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# Form **990**

Return of Organization Exempt From Income Tax

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.

2016
Open to Public Inspection

Department of the Treasury ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. Internal Revenue Service A For the 2016 calendar year, or tax year beginning and ending B Check if C Name of organization D Employer identification number Address Ichange CHILLICOTHE FFA ALUMNI ASSOCIATION Name change 43-1609199 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number C/O RON WOLF, 1200 FAIR STREET (660) 646-3414termi 100,224. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended CHILLICOTHE, MO 64601 H(a) Is this a group return Applica-F Name and address of principal officer: RON WOLF for subordinates? Yes X No 1200 FAIR STREET, CHILLICOTHE, MO Yes No H(b) Are all subordinates included? I Tax-exempt status X 501(c)(3) L 」501(c) ( ) ◀ (insert no.) 4947(a)(1) or If "No," attach a list (see instructions) J Website: ► N/A H(c) Group exemption number ► 0776 Corporation Trust X Association K Form of organization: Year of formation: 1992 M State of legal domicile: MO Part I Summary Briefly describe the organization's mission or most significant activities EDUCATION IN AGRICULTURAL SCANNED | JUIN 0 & 2017 SCIENCES Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 9 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 50 6 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 0. 7b Prior Year **Current Year** 8 Contributions and grants (Part VIII, line 1h) 119,808. 71,325. 30,821. 25,833. Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 34. 66. 2,300. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,000. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 152,963. 100,224. 25,000. 15,500. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 132,251. 17 Other expenses (Part-IX, column (A), lines 11a-11d, 11f-24e) 152,628. 177,628. 147,751. 18 Total expenses.-Add lines 13-17 (must equal Part IX, column (A), line 25) ~47,527. 19 Revenue less expenses Subtract line 18 from line 12 -24,665. Beginning of Current Year End of Year 909,065. 20 Total assets (Part X, line 16) 986,136. 29,544. 21 Total liabilities (Part X, line 26) MAY 15 2017 956,592. 909,065. Net assets or fund balances Subtract line 21 from line 20 | Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. ) Col Signature of officer Date Sign RON WOLF TREASURER Here Type or print name and title Date Check Print/Type preparer's name Preparer's signature Paid setf-employed Preparer Firm's name Firm's EIN Use Only Firm's address Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

921

B

Yes

Form **990** (2016)

| Form      | 990 (2016) <b>CHILLICOTHE</b>  | FFA ALUMNI ASSOCIATION                                 | 43-1609199 Page <b>2</b>                 |
|-----------|--|--|--|
| Pai       | t III Statement of Program Service Ac  | complishments  |  |
|           | Check if Schedule O contains a response or   | note to any line in this Part III                      |  |
| 1         | Briefly describe the organization's mission:   |  |  |
|           | PROVIDE STUDENTS OF CHILL  | ICOTHE R-II SCHOOLS HANDS-                             | ON LEARNING                              |
|           | <b>EXPERIENCES IN AGRICULTUR</b>   |  |  |
|           |  |  |  |
|           |  |  |  |
| 2         | Did the organization undertake any significant pro-  | gram services during the year which were not listed of | on the                                   |
| 2         |  | grant services during the year which were not listed t | Yes X No                                 |
|           | prior Form 990 or 990-EZ?  | 2  | L Yes LA NO                              |
|           | If "Yes," describe these new services on Schedule  |  |  |
| 3         |  | gnificant changes in how it conducts, any program s    | services? Yes X No                       |
|           | If "Yes," describe these changes on Schedule O.  |  |  |
| 4         | Describe the organization's program service accor  | nplishments for each of its three largest program ser  | vices, as measured by expenses           |
|           | Section 501(c)(3) and 501(c)(4) organizations are re-  | equired to report the amount of grants and allocation  | ns to others, the total expenses, and    |
|           | revenue, if any, for each program service reported   |  |  |
| 4a        | (Code ) (Expenses \$ 147,7   | 51. including grants of \$ 15,500.                     | ) (Revenue \$ 28,899.)                   |
|           | PROVIDE STUDENTS OF CHILL  | ICOTHE R-II SCHOOLS HANDS-                             | ON LEARNING                              |
|           | EXPERIENCES IN AGRICULTUR  |  |  |
|           | EXIENTED IN AGRICODION   | AD BCIDICED.   |  |
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| 4b        | (Codo ) (European &  | including grants of \$                                 | ) (Bayesya \$                            |
| 70        | (Code) (Expenses \$  | including grants of \$                                 |  |
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| 4-        | 10   |  | ) (- · · · · · · · · · · · · · · · · · · |
| 4c        | (Code) (Expenses \$  | including grants of \$                                 | ) (Hevenue \$)                           |
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|           | Other manner of the Control of the C |  |  |
| 4d        | Other program services (Describe in Schedule O)  |  |  |
|           | (Expenses \$ including gr  |  | )  |
| <u>4e</u> | Total program service expenses   | 147,751.   |  |
|           |  |  | Form <b>990</b> (2016)                   |

|     |  |           | Yes      | No            |
|-----|--|-----------|----------|---------------|
| 4   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?                              |           | 162      | NO            |
| 1   | If "Yes," complete Schedule A  | 1         | X        |               |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?   | 2         | X        |               |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for  |           |          |               |
| 3   | public office? If "Yes," complete Schedule C, Part I   | 3         |          | х             |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | -         |          |               |
| •   | during the tax year? If "Yes," complete Schedule C, Part II  | 4         |          | x             |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or     |           |          |               |
| •   | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III                                   | 5         |          | х             |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to        |           |          | - <u></u>     |
| Ŭ   | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I     | 6         |          | х             |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,                        |           |          | <del></del>   |
| •   | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                             | 7         | 1        | X             |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete     |           |          | <u> </u>      |
| Ŭ   | Schedule D, Part III   | 8         |          | x             |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for    |           | l        | _ <del></del> |
| •   | 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         |          | х             |
| 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        |          | X             |
| 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  | ĺ         |          |               |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D,      |           | *^~      | 1             |
| _   | Part VI  | 11a       | Х        |               |
| 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       |          | X             |
| 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       | <u> </u> | X             |
| 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       |          | X             |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X            | 11e       |          | X             |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses          |           |          |               |
|     | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X           | 11f       |          | X             |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete              |           | }        |               |
|     | Schedule D, Parts XI and XII   | 12a       |          | X             |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?                        |           | }        | }             |
|     | If-"Yes," and If the organization answered "No" to line 12a,-then completing. Schedule D, Parts XI and XII is optional           | 12b       |          | X_            |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                | 13        | ļ        | X             |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?                                      | 14a       |          | X             |
| b   |  |           |          | ĺ             |
|     | 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       |          | X             |
| 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        |          | X             |
| 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        |          | X             |
| 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   | 17        |          | X             |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines     |           | 1        |               |
|     | 1c and 8a? If "Yes," complete Schedule G, Part II  | 18        | <u> </u> | X             |
| 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  | <u>19</u> | 000      | X             |
|     |  | Form      | 990      | (2016)        |

