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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2015

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule O) Other changes in net assets or fund balances (explain in Schedule O)	A For the 2015 calend		2015 calenda	ar year, or tax year beginning August 1 , 2015, and ending		July 31	, 20 16			
Number and states for P O box, if read is not delivered to street address) Foormitude 409-743-5499			pplicable	C Name of organization	D Emp	D Employer identification numb				
Number and storet of P 0 box, if mail and not delivered to street address Room/suite E 1 eliephone number 1500 W 17 M Avenue		Address o	change	Oklahoma Vocational Ag Teacher's Association			73-1172026			
Final return/terminated Adoptive		Name cha	ange		E Tele					
Cay or town, state or province, country, and ZIP or foreign postal code F Group Exemption Appreciation Appreciation Appreciation Cay or town, state or province, country, and ZIP or foreign postal code F Group Exemption Appreciation Cay or town, state or province, country, and ZIP or foreign postal code F Group Exemption Appreciation Cay or town, state or province, country, and ZIP or foreign postal code F Group Exemption Appreciation Cay or town, state or province, country, and ZIP or foreign postal code F Group Exemption Appreciation Cay or town, state or province, country, and ZIP or foreign postal code F Group Exemption Number F Group Exemption Number F Group Exemption T Group Exemption	=		1	1500 W 7th Avenue		405-	743-5499			
Accidementering Stillwater, Okt 7014 Number	=				F Gro					
G Accounting Method	=			Stillwater, OK 74074	Nur	mber ▶				
Website: Variable	G /	Account	ting Method		Check	Check Diff the organization is not				
Tax-exempt status (check only one)			_				=			
K Form of organization Corporation Trust Add lines 5b, 6c, and 7b to line 9th odeterminer gross receptis; If gross recepts are \$200,000 or more, or if total assets (Pa1 II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990 EZ	JT	ax-exen	npt status (che	eck only one) — ☐ 501(c)(3) ☑ 501(c) (6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527						
Part H Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 23,707.75										
Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received. 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5 Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses. c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) c Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000). b Gross income from gaming (attach Schedule G if greater than \$15,000). c Less direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 Total expenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 7 Total expenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 11 Grants and similar amounts paid (list in Schedule O) 7 Total expenue. Add lines 10 through 16 7 Total expenses. Add lines 10 through 16 7 Total expenses	L A	dd line:	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to	tal assets					
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Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the expensation engage in any eignificant activity not provide all the IDCO IS (Ver.), around a		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		√
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		7
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			·
b	Did the organization file Form 1120-POL for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		\
	If "Yes," complete Schedule L, Part II and enter the total amount involved			!
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			, t
a b	Initiation fees and capital contributions included on line 9	1		ļ,
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4955 ▶	,	, t	1
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			,
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	,		-
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			1
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		!
41	List the states with which a copy of this return is filed ▶			<u></u> _
42 a	The organization's books are in care of ▶ Telephone no. ▶			
	Located at ► ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over		,	
D	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	42b	Yes	No ✓
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			1
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		√
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. I _	▶ □
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		-
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		- -
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45h		- <u>/</u>

Form 99	0-EŽ (20	015)						F	Page 4
46	Did th	ne organization engage, directly or in ndidates for public office? If "Yes," c	directly, in political complete Schedule C.	ampaign activities o	n behalf of o	or in opposi	tion 24	Yes	No
Part	VI	Section 501(c)(3) organizations All section 501(c)(3) organizations 50 and 51.	only s must answer que	stions 47–49b and	l 52, and co	omplete th		for line	es
		Check if the organization used Sch	edule O to respond	to any question in	this Part VI			· ·	
47		Old 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						Yes	No
48	•	organization a school as described in					47	 	├
40 49а		•	, ,, ,,				. 48	 	
b		d the organization make any transfers to an exempt non-charitable related organization?							
50		'Yes," was the related organization a section 527 organization?							
		oyees) who each received more than							
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	contributions benefit plans	h benefits, s to employee , and deferred ensation		stimated amoun er compensation	
								_	
				Į			<u>.</u>		
51	Comp	number of other employees paid ove plete this table for the organization! 000 of compensation from the orga	s five highest compe	ensated independen	t contractor	s who each	received	more	than
	(a) Name and business address of each independent contractor			(b) Type of se	(c)	(c) Compensation			
								•	
							•••	-	
d	Total	number of other independent contra	ctors each receiving	over \$100,000 .	. ▶		· · · · -		
52	Did t	he organization complete Schedu	=				n a .▶∐ Yes	. 🗆	No
Under p	enalties	of perjury, I declare that I have examined this rid complete. Declaration of preparer (other than	eturn, including accompan	ying schedules and staten	nents, and to th	e best of my kr			
		Velle 8 mile		· · · · · · · · · · · · · · · · · · ·	 -	· · · · · · · · · · · · · · · · · · ·			
Sign Here									
		Type or print name and title							
Paid		Print/Type preparer's name	Preparer's signature	[Date	Check Self-emplo			
Prep		Firm's name			Fir	m's EIN ▶			
Use		Firm's address ▶				one no	_		
May th	ne IRS	discuss this return with the preparer	shown above? See	instructions			► □ Vas	. 🗆	No

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

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

73-1172026 Oklahoma Vocational Ag Teacher's Association Line 8- Other Revenue: Retirement Funds Line 10- Grants and Similar Amounts paid: Contributions, death/retirement benefit, dues, memberships Line 16- Other expenses: Conferences, supplies, bank charges, lobbyist expense