\Box$		d return/terminated City or town, state or province, country, and ZIP or foreign postal code										
$\overline{\Box}$	Amended		Stillwater, OK 74074	1.	G Gross re	eceints \$						
$\overline{\Box}$			F Name and address of principal officer Kurt Murray			subordinates <sup>9</sup> Yes V No						
_	, ipplicatio	on penang	1500 W. 7th Ave. Stillwater, OK 74074	1 ''		es included? Yes No						
_	Tax-exem	ant status				a list (see instructions)						
<del>'</del>	Website:		(insert no) = 4347(a)(1) 01 = 321	<del></del>		•						
			Corporation ☐ Trust	H(c) Group e	T							
	art I	<u> </u>	··-	uion	IVI State	of legal domicile OK						
		Summ	** ··									
•	ľ		escribe the organization's mission or most significant activities: To pro			••						
Governance			eadership activities, and incentives for FFA members such as the annual A									
rna			er, state speaking contest, leadership workshops for members, and buses									
Ş	ı		is box ▶☐ if the organization discontinued its operations or disposed	of more than	1 .	its net assets.						
ၓ			of voting members of the governing body (Part VI, line 1a)	· · · · ·	3	16						
φ			of independent voting members of the governing body (Part VI, line 1b)		4	16						
Ę	5	Total nun	nber of individuals employed in calendar year 2015 (Part V, line 2a)	2:5	5	0						
Activities	6	Total nun	nber of volunteers (estimate if necessary)		6	25						
Ac	7a `	Total unr	elated business revenue from Part VIII, column (C), line 12 \iint	<del></del> .	7a	0						
	b	Net unrel	ated business taxable income from Form 990-T, line 34		7b	0						
				Prior Yea	ar	Current Year						
Revenue	8	Contribut	tions and grants (Part VIII, line 1h)	1,672 00	343,020 00							
	9	Program	service revenue (Part VIII, line 2g)		3,327.85							
	l l	-	nt income (Part VIII, column (A), lines 3, 4, and 7d)		161.20							
č	l l		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1'	7,246.91	17,691 29						
	t .		enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,407.96							
			nd similar amounts paid (Part IX, column (A), lines 1–3)		6,700.00							
	1		paid to or for members (Part IX, column (A), line 4)		0,700.00	25,700 00						
	1		other compensation, employee benefits (Part IX, column (A), lines 5–10)			<del> </del>						
Expenses	1											
Ë	1		onal fundraising fees (Part IX, column (A), line 11e)	<del></del>								
Ä			draising expenses (Part IX, column (D), line 25) ►	· · · · · ·								
_	i .		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,310 44							
	i		penses Add lines 13–17 (must equal Part IX, column (A), line 25)		3,010 44	<del> </del>						
		Revenue	less expenses. Subtract line 18 from line 12		,602.48)	· <del>··</del>						
s or				Beginning of Cui		<del> </del>						
sset	20		ets (Part X, line 16)	13	<u>5,555.87</u>	162,255 89						
Net Assets or Fund Balances	21		ilities (Part X, line 26)									
			ts or fund balances. Subtract line 21 from line 20	13	5,555.87	162,255.89						
P	art II	Signat	ture Block	<u> </u>		·····						
			ry, I declare that I have examined this return, including accompanying schedules and state			my knowledge and belief, it is						
tru	e, correct,	, and compl	lete Declaration of preparer (other than officer) is based on all information of which prepare	er has any knowle	eage							
	·	<b>.</b>										
Sig	gn j	Sign	ature of officer	Dat	e //	/a /.						
He	re				4//	9//6						
		Туре	e or print name and title Kurt Murcau OKFFA Alun	ini AdVI	SOF	,						
De	id	Print/Ty		Pate	Check	□ if PTIN						
Pa		_			self-em							
	epare	1	name ▶	Firm	's EIN ▶	<del></del>						
US	se Only	у ——	address ►		ne no							
Ma	v the IR		s this return with the preparer shown above? (see instructions)			Yes No						
	ا ۱۱ چاری را		- man in the property of the man design (see a monday)	<u></u>								

Part	
1	Check if Schedule O contains a response or note to any line in this Part III
•	to promote, serve, & support Agricultural Education. Provide leadership activities and incentives for FFA members such as the
	annual Alumni Leadership Camps, Scholarships for state officers, state speaking contest, leadership workshops for members,
	& buses to the Washington Leadership Conference. To educate others in agriculture, to generate support for the FFA, and to help
	build confidence in today's FFA members.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program
J	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 323,661.44 including grants of \$) (Revenue \$ 49,782.90)
•••	Alumni Leadership Camp to provide activities focused on communication skills- personal, family, interpersonal, responsible and
	lasting.
4b	(Code:) (Expenses \$ 261,098.51 including grants of \$) (Revenue \$ 265,600.00)
	Washington Leadership Conference Bus Trip - helps FFA members improve their leadership skills and prepare for leadership roles
	in the chapters, communities, and their future careers.
4c	(Code:) (Expenses \$32,787.36 including grants of \$) (Revenue \$)
	State & National Conventions - Provide leadership development training, provide students, teachers, and members with information
	on new techniques and opportunities in the field of agriculture. Awards given for high achievement. Proved scholaships to the state
	FFA Officers.
4d	Other program services (Describe in Schedule O)
A -	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses > 617.547.31