|      |   |       | Yes          | No               |
|------|---|-------|--------------|------------------|
| 20a  | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                     | 20a   |              | X                |
| b    | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                    | 20b   |              |                  |
| 21   | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or                     |       |              |                  |
|      | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                               | 21    |              | X                |
| 22   | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on                   |       |              |                  |
| _    | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22    | Х            |                  |
| 23   | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current      |       |              |                  |
| 20   | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete                  |       |              | 1                |
|      | Schedule J  | 23    |              | Х                |
| 24a  | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the         |       |              | _ <u>==</u>      |
|      | 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   |              | x                |
| ь    | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                               | 24b   |              |                  |
| c    | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease            |       |              |                  |
| ·    | any tax-exempt bonds?   | 24c   |              |                  |
| d    |   | 24d   |              |                  |
| _    | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit                    |       |              |                  |
| 2.00 | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I                                   | 25a   |              | х                |
| 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   |              | х                |
| 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 "Yes,"          |       |              | 1                |
|      | complete Schedule L, Part II  | 26    |              | Х                |
| 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    |              | X                |
| 28   | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV               | ~ T   | * ?          | 3.* 4.<br>3. 48. |
|      | instructions for applicable filing thresholds, conditions, and exceptions):   |       |              | 1 3              |
| а    | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV                         | 28a   |              | X                |
| b    | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV      | 28b   |              | X                |
| С    | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, |       |              | ĺ                |
|      | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  | 28c   |              | X                |
| 29   | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M                        | 29    |              | X                |
| 30   | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation     |       |              |                  |
|      | contributions? If "Yes," complete Schedule M  | 30    |              | X                |
| 31   | Did the organization liquidate, terminate, or-dissolve and cease operations?  |       |              |                  |
|      | If "Yes," complete Schedule N, Part I   | 31    |              | X                |
| 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    |              | X                |
| 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? If "Yes," complete Schedule R, Part I   | 33    | ļ            | X                |
| 34   | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and       |       | ĺ            |                  |
|      | Part V, line 1  | 34    | <b> </b>     | X                |
| 35a  |   | 35a   |              | X_               |
| 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   | 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_   | <del> </del> | <u>X</u> _       |
| 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    |              | X                |
| 38   | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?                  |       | 7.7          |                  |
|      | Note. All Form 990 filers are required to complete Schedule O   | 38    | X            | 10015            |
|      |   | r-orm | リンとし         | (2016)           |

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Form 990 (2016)

14a

X

c Enter the amount of reserves on hand

organization is licensed to issue qualified health plans

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

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

13b

CHILLICOTHE FFA ALUMNI ASSOCIATION 43-1609199 Form 990 (2016) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 9 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 if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 9 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 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 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 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? X 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? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 X The governing body? 8a X **b** Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? X 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 X b Describe in Schedule O the process, if any, used by the organization to review this Form 990 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 c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12¢ Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 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 15a Other officers or key employees of the organization 15b 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 Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website X Upon request Own website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 19

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64601

State the name, address, and telephone number of the person who possesses the organization's books and records

MO

statements available to the public during the tax year

1200 FAIR STREET, CHILLICOTHE,

RON WOLF - (660) 646-3414

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

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

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

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

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

| (A)                    | or any related organization compensated (B) (C)  |                                |                       |          |  |  |          | (D)             | (E)             | (F)              |  |
|------------------------|--|--------------------------------|-----------------------|----------|--|--|----------|-----------------|-----------------|------------------|--|
| Name and Title         | Average  |                                |                       | Pos      | itior  |  |          | Reportable      | Reportable      | (F)<br>Estimated |  |
| Name and The           | hours per  |                                | not c                 | heck     | more   | than   |          | compensation    | compensation    | amount of        |  |
|                        | week   |                                | cer an                |          |  |  |          | from            | from related    | other            |  |
|                        | (list any  | 흟                              |                       |          |  |  |          | the             | organizations   | compensation     |  |
|                        | hours for  | i i                            | ۰                     |          |  | ted  |          | organization    | (W-2/1099-MISC) | from the         |  |
|                        | related  | stee (                         | ruste                 |          |  | bensa  |          | (W-2/1099-MISC) |                 | organization     |  |
|                        | organizations                                    | nal tru                        | onal 1                |          | ploye  | E COM  |          |                 |                 | and related      |  |
|                        | below<br>line)                                   | Individual trustee or director | institutional trustee | Officer  | Key employee                                     | Highest compensated employee                     | Former   |                 |                 | organizations    |  |
| /1) P. r. DDDD         | 0.50   | ┝ <u>┺</u>                     | 트                     | 0        | ×  | I E  | Œ        |                 |                 |                  |  |
| (1) E.L. REED          | 0.30   | 1                              |                       |          |  |  |          | 0.              | 0.              | 0.               |  |
| PRESIDENT (2) RON WOLF | 0.50   | <b></b>                        | ļ                     |          | <del> </del>                                     | <del>                                     </del> |          |                 |                 |                  |  |
| TREASURER              | 0.50   | 1                              | ŀ                     |          |  |  |          | 0.              | 0.              | 0.               |  |
| (3) GAYLEN POTTER      | 0.50   | $\vdash$                       |                       |          | <del> </del>                                     | <del> </del>                                     |          |                 |                 |                  |  |
| DIRECTOR               |  | 1                              |                       |          |  |  |          | 0.              | 0.              | 0.               |  |
| (4) DAVID WALKER       | 0.50   | <del> </del>                   |                       |          | <del> </del>                                     | T  |          |                 | <u> </u>        |                  |  |
| DIRECTOR               |  | 1                              |                       |          |  |  |          | 0.              | 0.              | 0.               |  |
| (5) STEVE RADCLIFF     | 0.50   |                                |                       |          |  |  |          |                 |                 |                  |  |
| DIRECTOR               |  | 1                              |                       |          |  | ļ  |          | 0.              | 0.              | 0.               |  |
| (6) SUSAN DAVIS        | 0.50   |                                |                       |          |  |  |          |                 |                 |                  |  |
| DIRECTOR               |  | L                              |                       |          |  | <u> </u>   |          | 0.              | 0.              | 0,               |  |
| (7) DAVID WILLIAMS     | 0.50   |                                |                       |          |  |  |          |                 |                 |                  |  |
| DIRECTOR               |  |                                | ļ                     | <u> </u> | <u> </u>   | <u> </u>   |          | 0.              | 0.              | 0.               |  |
| (8) RUSTY BLACK        | 0.50   |                                |                       |          |  |  |          | _               | _               | _                |  |
| DIRECTOR               |  | ļ                              |                       | ļ        | ļ  | ļ  |          | 0.              | 0.              | 0.               |  |
| (9) ADAM WOLF          | 0.50   |                                |                       |          |  |  |          |                 |                 |                  |  |
| DIRECTOR               |  |                                | 1                     |          |  | ļ  |          | 0.              | 0.              | 0.               |  |
|                        |  | ļ                              |                       |          |  |  |          |                 |                 |                  |  |
|                        |  |                                |                       |          |  |  |          |                 |                 |                  |  |
|                        |  |                                |                       |          | Ì  |  |          |                 |                 |                  |  |
|                        |  |                                |                       | _        | -  |  |          |                 |                 |                  |  |
|                        |  | ł                              |                       |          |  |  |          |                 |                 |                  |  |
|                        | <del> </del>                                     |                                |                       | -        |  |  |          |                 |                 |                  |  |
|                        | <u> </u>   | 1                              |                       |          |  |  |          |                 |                 |                  |  |
|                        | <del> </del>                                     | $\vdash$                       | <del> </del> -        | -        | ┼─   | $\vdash$   |          |                 |                 |                  |  |
|                        |  | 1                              |                       |          |  |  |          |                 |                 |                  |  |
|                        |  | +                              | <del> </del>          | ╁        | -  | -  |          | <b>4</b>        |                 |                  |  |
|                        | <del>                                     </del> | 1                              |                       |          |  |  |          |                 |                 |                  |  |
|                        |  | 1-                             | $\vdash$              |          | <del>                                     </del> | 1  |          |                 | -               |                  |  |
|                        |  | 1                              |                       |          |  |  |          |                 |                 |                  |  |
|                        |  |                                |                       |          | I  | 1-   | <u> </u> |                 |                 |                  |  |
|                        | -  | ٦ .                            | 1                     | 1        | 1  | 1  | 1        | 1               | I               | 1                |  |