Part I	V 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	<b>✓</b>	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	_	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		1
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		<b>√</b>
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		<b>√</b>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		<b>√</b>
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		<b>√</b>
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	-	<b>√</b>
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.	, d		
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	****	<b>✓</b>
b	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		1
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		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11e		√ √
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		<b>√</b>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<b>✓</b>
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		<b>✓</b>
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		1
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		<b>√</b>
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		<b>√</b>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		<b>√</b>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		1

Part	V Checklist of Required Schedules (continued)	_		
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<u> </u>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<b>✓</b>
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	l		,
24a		23		<b>✓</b>
240	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	04-		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		1
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
	to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		-	<u></u>
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	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		<b>✓</b>
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? <i>If "Yes," complete Schedule L, Part II</i>			,
27		26		<b>✓</b>
21	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):	** <u>*</u>		~ **
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	001		,
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28b		<b>✓</b>
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
00	Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II			,
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<b>✓</b>
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
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		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		✓
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	_		
27	-	_36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<del></del>		· · · · ·
	19? Note. All Form 990 filers are required to complete Schedule O.	38	1	

<u>Part</u>			-	
	Check if Schedule O contains a response or note to any line in this Part V			
10	Fatantha work an area stadio Day 0 of Farm 1000 Fatan 0 if and a ciliable		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	٠.		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ł .,	٠,	
·	reportable gaming (gambling) winnings to prize winners?			ز ا
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c		<u> </u>
Lu	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		
	<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)	20		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Ī
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b		<b>-</b>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		
b	If "Yes," enter the name of the foreign country: ▶	<u> </u>		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	7.	* 1	į.
	(FBAR).		,	ı.
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		
C	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		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	Ag.		.3
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	î		
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	(E. 'c')	* * .;	<u> </u>
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		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	`-		
_	sponsoring organization have excess business holdings at any time during the year?	8	2	<u> </u>
9	Sponsoring organizations maintaining donor advised funds.	10154S	-¥	
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
b	Section 501(c)(12) organizations. Enter:		1, 5	
11 a	Gross income from members or shareholders	1	£.	
b	Gross income from other sources (Do not net amounts due or paid to other sources	١.	```	
_	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	٠,		١.
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			, .,
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	<del>  `</del>
a	Note. See the instructions for additional information the organization must report on Schedule O.		<b></b>	<del>                                     </del>
b	Enter the amount of reserves the organization is required to maintain by the states in which			
.=	the organization is licensed to issue qualified health plans			
¢	Enter the amount of reserves on hand	1 '	.	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	<b> </b>	

Part	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. S							
Casti	Check if Schedule O contains a response or note to any line in this Part VI	📮						
Secti	on A. Governing Body and Management							
1a	Enter the number of voting members of the governing body at the end of the tax year   1a	Yes No						
ıa	Enter the number of voting members of the governing body at the end of the tax year							
	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							
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?	2						
3	Did the organization delegate control over management duties customarily performed by or under the direct							
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	[3_]_						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4 🗸						
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5 ✓						
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	stockholders, or persons other than the governing body?	/						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7b   ✓						
	the year by the following:							
а	The governing body?	8a 🗸						
b	Each committee with authority to act on behalf of the governing body?	8b ✓						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at							
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9						
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Code.)						
		Yes No						
10a	Did the organization have local chapters, branches, or affiliates?	10a ✓						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
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? If "No," go to line 13	12a ✓						
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 🗸						
14	Did the organization have a written document retention and destruction policy?	14 🗸						
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?							
_	The organization's CEO, Executive Director, or top management official	150						
a b	Other officers or key employees of the organization	15a						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	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 ✓						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its							
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the							
	organization's exempt status with respect to such arrangements?	16b						
	on C. Disclosure							
17	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	F01/-\/2\~						
18	available for public inspection. Indicate how you made these available. Check all that apply.	i bur(c)(3)s 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 int	erest policy and						
	financial statements available to the public during the tax year.	2. 30. poncy, and						
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords: ►						
	Kurt Murray, 1500 W. 7th Ave. Stillwater, OK 74074 405.743.5489							