Form **990** (2016)

| . (A)  Name and title   | (B) Average hours per week   | (do             | not cl                | (C<br>Posi<br>heck i<br>ss per | tion<br>more<br>rson |                              | one<br>n an | ( <b>D</b> ) Reportable compensation           | (E) Reportable compensation from related |              | (F)<br>stimate<br>mount<br>other                  | of                         |
|---|--|-----------------|-----------------------|--------------------------------|----------------------|------------------------------|-------------|--|--|--------------|---|----------------------------|
|   | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | tee or director | Institutional trustee | Officer                        | Key employee         | Highest compensated employee |             | from<br>the<br>organization<br>(W-2/1099-MISC) | organizations<br>(W-2/1099-MISC)         | or           | npensa<br>from th<br>ganiza<br>nd rela<br>ganizat | ation<br>ne<br>tion<br>ted |
|   |  |                 |                       |                                |                      |                              |             |  |  |              |   |                            |
|   |  |                 |                       |                                |                      |                              |             |  |  | -            |   |                            |
|   |  |                 |                       |                                |                      | <del> </del>                 |             |  |  | -            |   |                            |
|   |  |                 |                       |                                |                      | ļ                            |             |  |  | +            |   |                            |
|   | -  |                 |                       |                                |                      | <u> </u>                     |             |  |  | -            |   |                            |
|   |  |                 |                       |                                |                      |                              |             |  |  |              |   |                            |
|   |  |                 |                       |                                | !                    |                              |             |  |  |              |   |                            |
|   |  |                 |                       |                                |                      |                              |             |  |  |              |   |                            |
|   |  |                 |                       |                                |                      |                              |             |  |  | <del> </del> |   |                            |
|   |  |                 |                       |                                |                      |                              |             |  |  |              | -   |                            |
| 1b Sub-total  |  |                 | <u> </u>              |                                |                      |                              |             | 0.   | 0  | -            | -   | 0.                         |
| c Total from continuation sheets to Part  | VII, Section A   |                 |                       |                                |                      |                              |             | 0.   | 0  | •            |   | 0.                         |
| d Total (add lines 1b and 1c)  2 Total number of individuals (including but                                     | not limited to th  | nose            | liste                 | ed al                          | bove                 | e) wł                        | no re       | 0.<br>eceived more than \$100                  | 0,000 of reportable                      | <u>•1</u>    |   | 0.                         |
| compensation from the organization  | <del></del>  |                 |                       |                                |                      |                              |             |  |  |              | Yes   | 0<br>No                    |
| 3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for                        |  |                 | e, ke                 | ey er                          | nplo                 | oyee                         | , or        | highest compensated e                          | mployee on                               | 3            |   | x                          |
| 4 For any individual listed on line 1a, is the  | sum of reportab  | le co           | -                     |                                |                      |                              |             |  | the organization                         | ,            |   |                            |
| <ul><li>and related organizations greater than \$1</li><li>Did any person listed on line 1a receive o</li></ul> |  |                 |                       |                                |                      |                              |             |  | idual for services                       | 4            |   | X                          |
| rendered to the organization? If "Yes," co<br>Section B. Independent Contractors                                | mplete Schedu  | le J f          | or s                  | uch                            | pers                 | son                          |             |  |  | 5            | 1   | X                          |
| Complete this table for your five highest of  |  |                 |                       |                                |                      |                              |             |  |  | nsation      | from  |                            |
| the organization. Report compensation for (A)   |  |                 |                       |                                | vitn                 | or w                         | TEMI        | (B)  |  |              | (C)   |                            |
| Name and busines  | ss address   | NO              | INC                   | €                              |                      | .,                           |             | Description of                                 | services                                 | Comp         | ensati  | on<br>                     |
|   |  |                 |                       |                                |                      |                              |             |  |  | ·            |   |                            |
|   |  |                 |                       |                                |                      |                              |             |  |  |              |   |                            |
|   |  |                 |                       |                                |                      |                              |             |  |  | ·            |   |                            |
|   |  |                 |                       |                                |                      |                              |             |  |  |              |   |                            |
|   |  |                 |                       |                                |                      |                              |             |  |  |              | •   |                            |
| Total number of independent contractors   |  | not li          | mıte                  | d to                           | tho                  | se li                        | stec        | d above) who received r                        | nore than                                |              | ,   |                            |
| \$100,000 of compensation from the orga   | nization >   |                 |                       |                                | -                    | <u>U</u>                     |             |  |  | Fort         | n <b>990</b>                                      | (2016)                     |