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

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

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

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

Check this box if neither the organization no	r any relate	d org	anız	atic	n c	ompe	nsa	ited any curren	t officer, director	, or trustee.
				(6	C)					
(A)	(B)	/	_4 _6_		ition	. 46		(D)	(E)	(F)
Name and Title	Average	(do not check more than one						Reportable	Reportable	Estimated
	hours per week (list any			d a director/trustee)				compensation	compensation from	amount of other
	hours for	or c	Inst	Officer	<u>&amp;</u>	em Hig	Former	from the	related organizations	compensation
	related organizations	Individual trustee or director	Institutional trustee	GE,	Key employee	bloy	mer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	below dotted	or a	ona		탕	8 6		(44-2/1099-14113C)		organization and related
	line)	uste	tru		ee	nper				organizations
		&	stee			Highest compensated employee				
			-			-	-			
(1) Wade Detrick										
Chaiman	3 hr/wk			✓	<u>L.</u>			-0-	-0-	-0-
(2) Charles Arthur	<u> </u>							•		
Vice Chair	3 hr/wk			1				-0-	-0-	-0-
(3) Jim Pilkıngton					ł					
Secretary	3 hr/wk			✓				-0-	-0-	-0-
(4) Ginger Cothran										
SE Dist Rep	1 hr/wk			1				-0-	-0-	-0-
(5) Skye McNiel										
NE Dist Rep	1 hr/wk		_	✓	L			-0-	-0-	-0-
(6) Amber McNeil	<u> </u>						İ			
SW Dist Rep	1 hr/wk			✓	<u> </u>		<u> </u>	-0-	-0-	-0-
(7) Camille Holt	<u> </u>									
NW Dist Rep	1 hr/wk		Ļ	✓	<u> </u>	<u> </u>	ļ	-0-	-0-	-0-
(8) Dwayne Danker	<u> </u>						l		]	
Central Dist Rep	1 hr/wk			✓	ļ		<u> </u>	-0-	-0-	-0-
(9) Marshall Baker	1	ļ				1				
Member-at-Large	1 hr/wk	ļ	ļ	✓	<u> </u>	ļ	_	-0-	-0-	-0-
(10) Kurt Murray	<u> </u>	1					1			
State FFA Alumni Advisor	3 hr/wk		_	1	<u> </u>		<u> </u>	-0-	-0-	-0-
(11) Jack Staats	<u> </u>							i		
State FFA Advisor	1 hr/wk			✓	<u> </u>			-0-	-0-	-0-
(12) Clark Long	<u> </u>		ŀ	_						
OAETA President	1 hr/wk		<u> </u>	✓			<u> </u>	-0-	-0-	0-
(13) Kent Boggs				١.		1				
FFA Executive Secretary	3 hr/wk		<u> </u>	✓	1	ļ	<u>_</u>	-0-	-0-	-0-
(14) Drake Boyce	<u> </u>									
State FFA President	1 hr/wk	<u> </u>	<u> </u>	✓				-0-	-0-	-0-

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
						C)							
	(B)	(do n	ot ch		ition more	than o	one	(D)	(E)		(F)		
	Average hours per					is both or/trust		Reportable compensation	Reportable compensation from		Estimated amount of		
		week (list any				_		, <u>-</u>	from	related		other	
		hours for related	divid	stitu	Officer	Key employee	nghe Pighe	Former	the organization	organizatio (W-2/1099-M		compensation from the	
		organizations below dotted	dual	tion		핥	st cc	"	(W-2/1099-MISC)			organization	
		line)	Individual trustee or director	Institutional trus		уее	mpe		1			and related organizations	
			iee	stee			Highest compensated employee				ļ		
							8	_					
	onte Womack				,								
	hairman	1 hr/wk	-		<b>*</b>			-	-0-		-0-		<u>-0-</u>
	rrett Reed FA President	1 hr/wk			/				-0-				^
(17)	A Fresident	I III/WK			Ť				-0-		-0-		<u>-0-</u>
X::2													
(18)													
(19)													
								_					
(20)											- 1		
(24)					<u> </u>			-					—
1411					İ								
(22)													
37777													
(23)													
(24)													
			ļ					-				···· ·· · ·	
(25)								l	]				
1b	Sub-total	i		L	L						+		—
C	Total from continuation sheets to Part		 n А	•	•	•	•	•					
d	Total (add lines 1b and 1c)							<b>•</b>					
2	Total number of individuals (including but						above	e) w	ho received m	ore than \$10	00,000	O of	_
	reportable compensation from the organi												
_													No
3	Did the organization list any <b>former</b> of employee on line 1a? <i>If "Yes," complete is</i>							emp	oloyee, or high	est compe	nsated	SECOND MANAGEMENT AND ASSESSMENT ASSESSMENT AND ASSESSMENT	
	For any individual listed on line 1a, is the								· · · · ·	· · · ·		3 \	/ Exi
4	organization and related organizations												
	individual											4	2400A [
5	Did any person listed on line 1a receive of	r accrue co	ompe	nsat	tion	fro	m any	y un	related organia	zation or ind	ividua		
	for services rendered to the organization	? If "Yes," c	ompl	ete	Scl	nedu	ıle J 1	for s	such person			5	1
Section	on B. Independent Contractors												
1	Complete this table for your five highest												
	compensation from the organization. Repyear.	ort compe	nsatio	on to	or ti	ne c	aienc	ar y	year ending wi	in or within t	ne or	ganization's tax	
	<u> </u>		_					$\overline{}$	/B)	ſ		(0)	
	(A) Name and business add	Iress							(B) Description of s	ervices		(C) Compensation	
		-						T					
								<u> </u>			55 <b>5</b> 17	THE DESCRIPTION OF THE PARTY.	. g. 158
2	Total number of independent contractor received more than \$100,000 of compens							u tř	iose listed ab	ove) wno			

Check if Schedule O contains a response or note to any line in this Part VIII.    Total Avanue   Paelice	Part VIII		Statement of Revenue										
Security   Security			Check if Schedule C	contains a	res	ponse or note t	o any line in this	s Part VIII		🗆			
1				,		,		(B) Related or exempt function	business	Revenue excluded from tax under sections			
2   1   2   2   2   2   2   2   2   2	ıts	1a	Federated campaigns	s	1a					3.2 311			
2   1   2   2   2   2   2   2   2   2	iran	b		<u></u>		343.020.00	· ·			,			
Supplied   Supplied	S, G	С			1c		,	` `	**				
Supplied   Supplied	Sift lar	d	Related organizations	s [	1d		1		* * * , ,,	-			
Supplied   Supplied	ıs, ( imi	е			1e								
Supplied   Supplied	itior er S	f						* . */.	(				
Supplied   Supplied	ğ ¥						1 24			5)			
Supplied   Supplied	ont nd (			•			28.			1			
3   Investment income (including dividends, interest, and other similar amounts)   193.94		h	Total. Add lines 1a-1	f	•	<b>&gt;</b>		* * *					
3   Investment income (including dividends, interest, and other similar amounts)   193.94	nue	0-				Business Code	a said and all a comme	***************************************					
3   Investment income (including dividends, interest, and other similar amounts)   193.94	eve												
3   Investment income (including dividends, interest, and other similar amounts)   193.94	Se F		wasnington Leadershi	p Conterenc	e 		265,600.00	265,600.00					
3   Investment income (including dividends, interest, and other similar amounts)   193.94	ervi	_											
3   Investment income (including dividends, interest, and other similar amounts)   193.94	SE	-											
3   Investment income (including dividends, interest, and other similar amounts)   193.94	gra	f			·								
3 Investment income (including dividends, interest, and other similar amounts)   193.94   1	P.	g				•	317,882.90	₹. <b>\$</b> ₩\$\$: -		· · \$2, },			
4 Income from investment of tax-exempt bond proceeds ► 5 Royalties  (i) Fleal (ii) Personal b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) c Gain or (loss) c Het income or (loss) d Net gain or (loss) c Rental income or (loss) c Rental income or (loss) f Net gain or (loss)  8a Gross income from fundraising events (not including \$\frac{1}{2}\$ c Net income or (loss) from fundraising events (not including \$\frac{1}{2}\$ c Net income or (loss) from fundraising events See Part IV, line 18 a Less: direct expenses b l. 1,552.99 c Net income or (loss) from gaming activities See Part IV, line 19 a b Less: direct expenses b l. c Net income or (loss) from gaming activities ▶ returns and allowances a a b Less: cost of goods sold b c Net income or (loss) from sales of inventory. less returns and allowances a a b Less: cost of goods sold b c Net income or (loss) from sales of inventory. ▶  Miscellaneous Revenue  Business Code  4 All other revenue  8 Total, Add lines 11a-11d		3			bivid	ends, interest,							
For the property of the proper				•			193.94	193.94					
10   10   10   10   10   10   10   10				t of tax-exem	pt bo	ond proceeds							
Ga Gross rents   b Less rental expenses   c Rental income or (loss)		5	Royalties	() Boot	•	(u) Personal	E & . 4	1.80.27 4	* \.	× × 44.000000			
B Less: cental expenses c Rental income or (loss)  d Net rental income or (loss)  forss amount from sales of assets other than inventory  b Less cost or other basis and sales expenses c Gain or (loss)  d Net gain or (loss)  d Net gain or (loss)  b Less: direct expenses b c Net income or (loss) from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18  b Less: direct expenses b b 1,552.99  c Net income or (loss) from fundraising events See Part IV, line 19  a b Less: direct expenses b c Net income or (loss) from gaming activities  See Part IV, line 19  a b Less: cifrect expenses b c Net income or (loss) from gaming activities  Less: cost of goods sold b c Net income or (loss) from sales of inventory. Perform and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory. Perform and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory. Perform and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory. Perform and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory. Perform and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory. Perform and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory. Perform and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory. Perform and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory. Perform and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory. Perform and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory. Perform and allowances a less of inventory. Perform and allowance a less of inventory. Perform and allowance a less of inventory. Perform and allowance a less of inventory. Perform and allowance a less of inventory. Perform and allowance a less of inventory. Perform and all		60	Cross rents	(i) Near		(ii) Feisonai							
The state of the s													
d Net rental income or (loss)									*				
assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)  8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses b 1,552.99 c Net income or (loss) from fundraising events See Part IV, line 19 b Less: direct expenses b c Net income or (loss) from gaming activities See Part IV, line 19 c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory.    Miscellaneous Revenue   Business Code				(loss)		▶		<u> </u>	- 2 2223×2				
b Less cost or other basis and sales expenses c Gain or (loss) .		7a	Gross amount from sales of	(ı) Securitie	s	(II) Other		. '***	****	100 A			
and sales expenses  c    Gain or (loss)			assets other than inventory										
C Gain or (loss) .		b											
d Net gain or (loss)			·				Balk k-3 so						