Part VIII Statement of Revenue

| Total revenue Related or pumpit function revenue Province Size State Control C |            |   | Check if Schedule O conta               | ains a response   | or note to any lin | e in this Part VIII |  | <del>.</del> |  |
|--|------------|---|---|-------------------|--------------------|---------------------|--|--------------|--|
| Business Code  2 a SALE OF LIVESTOCK, ETC  110000 25,833. 25,833.  25,833. 25,833.  27 total. Add lines 2a2!  3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross 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) c Net income or (loss) from fundraising events (not on contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events a and allowances b Less: cost of other gaining activities 10 a Gross sales of inventory, less returns and and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue  Business Code 110000 25,833. 25,833.  26,65.  26,66.  26,66.  26,66.  26,66.  26,66.  26,66.  26,66.  26,66.  26,66.  26,66.  26,66.  26,66.  2 | •          |   |   |                   |                    | ` '                 | exempt function                                  | business     | ( <b>D)</b> Revenue excluded from tax under sections 512 - 514 |
| Business Code 110000 25,833. 25,833.  2 a SALE OF LIVESTOCK, ETC 110000 25,833. 25,833.  2 fall other program service revenue f All other revenue f Total. Add lines 11a-11d   | इ इ 1      | а | Federated campaigns                     | 1a                |                    |                     |  |              |  |
| Business Code 110000 25,833. 25,833.  2 a SALE OF LIVESTOCK, ETC 110000 25,833. 25,833.  2 fall other program service revenue f All other revenue f Total. Add lines 11a-11d   | L an       |   | · ·                                     | 1b                |                    |                     |  |              |  |
| Business Code 110000 25,833. 25,833.  2 a SALE OF LIVESTOCK, ETC 110000 25,833. 25,833.  2 investment recome (including dividends, interest, and other similar amounts) 4 income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents 6 a Gross rents 6 b Less rental expenses 7 a Gross amount from sales of assets other than inventory 9 b Less: cost or other basis and sales expenses 9 a Gross amount from sales of of contributions reported on line 1c) See Part IV, line 18 9 a Gross income from gaming activities 10 a Gross sincome from gaming activities 10 a Gross sincome from gaming activities 10 a Gross sincome or (loss) from gaming activities 10 a Gross sincome or (loss) from gaming activities 10 a Gross sincome or (loss) from gaming activities 10 a Gross sincome | D E        |   | •                                       | 1c                |                    |                     |  |              |  |
| Business Code 110000 25,833. 25,833.  2 a SALE OF LIVESTOCK, ETC 110000 25,833. 25,833.  2 investment recome (including dividends, interest, and other similar amounts) 4 income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents 6 a Gross rents 6 b Less rental expenses 7 a Gross amount from sales of assets other than inventory 9 b Less: cost or other basis and sales expenses 9 a Gross amount from sales of of contributions reported on line 1c) See Part IV, line 18 9 a Gross income from gaming activities 10 a Gross sincome from gaming activities 10 a Gross sincome from gaming activities 10 a Gross sincome or (loss) from gaming activities 10 a Gross sincome or (loss) from gaming activities 10 a Gross sincome or (loss) from gaming activities 10 a Gross sincome | ar A       |   |   | 1d                |                    |                     |  |              |  |
| Business Code 110000 25,833. 25,833.  2 a SALE OF LIVESTOCK, ETC 110000 25,833. 25,833.  2 fall other program service revenue f All other revenue f Total. Add lines 11a-11d   | S E        |   | _                                       | ions) 1e          |                    |                     |  |              |  |
| Business Code 110000 25,833. 25,833.  2 a SALE OF LIVESTOCK, ETC 110000 25,833. 25,833.  2 fall other program service revenue f All other revenue f Total. Add lines 11a-11d   | 80         |   | <del>-</del>                            |                   |                    |                     |  |              |  |
| Business Code 110000 25,833. 25,833.  2 a SALE OF LIVESTOCK, ETC 110000 25,833. 25,833.  2 fall other program service revenue f All other revenue f Total. Add lines 11a-11d   | 돌          |   |   |                   | 71,325.            |                     |  |              |  |
| Business Code 110000 25,833. 25,833.  2 a SALE OF LIVESTOCK, ETC 110000 25,833. 25,833.  2 fall other program service revenue f All other revenue f Total. Add lines 11a-11d   | 들이         | а | Noncash contributions included in lines | 1a-1f \$          |                    |                     |  |              |  |
| Business Code 110000 25,833. 25,833.  2 a SALE OF LIVESTOCK, ETC 110000 25,833. 25,833.  2 fall other program service revenue f All other revenue f Total. Add lines 11a-11d   | a S        | _ |   |                   | <b>&gt;</b>        | 71,325.             |  |              |  |
| b c c c c c c c c c c c c c c c c c c c  |            |   |   |                   | Business Code      |                     | _  | -            |  |
| b c c c c c c c c c c c c c c c c c c c  | g 2        | а | SALE OF LIVESTO                         | CK, ETC           | 110000             | 25,833.             | 25,833.  |              |  |
| Total, Add lines 2a/2!    Total, Add lines 2a/2!   | اھ جَ      |   |   |                   |                    |                     |  |              |  |
| Total, Add lines 2a/2!  9 Total, Add lines 2a/2!  1 Investment income (including dividends, interest, and other similar amounts)  1 Income from investment of tax exempt bond proceeds  5 Royalties  (i) Real (ii) Personal  3 , 000.  5 Royalties  (ii) Real (iii) Personal  3 , 000.  5 Royalties  (iii) Real (iii) Personal  3 , 000.  5 Royalties  (iii) Real (iii) Personal  3 , 000.  3 , 000.  3 , 000.  3 , 000.  3 , 000.  3 , 000.  3 , 000.  3 , 000.  3 , 000.  3 , 000.  4 Ret rental income or (ices)  6 a Gross anount 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)  a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18  b Less direct expenses  c Net income or (loss) from gaming activities See Part IV, line 19  b Less: cost of goods sold  c Net income or (loss) from gaming activities  In a Gross sales of inventory, less returns and allowances  b Less: cost of goods sold  c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a b  c d All other revenue  e Total. Add lines 11a-11d  | တို့ ရှိ   | С |   |                   |                    |                     |  |              |  |
| Total, Add lines 2a/2!  9 Total, Add lines 2a/2!  1 Investment income (including dividends, interest, and other similar amounts)  1 Income from investment of tax exempt bond proceeds  5 Royalties  (i) Real (ii) Personal  3 , 000.  5 Royalties  (ii) Real (iii) Personal  3 , 000.  5 Royalties  (iii) Real (iii) Personal  3 , 000.  5 Royalties  (iii) Real (iii) Personal  3 , 000.  3 , 000.  3 , 000.  3 , 000.  3 , 000.  3 , 000.  3 , 000.  3 , 000.  3 , 000.  3 , 000.  4 Ret rental income or (ices)  6 a Gross anount 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)  a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18  b Less direct expenses  c Net income or (loss) from gaming activities See Part IV, line 19  b Less: cost of goods sold  c Net income or (loss) from gaming activities  In a Gross sales of inventory, less returns and allowances  b Less: cost of goods sold  c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a b  c d All other revenue  e Total. Add lines 11a-11d  | e A G      | d |   |                   |                    |                     |  |              |  |
| Total, Add lines 2a/2!    Total, Add lines 2a/2!   | <u>6</u>   | е |   |                   |                    |                     |  |              |  |
| 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalites  6 a Gross rents 6 a Gross rents 9 Less rental expenses 0 C Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses C Gain or (loss) 4 Net gain or (loss) 6 Net annotine than inventory b Less cost or other basis and sales expenses C Gain or (loss) 6 Net annotine from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue  Business Code  11 a b C All other revenue e Total. Add lines 11a-11d   | <u>ል</u>   | f | All other program service reve          | enue              |                    |                     |  |              |  |
| other similar amounts)  Income from investment of tax-exempt bond proceeds  Royalties  Gross rents  Less rental expenses  Creatil income or (loss)  7 a Gross amount from sales of assets other than inventory  b Less: cost or other basis and sales expenses  Creating income from fundraising events (not including \$  |            | g | Total. Add lines 2a-2f                  |                   |                    | 25,833.             |  |              |  |
| 4 Income from investment of tax exempt bond proceeds  Royalties  (i) Real (ii) Personal (ii) Real (iii) Personal (iii) Real (iii) Re | 3          |   | Investment income (including            | dividends, intere | est, and           |                     |  |              |  |
| For Applications of the Control of t | -          |   | other similar amounts)                  |                   | ▶                  | 66.                 | 66.  |              |  |
| (i) Real   (ii) Personal   3,000 .   | 4          |   | Income from investment of ta            | x-exempt bond p   | oroceeds 🕨         |                     |  |              |  |
| Securities   Sec   | 5          |   | Royalties                               |                   | <b>.</b>           |                     |  |              |  |
| b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross 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) c Cain or (loss) d Net gain or (loss) d Net gain or (loss) c Net income or (loss) from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 a b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue  Business Code  11 a b c d All other revenue e Total. Add lines 11a-11d  |            |   |   |                   |                    |                     |  | ٠            | **   |
| C Rental income or (loss) d Net rental income or (loss) 7 a Gross 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) 8 a Gross income from fundraising events (not including \$   | 6          | а | Gross rents                             |                   |                    | *                   |  |              |  |
| d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross alses of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b c d All other revenue e Total. Add lines 11a-11d  |            | b | Less rental expenses                    |                   |                    | *                   |  |              |  |
| 7 a Gross 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) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross also of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b C d All other revenue e Total. Add lines 11a-11d   |            | С | Rental income or (loss)                 | 3,000.            |                    |                     |  |              | ,  |
| To a Gross 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) 8 a Gross income from fundraising events (not including \$  |            | d | Net rental income or (loss)             |                   | <b></b>            | 3,000.              | 3,000.   |              |  |
| b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$  | 7          | а | Gross amount from sales of              | (i) Securities    | (ii) Other         |                     |  |              | * * *  |
| and sales expenses c Gain or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18  |            |   | assets other than inventory             |                   | ļ                  | *                   | ,  |              |  |
| C Gain or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less' direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a  b C d All other revenue e Total. Add lines 11a-11d  |            | b | Less: cost or other basis               |                   |                    |                     |  | *            |  |
| d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18  a b Less direct expenses b c Net income or (loss) from fundraising events  9 a Gross income from gaming activities See Part IV, line 19  b Less direct expenses b c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c c Net income or (loss) from sales of inventory  Miscellaneous Revenue Business Code  11 a d All other revenue e Total. Add lines 11a-11d   |            |   | and sales expenses                      |                   |                    |                     | , 1  |              |  |
| 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18  b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less' direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b  C d All other revenue e Total. Add lines 11a.11d  |            | С | Gain or (loss)                          |                   |                    | 0040 00             |  |              | 22   |
| Including \$ of contributions reported on line 1c) See Part IV, line 18  |            |   | • , ,                                   |                   |                    |                     |  |              | <del>.</del>   |
| contributions reported on line 1c) See Part IV, line 18  b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income from gaming activities See Part IV, line 19 c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b c d All other revenue e Total. Add lines 11a-11d   | <b>a</b> 8 | а |   |                   |                    | *                   |  |              |  |
| c Net income or (loss) from fundraising events  9 a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b c d All other revenue e Total. Add lines 11a-11d  | e l        |   |   |                   |                    |                     |  |              | :  |
| c Net income or (loss) from fundraising events  9 a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b c d All other revenue e Total. Add lines 11a-11d  | ا ۾        |   |   | e 1c) See         |                    |                     |  |              |  |
| c Net income or (loss) from fundraising events  9 a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b c d All other revenue e Total. Add lines 11a-11d  | <u></u>    |   |   |                   |                    |                     |  |              | İ  |
| 9 a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b c d All other revenue e Total. Add lines 11a-11d  | 됩          |   |   | _                 | L                  |                     | ,  | -            |  |
| Part IV, line 19 b Less' direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b c d All other revenue e Total. Add lines 11a-11d  | _          |   | · · · · · · · · · · · · · · · · · · ·   | =                 | <b>D</b>           |                     |  |              |  |
| b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b c d All other revenue e Total. Add lines 11a-11d   | 9          | а | -                                       |                   |                    |                     |  |              |  |
| c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b C All other revenue e Total. Add lines 11a-11d   | Ì          |   |   |                   |                    |                     | •  | *            |  |
| 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b c d All other revenue e Total. Add lines 11a-11d  |            |   | ·                                       | _                 | L                  |                     |  |              |  |
| and allowances  b Less: cost of goods sold  c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a  b  c  d All other revenue  e Total. Add lines 11a-11d  |            |   |   |                   |                    |                     |  |              |  |
| b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a  b  c d All other revenue e Total. Add lines 11a-11d   | 10         | а | -                                       |                   |                    |                     |  |              |  |
| C Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a  b  c  d All other revenue  e Total. Add lines 11a-11d  |            |   |   |                   |                    |                     |  |              |  |
| Miscellaneous Revenue  Business Code  11 a  b  c  d All other revenue  e Total. Add lines 11a-11d  |            |   | _                                       | _                 | 'L                 |                     |  | -            |  |
| 11 a   | <u> </u>   | С |   |                   |                    |                     |  |              |  |
| b c d All other revenue e Total. Add lines 11a-11d   |            |   |   |                   | Business Code      | 1                   |  |              |  |
| c d All other revenue e Total. Add lines 11a-11d   | 11         |   |   |                   |                    |                     | <del> </del>                                     |              |  |
| d All other revenue e Total. Add lines 11a-11d   |            |   | <del>"</del>                            |                   |                    |                     | <del> </del>                                     |              | <del> </del>   |
| e Total. Add lines 11a-11d   |            |   |   |                   |                    |                     | <del>                                     </del> |              | <del> </del>   |
| 100 001 00 000   |            |   |   |                   |                    |                     | <del> </del>                                     | -            | -  |
| 140 Total revenue See instructions 1 100 224 2 28 899 1 111  | 40         | _ |   |                   |                    | 100,224.            | 28,899.  | 0.           | 0.   |
|  |            |   |   |                   |                    |                     | <u>. 20,000.</u>                                 | ,            | Form <b>990</b> (2016)   |

| Secti | on 501(c)(3) and 501(c)(4) organizations must com  |  |                              | mplete column (A)                         |                                |
|-------|--|--|------------------------------|---|--------------------------------|
|       | Check if Schedule O contains a respor  |  | this Part IX                 | (0)                                       |                                |
|       | not include amounts reported on lines 6b,<br>36, 9b, and 10b of Part VIII.                             | (A)<br>Total expenses                  | (B) Program service expenses | (C)<br>Management and<br>general expenses | (D)<br>Fundraising<br>expenses |
| 1     | Grants and other assistance to domestic organizations  |  |                              |   |                                |
|       | and domestic governments. See Part IV, line 21   | 4,500.                                 | 4,500.                       |   |                                |
| 2     | Grants and other assistance to domestic  | · -                                    |                              |   | ,                              |
|       | individuals. See Part IV, line 22  | 11,000.                                | 11,000.                      |   | (                              |
| 3     | Grants and other assistance to foreign   |  |                              |   |                                |
|       | 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,   |  |                              |   |                                |
| Ū     | trustees, and key employees  |  |                              |   |                                |
| 6     | Compensation not included above, to disqualified   |  |                              |   |                                |
| U     | 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   |  |                              |   |                                |
| 0     | section 401(k) and 403(b) employer contributions)  |  |                              |   |                                |
| _     | Other employee benefits  |  |                              |   |                                |
| 9     | , ,  |  |                              |   |                                |
| 10    | Payroll taxes  |  |                              |   |                                |
| 11    | Fees for services (non-employees)  |  |                              |   |                                |
| а     | Management _   |  |                              |   |                                |
| b     | Legal  | <del></del>                            |                              |   |                                |
| C     | Accounting   |  |                              |   |                                |
| d     | Lobbying   |  |                              | · · · · · · · · · · · · · · · · · · ·     |                                |
| е     | Professional fundraising services. See Part IV, line 17  | ······································ | *, {*                        | y 84                                      |                                |
| f     | Investment management fees   |  |                              |   |                                |
| g     | Other (If line 11g amount exceeds 10% of line 25,  |  |                              |   |                                |
|       | column (A) amount, list line 11g expenses on Sch 0.)   |  |                              |   |                                |
| 12    | Advertising and promotion  |  | (                            |   |                                |
| 13    | Office expenses  |  |                              |   |                                |
| 14    | Information technology   |  |                              |   |                                |
| 15    | Royalties  |  |                              |   | <u> </u>                       |
| 16    | Occupancy .  |  |                              |   |                                |
| 17    | Travel   | ·                                      |                              |   |                                |
| 18    | Payments of travel or entertainment expenses   |  |                              |   | n                              |
|       | for any federal, state, or local public officials  |  |                              |   |                                |
| 19    | Conferences, conventions, and meetings   |  | <br>                         |   |                                |
| 20    | Interest   | 632.                                   | 632.                         |   |                                |
| 21    | Payments to affiliates   |  |                              |   |                                |
| 22    | Depreciation, depletion, and amortization  | 80,180.                                | 80,180.                      | · · · · · · · · · · · · · · · · · · ·     |                                |
| 23    | Insurance .  |  |                              | . <del> </del>                            |                                |
| 24    | Other expenses. Itemize expenses not covered   | 4                                      |                              | ,   |                                |
|       | 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.)   | ·                                      |                              |   |                                |
| а     | SUPPLIES   | 44,302.                                | 44,302.                      |   |                                |
| ь     | LABOR  | 3,500.                                 | 3,500.                       |   |                                |
| c     | WEBSITE  | 2,000.                                 | 2,000.                       |   |                                |
| d     | REPAIRS AND MAINTENANCE  | 1,637.                                 | 1,637.                       |   |                                |
| е     | All other expenses   |  |                              |   |                                |
| 25    | Total functional expenses. Add lines 1 through 24e   | 147,751.                               | 147,751.                     | 0.  | 0.                             |
| 26    | Joint costs. Complete this line only if the organization   |  |                              |   |                                |
|       | reported in column (B) joint costs from a combined   |  |                              |   |                                |
|       | educational campaign and fundraising solicitation.   |  |                              | '<br>'                                    |                                |
|       | Check here If following SOP 98-2 (ASC 958-720)   |  |                              |   |                                |
|       |  |  |                              |   |                                |