Ba Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b lower from gaming activities See Part IV, line 19 a b Less: direct expenses b lower from gaming activities lower from gaming activit		-							åsi				
C Net income or (loss) from fundraising events . ▶ 17,413.51  9a Gross income from gaming activities See Part IV, line 19  b Less: direct expenses . b c Net income or (loss) from gaming activities . ▶  10a Gross sales of inventory, less returns and allowances . a b Less: cost of goods sold . b c Net income or (loss) from sales of inventory . ▶  Miscellaneous Revenue Business Code  11a b c d All other revenue . 277.78 e Total. Add lines 11a–11d . ▶ 277.78  12 Total revenue. See instructions. ▶ 678,788.13		d	Net gain or (loss) .		•	<u> </u>	4 3 84-3 85 85						
C Net income or (loss) from fundraising events . ▶ 17,413.51  9a Gross income from gaming activities See Part IV, line 19  b Less: direct expenses . b c Net income or (loss) from gaming activities . ▶  10a Gross sales of inventory, less returns and allowances . a b Less: cost of goods sold . b c Net income or (loss) from sales of inventory . ▶  Miscellaneous Revenue Business Code  11a b c d All other revenue . 277.78 e Total. Add lines 11a–11d . ▶ 277.78  12 Total revenue. See instructions. ▶ 678,788.13	e e	8a	Gross income from fu	ındraising				a i i i i					
C Net income or (loss) from fundraising events . ▶ 17,413.51  9a Gross income from gaming activities See Part IV, line 19  b Less: direct expenses . b c Net income or (loss) from gaming activities . ▶  10a Gross sales of inventory, less returns and allowances . a b Less: cost of goods sold . b c Net income or (loss) from sales of inventory . ▶  Miscellaneous Revenue Business Code  11a b c d All other revenue . 277.78 e Total. Add lines 11a–11d . ▶ 277.78  12 Total revenue. See instructions. ▶ 678,788.13	en	oa		indiaising				^ · · · · · · · · · · · · · · · · · · ·					
C Net income or (loss) from fundraising events . ▶ 17,413.51  9a Gross income from gaming activities See Part IV, line 19  b Less: direct expenses . b c Net income or (loss) from gaming activities . ▶  10a Gross sales of inventory, less returns and allowances . a b Less: cost of goods sold . b c Net income or (loss) from sales of inventory . ▶  Miscellaneous Revenue Business Code  11a b c d All other revenue . 277.78 e Total. Add lines 11a–11d . ▶ 277.78  12 Total revenue. See instructions. ▶ 678,788.13	Şe.		_	ed on line 1c	- ).								
C Net income or (loss) from fundraising events . ▶ 17,413.51  9a Gross income from gaming activities See Part IV, line 19  b Less: direct expenses . b c Net income or (loss) from gaming activities . ▶  10a Gross sales of inventory, less returns and allowances . a b Less: cost of goods sold . b c Net income or (loss) from sales of inventory . ▶  Miscellaneous Revenue Business Code  11a b c d All other revenue . 277.78 e Total. Add lines 11a–11d . ▶ 277.78  12 Total revenue. See instructions. ▶ 678,788.13	er					18.966.50	- 1						
C Net income or (loss) from fundraising events . ▶ 17,413.51  9a Gross income from gaming activities See Part IV, line 19  b Less: direct expenses . b c Net income or (loss) from gaming activities . ▶  10a Gross sales of inventory, less returns and allowances . a b Less: cost of goods sold . b c Net income or (loss) from sales of inventory . ▶  Miscellaneous Revenue Business Code  11a b c d All other revenue . 277.78 e Total. Add lines 11a–11d . ▶ 277.78  12 Total revenue. See instructions. ▶ 678,788.13	됐	b	Less: direct expenses	3	b								
See Part IV, line 19	•					events . ►	17,413.51		200000 20000 20000	AMPLIAN COMMUNICATION STREET, AND ADDRESS OF THE PARTY OF			
b Less: direct expenses b		9a		amıng actıvıtı	es								
c Net income or (loss) from gaming activities ▶  10a Gross sales of inventory, less returns and allowances		_					, , , , , , , , , , , , , , , , , , ,						
10a Gross sales of inventory, less returns and allowances a  b Less: cost of goods sold b  c Net income or (loss) from sales of inventory . ▶  Miscellaneous Revenue Business Code  11a  b C  d All other revenue										'a: 🕍			
returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory   Miscellaneous Revenue Business Code  11a b C C C C C C C C C C C C C C C C C C C		_		-		vities	* \$5 - 7.	. 4.81.78	5,, *, %, %, /	* * * * * * * * * * * * * * * * * * * *			
b Less: cost of goods sold b c Net income or (loss) from sales of inventory   Miscellaneous Revenue Business Code  11a b c d All other revenue		IUa											
C Net Income or (loss) from sales of Inventory .   Miscellaneous Revenue Business Code  11a  b  C  d All other revenue		h			_								
Miscellaneous Revenue       Business Code         11a       b         c       c         d All other revenue       277.78         e Total. Add lines 11a–11d       >       277.78         12 Total revenue. See instructions       >       678,788.13						entory		المشكد عسمه بكالم	Marie Marie Marie				
11a       b       c         c       d All other revenue       277.78         e       Total. Add lines 11a–11d       ▶       277.78         12       Total revenue. See instructions       ▶       678,788.13									2 385.35.5.0				
c       d All other revenue       277.78         e Total. Add lines 11a–11d       ≥ 277.78         12 Total revenue. See instructions       678,788.13		11a	. =					Phillipson and Same Same Something	1 . d	Same of the Same o			
d All other revenue       277.78         e Total. Add lines 11a–11d       ≥ 277.78         12 Total revenue. See instructions       678,788.13		b											
e Total. Add lines 11a–11d ▶ 277.78  12 Total revenue. See instructions ▶ 678,788.13		С			<b>.</b>								
12 Total revenue. See instructions		d				L		2 3 3	W.A. C.	6 33			
F (IIIII /004 F)		12_	rotai revenue. See ir	istructions.	<u> </u>		678,788.13	<u> </u>	l	Form <b>990</b> (2015)			