| art X   |    | Check if Schedule O contains a response or note to any line in this Part X                    |                          |     |                           |
|---|----|---|--------------------------|-----|---------------------------|
|   |    |   | (A)<br>Beginning of year |     | <b>(B)</b><br>End of year |
| 1   |    | Cash · non-interest-bearing   | 50,095.                  | 1   | 53,138.                   |
| 2   | 2  | Savings and temporary cash investments  | 16,410.                  | 2   | 16,476.                   |
| 3   | 3  | Pledges and grants receivable, net  |                          | 3   |                           |
| 4   | ŀ  | Accounts receivable, net  |                          | 4   |                           |
| 5   | 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   | 3  | 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                         |                          |     |                           |
| 9   |    | employees' beneficiary organizations (see instr) Complete Part II of Sch L                    |                          | 6   |                           |
| 7   | 7  | Notes and loans receivable, net   |                          | 7   |                           |
| ť   8   | 3  | Inventories for sale or use   |                          | 8   |                           |
| 9   | •  | Prepaid expenses and deferred charges   |                          | 9   |                           |
| 10  | )a | Land, buildings, and equipment: cost or other   | •                        |     |                           |
|   |    | basis Complete Part VI of Schedule D 10a 1,516,214.   |                          |     |                           |
|   | b  | basis Complete Part VI of Schedule D Less. accumulated depreciation  10a 1,516,214.  676,763. | 919,631.                 | 10c | 839,451.                  |
| 11  | 1  | Investments - publicly traded securities  |                          | 11  |                           |
| 12  | 2  | Investments other securities See Part IV, line 11   |                          | 12  |                           |
| 13  | 3  | Investments program-related See Part IV, line 11  |                          | 13  |                           |
| 14  | ş. | Intangible assets   |                          | 14  |                           |
| 15  | 5  | Other assets. See Part IV, line 11  |                          | 15  |                           |
| 16  | 3  | Total assets. Add lines 1 through 15 (must equal line 34)                                     | 986,136.                 | 16  | 909,065.                  |
| 17  | 7  | Accounts payable and accrued expenses   |                          | 17  |                           |
| 18  | 3  | Grants payable  |                          | 18  |                           |
| 19  | •  | Deferred revenue  |                          | 19  |                           |
| 20  | )  | Tax-exempt bond liabilities   |                          | 20  |                           |
| 21  | 1  | Escrow or custodial account liability Complete Part IV of Schedule D                          |                          | 21  |                           |
| 22  | 2  | Loans and other payables to current and former officers, directors, trustees,                 | *                        |     | , , ,                     |
|   |    | key employees, highest compensated employees, and disqualified persons                        | *                        |     | * "                       |
|   |    | Complete Part II of Schedule L  | *                        | 22  |                           |
| تا<br>23 ع  | 3  | Secured mortgages and notes payable to unrelated third parties                                | 29,544.                  | 23  |                           |
| 24  |    | Unsecured notes and loans payable to unrelated third parties                                  |                          | 24  |                           |
| 25  | 5  | 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  | 3  | Total liabilities. Add lines 17 through 25  | 29,544.                  | 26  | 0.                        |
| $\top$  |    | Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and                              |                          |     | -                         |
| ž   |    | complete lines 27 through 29, and lines 33 and 34.  |                          |     | ,                         |
| 27  | 7  | Unrestricted net assets   |                          | 27  |                           |
| 28  | 3  | Temporarily restricted net assets   |                          | 28- |                           |
| 29  | 9  | Permanently restricted net assets   |                          | 29  |                           |
| §   |    | Organizations that do not follow SFAS 117 (ASC 958), check here                               |                          |     |                           |
| 5   |    | and complete lines 30 through 34.   |                          |     |                           |
| 30  | )  | Capital stock or trust principal, or current funds  | 0.                       | 30  | 0.                        |
| ខ្ទុំ 31  | 1  | Paid-in or capital surplus, or land, building, or equipment fund                              | 0.                       | 31  | 0.                        |
| 27 28 29 30 31 32 33 33 33 33 33 33 33 33 33 33 33 33 | 2  | Retained earnings, endowment, accumulated income, or other funds                              | 956,592.                 |     | 909,065.                  |
| ž   33  | 3  | Total net assets or fund balances   | 956,592.                 |     | 909,065.                  |
| 34  | 4_ | Total liabilities and net assets/fund balances  | 986,136.                 |     | 909,065.                  |

| Form | 990 (2016) CHILLICOTHE FFA ALUMNI ASSOCIATION   | 43-160     | 9199             | Pag | ge <b>12</b>                            |
|------|---|------------|------------------|-----|---|
|      | t XI Reconciliation of Net Assets   |            |                  | _   |   |
|      | Check if Schedule O contains a response or note to any line in this Part XI   |            |                  |     |   |
|      |   |            |                  |     |   |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)   | 1          | 100              | 0,2 | 24.                                     |
| 2    | Total expenses (must equal Part IX, column (A), line 25)  | 2          | 14'              | 7,7 | 51.                                     |
| 3    | Revenue less expenses. Subtract line 2 from line 1  | 3          | <b>-4</b> '      | 7,5 | 27.                                     |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                             | 4          |                  |     | 92.                                     |
| 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          |                  |     | 0.                                      |
| 10   | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,                     |            |                  |     |   |
|      | column (B))   | 10         | 909              | 9,0 | 65.                                     |
| Pai  | rt XII Financial Statements and Reporting   |            |                  |     |   |
|      | Check if Schedule O contains a response or note to any line in this Part XII  |            |                  |     |   |
|      |   |            |                  | Yes | No                                      |
| 1    | Accounting method used to prepare the Form 990 X Cash Accrual Other   |            |                  |     |   |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule        | 0          | 1                |     |   |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?                       |            | 2a               |     | Х                                       |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed       | d on a     | ÷ ,              |     |   |
|      | separate basis, consolidated basis, or both.  |            | *,               | ٠   |   |
|      | Separate basis Consolidated basis Both consolidated and separate basis  |            | 2 3              |     | 2 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( |
| b    | Were the organization's financial statements audited by an independent accountant?                                    |            | 2b               |     | X                                       |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat       | e basis,   | 3.8              |     | 300                                     |
|      | consolidated basis, or both   |            | \$\disp \text{3} | *   | , , , , , , , , , , , , , , , , , , ,   |
|      | Separate basis Consolidated basis Both consolidated and separate basis  |            |                  |     | 1 10                                    |
| С    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the    | e audıt,   | , *              |     |   |
|      | review, or compilation of its financial statements and selection of an independent accountant?                        |            | 2c               |     |   |
|      | If the organization changed either its oversight process or selection process during the tax year, explain in Sch     | edule O.   |                  |     | -                                       |
| За   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si    | ngle Audıt |                  |     |   |
|      | Act and OMB Circular A-133?   |            | 3a               |     | X                                       |
| ь    | If "Yes." did the organization undergo the required audit or audits? If the organization did not undergo the required | ired audit |                  |     |   |

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2016)

## **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public

Name of the organization

CHILLICOTHE FFA ALUMNT ASSOCIATION 43-1609199

Employer identification number

|            |  |                        | V VIIOTILI VOO                                |                    |                  |                                 | <u> </u>                   |
|------------|--|------------------------|---|--------------------|------------------|---------------------------------|----------------------------|
| Part I     | Reason for Public (                                    | Charity Status (/      | All organizations must co                     | mplete th          | is part.) Se     | e instructions                  |                            |
| The orga   | anization is not a private found                       | ation because it is (  | For lines 1 through 12, c                     | heck only          | one box.)        |                                 |                            |
| 1 🗀        | A church, convention of ch                             | urches, or association | on of churches described                      | in sectio          | n 170(b)(1       | )(A)(i).                        |                            |
| 2          | A school described in secti                            |                        |   |                    |                  |                                 |                            |
| 3          | A hospital or a cooperative                            |                        | · ·   |                    |                  | i).                             |                            |
| 4          | A medical research organiz                             |                        |   |                    |                  | •                               | the hospital's name.       |
| T          | city, and state.                                       | andir oporatos irrosi  | njanoton min a noopita.                       | 0000000            | 0001.0.          |                                 | ,                          |
| -          | An organization operated for                           | or the benefit of a co | llege or university owner                     | d or operat        | ed by a go       | vernmental unit describ         | ed in                      |
| 5          | _  |                        | nege of drilversity owner                     | o operai           | led by a go      | Werrinental unit describ        | ed III                     |
| . —        | section 170(b)(1)(A)(iv). (C                           |                        |   |                    |                  |                                 |                            |
| 6          |  | -                      |   |                    |                  | · ·                             |                            |
| 7          | An organization that norma                             | -                      | ntial part of its support f                   | rom a gov          | ernmentai        | unit or from the general        | public described in        |
| _          | section 170(b)(1)(A)(vi). (C                           |                        |   |                    |                  |                                 |                            |
| 8 🖳        | A community trust describe                             |                        |   |                    |                  |                                 |                            |
| 9 📖        | <ul> <li>An agricultural research org</li> </ul>       |                        |   | •                  | -                |                                 | _                          |
|            | or university or a non-land-g                          | grant college of agric | ulture (see instructions)                     | Enter the          | name, city       | , and state of the colleg       | e or                       |
|            | university:  |                        |   |                    |                  |                                 |                            |
| 10 LX      | An organization that norma                             | lly receives: (1) more | than 33 1/3% of its sup                       | port from          | contribution     | ons, membership fees, a         | nd gross receipts from     |
|            | activities related to its exen                         | npt functions - subjec | ct to certain exceptions,                     | and (2) no         | more that        | n 33 1/3% of its support        | from gross investment      |
|            | income and unrelated busing                            | ness taxable income    | (less section 511 tax) from                   | om busine          | sses acqu        | ired by the organization        | after June 30, 1975        |
|            | See section 509(a)(2). (Coi                            | mplete Part III)       |   |                    |                  |                                 |                            |
| 11         | An organization organized a                            | and operated exclus    | ively to test for public sa                   | fety. See :        | section 50       | 9(a)(4).                        |                            |
| 12         | An organization organized a                            | and operated exclus    | ively for the benefit of, to                  | perform t          | the functio      | ns of, or to carry out the      | purposes of one or         |
|            | more publicly supported or                             | ganizations describe   | ed in <b>section 509(a)(1)</b> o              | r section          | 509(a)(2).       | See <b>section 509(a)(3).</b> C | Check the box in           |
|            | lines 12a through 12d that                             | describes the type o   | of supporting organization                    | n and com          | plete lines      | 12e, 12f, and 12g               |                            |
| а [        | Type I. A supporting orga                              | anization operated, s  | upervised, or controlled                      | by its sup         | ported org       | anization(s), typically by      | giving                     |
|            | the supported organization                             | •                      | · ·   | -                  |                  |                                 | -                          |
|            | organization. You must o                               |                        |   |                    |                  |                                 | .,                         |
| ь [        | Type II. A supporting org                              |                        |   | tion with it       | s supporte       | ed organization(s), by ha       | vina                       |
|            | control or management of                               |                        |   |                    |                  |                                 |                            |
|            | organization(s). You mus                               |                        |   | ano poroc          | ), 10 ti lat 00  | maio or manage are cap          | portos                     |
| ا م        | Type III functionally inte                             |                        |   | in connec          | tion with a      | and functionally integrati      | ed with                    |
| C L        | its supported organizatio                              | -                      |   |                    |                  |                                 | od with,                   |
| ٦ ٦        | <del></del>  |                        | ·   |                    |                  |                                 | ration(s)                  |
| d L        | Type III non-functionally                              |                        |   |                    |                  |                                 |                            |
|            | that is not functionally int                           | -                      |   | -                  |                  |                                 | iveriess                   |
| Г          | requirement (see instruct                              | •                      | •   | -                  |                  |                                 |                            |
| e L        | Check this box if the orga                             |                        |   |                    |                  | i Type i, Type ii, Type iii     |                            |
|            | functionally integrated, or                            | • .                    | nally integrated support                      | ing organi         | zation           |                                 |                            |
|            | nter the number of supported                           | _                      |   |                    |                  |                                 |                            |
| <u>g</u> P | rovide the following information (i) Name of supported | n about the supporte   | ed organization(s) (iii) Type of organization | T (iv) Is the orga | anization listed | (v) Amount of monetary          | (vi) Amount of other       |
|            | organization   | (ii) Eil               | (described on lines 1-10                      | in your govern     | ing document?    | support (see instructions)      | support (see instructions) |
|            |  | -                      | above (see instructions))                     | Yes                | No               | Copport (coo monociono)         |                            |
|            |  |                        |   |                    |                  |                                 |                            |
|            |  | -                      |   |                    |                  |                                 |                            |
|            |  |                        |   |                    |                  |                                 |                            |
|            |  |                        |   |                    |                  |                                 |                            |
|            |  |                        |   |                    |                  |                                 |                            |
|            |  |                        |   |                    |                  |                                 |                            |
|            |  |                        |   |                    |                  |                                 |                            |
|            |  |                        |   |                    |                  |                                 |                            |
|            |  |                        |   |                    |                  |                                 |                            |
|            |  |                        |   |                    |                  |                                 |                            |
| Total      | ***************************************                |                        |   |                    |                  |                                 |                            |
|            |  |                        |   |                    |                  |                                 | ·                          |