Dart IV	Stataman	t of Eurotic	onal Expenses
rartia	Statemen	t of Function	Juai 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 domestic organizations and domestic governments. See Part IV, line 21 .		•	. , /					
2	Grants and other assistance to domestic			,					
-	individuals See Part IV, line 22	29,700.00	29,700.00		ļ				
3	Grants and other assistance to foreign	23,700.00	23,700.00						
•	organizations, foreign governments, and foreign				,				
	individuals. See Part IV, lines 15 and 16				*				
4	Benefits paid to or for members			÷,					
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):								
a	Management								
b	Legal				· · · · -				
c d	Accounting								
e	Professional fundraising services. See Part IV, line 17			i de la company					
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	1,296.30		1,296.30					
14	Information technology								
15	Royalties								
16 17	Occupancy								
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19	Conferences, conventions, and meetings .	617,547.31	617,547.31						
20	Interest	017,047.31	017,347.31						
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			* * * * * * * * * * * * * * * * * * *					
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	, , , , , , , , , , , , , , , , , , , ,		3 ,*					
а	Chata Offices	2,800.00	2,800.00	<u> </u>	*				
a b	Other	744.50							
c									
d									
е	All other expenses  Total functional expenses. Add lines 1 through 24e								
25		652,088.11	650,791.81	1,296.30					
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 following SOP 98-2 (ASC 958-720)								

Р	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Par	t X		
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	5,908.07	1	32,605.73
	2	Savings and temporary cash investments	29,647.80	2	9,650.16
	3	Pledges and grants receivable, net		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	**************************************
	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 sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	38
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	100,000.00	11	120,000.00
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	0.00	15	0.00
	16	Total assets. Add lines 1 through 15 (must equal line 34)	135,555.87	16	162,255.89
	17	Accounts payable and accrued expenses		17	
	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	
es	22	Loans and other payables to current and former officers, directors,	* * * * * * * * * * * * * * * * * * *		
Ħ		trustees, key employees, highest compensated employees, and	* ************************************		
Liabilities		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		25	
	26	Total liabilities. Add lines 17 through 25		26	
ces		complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets		27	
Ва	28	Temporarily restricted net assets	·	28	
p	29	Permanently restricted net assets		29	
Vet Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			<u> </u>
ţ	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ţ	32	Retained earnings, endowment, accumulated income, or other funds.		32	
ē	33	Total net assets or fund balances	135,555.87	33	162,255.8

Total liabilities and net assets/fund balances

Pag	_	1	2
ray	C		

	· _ · _ · _ · _ · _ · · · · · · · · · ·			. ~;	go
Part					
	Check if Schedule O contains a response or note to any line in this Part XI	<u>.</u>	<u>.</u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		678,7	
2	Total expenses (must equal Part IX, column (A), line 25)	2		652,0	88.11
3	Revenue less expenses. Subtract line 2 from line 1	3	_	26,7	00.02
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		135,5	55.87
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7	_		
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		162,2	<u>55.89</u>
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		- 2		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in			
	Schedule O.		7.5		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	· / :	<u>√</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled or			
	reviewed on a separate basis, consolidated basis, or both:				4
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Managar.	<b>√</b> 342. · .
	If "Yes," check a box below to indicate whether the financial statements for the year were auditional separate basis, consolidated basis, or both:	eu on a		2.3	
	·				
C	Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	vorciabí	. Little aid	nt	#
C	of the audit, review, or compilation of its financial statements and selection of an independent account			1	
	If the organization changed either its oversight process or selection process during the tax year, ex		2c	Section 1	3 3 2 1
	Schedule O.	Piani III		1	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in	<del>                                    </del>	recis.	
Ja	the Single Audit Act and OMB Circular A-133?		'   3a	İ	1
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	erao the			
J	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3ь		
	,,,,,,,, .			<u> </u>	(2015)
			1 0111	. 500	(2013)

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

Department of the Treasury Internal Revenue Service

Name of the organization

**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.

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

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number

		FFA Alumni Association						51-02	
Par		Reason for Public Char							ons.
The c 1 2 3 4	□ A □ A □ A	zation is not a private foundath church, convention of church school described in section hospital or a cooperative hospital research organizationspital's name, city, and state	hes, or association 170(b)(1)(A)(ii). (spital service orgonomorated in co	on of churches o (Attach Scheduk ganization descri	lescri e E (Fo bed in	bed in <b>se</b> orm 990 o n <b>section</b>	ction 17 or 990-E2 170(b)(1	O(b)(1)(A)(i). <sup>Z</sup> ).) )(A)(iii).	(iii). Enter the
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)								
6 7	□ A	federal, state, or local govern n organization that normally escribed in section 170(b)(1)	receives a subs	tantial part of its					n the general public
8	□ A	community trust described in	n section 170(b)	(1)(A)(vi). (Comp	olete F	Part II.)			
9	re su ao	n organization that normally eceipts from activities related upport from gross investme cquired by the organization a	d to its exempt int income and fter June 30, 197	functions—subje unrelated busin 75. See <b>section</b>	ect to less t <b>509(a</b>	certain axable in )(2). (Con	exception ncome (la nplete Pa	ns, and (2) no more ess section 511 ta art III.)	than 331/3% of its
10 11	□ Ai	n organization organized and n organization organized and ne or more publicly supported ne box in lines 11a through 110	operated exclusi I organizations d	vely for the bene escribed in <b>sect</b>	fit of, i <b>on 5</b> 0	to perfori 9(a)(1) o	m the fun r <b>section</b>	ctions of, or to carry <b>509(a)(2).</b> See <b>sect</b>	i <b>on 509(a)(3).</b> Check
а		Type I. A supporting organize the supported organization(s organization. You must com-	) the power to re	gularly appoint	or ele				
b		Type II. A supporting organization(s). You must co	e supporting org	janization vested	ın th				
С		Type III functionally integral its supported organization(s)							y integrated with,
d		Type III non-functionally in that is not functionally integring requirement (see instructions	ated. The organi	zation generally	must	satisfy a	distrıbuti	on requirement and	
е		Check this box if the organiz functionally integrated, or Ty							II, Type III
f g	_	er the number of supported ovide the following information			 on(s).				[]
	(i) Na	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))		(iv) is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
(A)								1	
(B)									
(C)									
(D)									
(E)									
		<del></del>		<u>.</u>		,	,		

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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	<b>(e)</b> 2015	(f) Total
1	Gifts, grants, contributions, and					•	
	membership fees received. (Do not			İ			
	include any "unusual grants.")						
2	Tax revenues levied for the						- <del> </del>
	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			-37 1	301 de 30		
•	each person (other than a					•	
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount	1 ,	2 4, - 7	,	`		
	shown on line 11, column (f)					* 42 ×	
6	Public support. Subtract line 5 from line 4	, , , , ,		J-12 . 4 . 2	3 60 10	€	
Secti	on B. Total Support	•	• · · · · · · · · · · · · · · · · · · ·	• · · · · · · · · · · · · · · · · · · ·	***************************************		·
Calen	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,					_	
	payments received on securities loans,	1					
	rents, royalties and income from similar						
	sources						
9	Net income from unrelated business						
	activities, whether or not the business		ŀ				
	is regularly carried on						1
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10			MAN SARK	* 3 · .		
12	Gross receipts from related activities, etc.	. (see instructi	<del></del>			12	
13	First five years. If the Form 990 is for the					ear as a section	n 501(c)(3)
	organization, check this box and stop he						
Secti	on C. Computation of Public Suppo						
14	Public support percentage for 2015 (line			11, column (f))		14	9,
15	Public support percentage from 2014 Sc					15	0
16a	331/3% support test - 2015. If the organ	ization did not	check the box	on line 13, an	d line 14 is 33 <sup>1</sup>	/3% or more, o	heck this
	box and stop here. The organization qua	alıfies as a pub	licly supported	lorganization			🕨
b	331/3% support test-2014. If the orga						
	check this box and stop here. The organ	nization qualifie	s as a publicly	supported org	ganization .		🕨
17a	10%-facts-and-circumstances test – 2	<b>015.</b> If the ora:	anization did n	ot check a box	on line 13. 16	a, or 16b. and	line 14 is
	10% or more, and if the organization me						
	Part VI how the organization meets the "						
	organization			-	•	• •	
h	10%-facts-and-circumstances test—2						
b	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization n						
	supported organization				_		
18	Private foundation. If the organization d						
10	instructions						
							– _

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.) If the organization fails to qualify under the tests listed below, please complete Part II.)

	il the organization rails to quality	under the tes	is listed beit	w, piease co	implete rait i	1.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received (Do not include any "unusual grants ")	307,794.00	304,872.00	315,404.00	311,672.00	343,020.00	1,47 <u>1,79</u> 7.69
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	159,955.15	164,510.38	204,439.69	193,327.85	317,882.90	1,151,080.28
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	467,749.15	469,382.38	519,843.69	504,999.85	660,902.90	2,622,877.97
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	<b>Public support.</b> (Subtract line 7c from line 6.)			* * *	<b>}</b>		2,622,877.97
Section	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	467,749.15	469,382.38	519,843.69	504,999.85	660,902.90	2,622,877.97
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	1,655.76	262.46	217.52	161.20	193.94	2 400 99
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	1,055.76	202.40	217.32	161.20	193.94	2,490.88
С	Add lines 10a and 10b	1,655 76	262.46	217.52	161.20	193.94	2,490.88
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 VI.)	12,714.51	12,478.51	11,404.13	17,246.91	17.691.29	71,535.35
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	482,119.42	482,123.35				
14	First five years. If the Form 990 is for the organization, check this box and stop he	ne organization	's first, secon	d, third, fourth	, or fifth tax ye		n 501(c)(3)
Section	on C. Computation of Public Suppo						<del>_</del>
15	Public support percentage for 2015 (line			3, column (f))		15	97 %
16	Public support percentage from 2014 Sc		-			16	97 %
	on D. Computation of Investment In			<u> </u>	<u> </u>		<u> </u>
17	Investment income percentage for 2015			y line 13, colur	nn (f))	17	0 %
18	Investment income percentage from 201					18	0 %
19a	331/3% support tests—2015. If the organ					ore than 331/39	
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2014. If the organic	zation did not ch	neck a box on	line 14 or line 1	19a, and line 16	s is more than 3	33 <sup>1</sup> /3%, and
25	line 18 is not more than 33½%, check this <b>Private foundation.</b> If the organization d	-	_			•	
20	Filvate Ioungation, it the Organization of	iu noi on <del>c</del> et a l	JUA UII III IE 14,	, ioa, oi iou, l	A LOOK II II S DUX	will see iliblill	

#### **SCHEDULE 0** (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 2015

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. Open to Public Inspection

Name of the organization	Employer identification number
Oklahoma FFA Alumni Association	51-0225794
01 Governing body review (Part VI, Line 11)	<del></del>
AVAILABLE UPON REQUEST	
AVAILABLE UPON REQUEST	
02 Governing documents, etc., available to public (Part VI, Line 19)	
AVAILABLE UPON REQUEST	
AVAILABLE UPON REQUEST	
	······································
	<del></del>
<b></b>	
·····	