Schedule A (Form 990 or 990-EZ) 2016 CHILLICOTHE FFA ALUMNI ASSOCIATION 43-1609199 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

| Sec        | ction A. Public Support   |                                       |   |                           |                     |                     |              |  |  |  |
|------------|---|---------------------------------------|---|---------------------------|---------------------|---------------------|--------------|--|--|--|
| Cale       | ndar year (or fiscal year beginning in)   | (a) 2012                              | <b>(b)</b> 2013                         | (c) 2014                  | (d) 2015            | (e) 2016            | (f) Total    |  |  |  |
| 1          | Gifts, grants, contributions, and   |                                       |   |                           |                     |                     |              |  |  |  |
|            | membership fees received (Do not  |                                       |   |                           |                     |                     |              |  |  |  |
|            | include any "unusual grants ")  |                                       |   |                           |                     |                     |              |  |  |  |
| 2          | Tax revenues levied for the organ-  |                                       |   |                           |                     |                     |              |  |  |  |
|            | ization's benefit and either paid to  |                                       |   |                           |                     |                     |              |  |  |  |
|            | or expended on its behalf   |                                       |   |                           |                     |                     |              |  |  |  |
| 3          | The value of services or facilities   |                                       |   |                           |                     |                     |              |  |  |  |
|            | furnished by a governmental unit to   |                                       |   |                           |                     | 1                   |              |  |  |  |
|            | the organization without charge   |                                       |   |                           |                     |                     |              |  |  |  |
| 4          | Total. Add lines 1 through 3  |                                       |   |                           |                     |                     |              |  |  |  |
|            | The portion of total contributions  | ^ ,                                   |   | ·                         |                     |                     |              |  |  |  |
| •          | by each person (other than a  | ***                                   | ` · · · · · · · · · · · · · · · · · · · |                           | <i>'</i>            |                     |              |  |  |  |
|            | governmental unit or publicly   | , ,                                   |   |                           | ٠,                  | l ,                 |              |  |  |  |
|            | supported organization) included  | . *                                   | ъ.                                      |                           |                     |                     |              |  |  |  |
|            | on line 1 that exceeds 2% of the  |                                       |   | , ,,,,,                   | **                  |                     |              |  |  |  |
|            | amount shown on line 11,  | •                                     | ¢                                       |                           | X /                 | !                   |              |  |  |  |
|            | column (f)  |                                       | ¥                                       | 1 1 1 1 1 1 1 1 1 1 1 1 1 |                     | . 1                 |              |  |  |  |
| 6          | Public support. Subtract line 5 from line 4   |                                       |   | , y*' * ;                 |                     |                     |              |  |  |  |
|            | ction B. Total Support  | <u></u>                               |   | · ·                       | <u> </u>            | .1                  | <del></del>  |  |  |  |
|            | ndar year (or fiscal year beginning in)   | (a) 2012                              | <b>(b)</b> 2013                         | (c) 2014                  | (d) 2015            | (e) 2016            | (f) Total    |  |  |  |
|            | Amounts from line 4   |                                       |   |                           | •                   |                     |              |  |  |  |
| 8          | Gross income from interest,   |                                       |   |                           |                     |                     |              |  |  |  |
|            | dividends, payments received on   |                                       |   |                           |                     |                     |              |  |  |  |
|            | securities loans, rents, royalties  |                                       |   |                           |                     |                     |              |  |  |  |
|            | and income from similar sources   |                                       |   |                           |                     |                     |              |  |  |  |
| 9          | Net income from unrelated business  |                                       |   |                           |                     |                     |              |  |  |  |
|            | activities, whether or not the  |                                       |   |                           |                     |                     |              |  |  |  |
|            | business is regularly carried on  |                                       |   |                           |                     |                     |              |  |  |  |
| 10         | Other income. Do not include gain   |                                       |   |                           |                     |                     |              |  |  |  |
|            | or loss from the sale of capital  |                                       |   |                           |                     |                     |              |  |  |  |
|            | assets (Explain in Part VI)   |                                       |   |                           |                     |                     |              |  |  |  |
| 11         | Total support. Add lines 7 through 10   | \$                                    |   | 1 8 3 5 3 6 1             |                     | * */                |              |  |  |  |
|            | Gross receipts from related activities,   | · · · · · · · · · · · · · · · · · · · | ons)                                    | <u> </u>                  | 4                   | 12                  | <del> </del> |  |  |  |
|            | First five years. If the Form 990 is for  | •                                     | •                                       | d, fourth, or fifth ta    | ax vear as a sectio |                     |              |  |  |  |
|            | organization, check this box and stor   |                                       | ,                                       |                           |                     | ( ) ( )             |              |  |  |  |
| Sec        | ction C. Computation of Publ  | ic Support Pe                         | rcentage                                |                           |                     |                     |              |  |  |  |
| 14         | Public support percentage for 2016 (  | line 6, column (f) d                  | ivided by line 11, o                    | column (f))               |                     | 14                  | %            |  |  |  |
| 15         | Public support percentage from 2015   | Schedule A, Part                      | II, line 14                             |                           |                     | 15                  | %            |  |  |  |
| 16a        | 33 1/3% support test - 2016. If the   | organization did no                   | ot check the box o                      | n line 13, and line       | 14 is 33 1/3% or r  | more, check this bo | x and        |  |  |  |
|            | stop here. The organization qualifies   | as a publicly supp                    | orted organization                      | ı                         |                     |                     |              |  |  |  |
| b          | 33 1/3% support test - 2015. If the   | organization did no                   | ot check a box on                       | line 13 or 16a, and       | line 15 is 33 1/3%  | 6 or more, check th | nis box      |  |  |  |
|            | and stop here. The organization qual  | ifies as a publicly                   | supported organiz                       | ation                     | •                   |                     | ▶□           |  |  |  |
| 17a        | 10% -facts-and-circumstances tes  | t - 2016. If the org                  | anization did not d                     | check a box on line       | e 13, 16a, or 16b,  | and line 14 is 10%  | or more,     |  |  |  |
|            | and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the organization |                                       |   |                           |                     |                     |              |  |  |  |
|            | meets the "facts-and-circumstances"   | test The organiza                     | ition qualifies as a                    | publicly supported        | d organization      | · ·                 |              |  |  |  |
| b          | 10% -facts-and-circumstances tes  |                                       |   |                           | -                   | 17a, and line 15 is | 10% or       |  |  |  |
|            | more, and if the organization meets the   | -                                     |   |                           |                     | · ·                 |              |  |  |  |
|            | organization meets the "facts-and-circ  |                                       |   |                           |                     |                     |              |  |  |  |
| <u> 18</u> | Private foundation. If the organization   |                                       | _                                       |                           |                     |                     | s            |  |  |  |
|            |   | <u> </u>                              |   |                           | -                   | edule A (Form 990   |              |  |  |  |

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

(Complete only if you checked the box on line 10 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.)

| Sec  | ction A. Public Support  |                      |                      |                        |                     |                    |                   |
|------|--|----------------------|----------------------|------------------------|---------------------|--------------------|-------------------|
| Cale | ndar year (or fiscal year beginning in)  | (a) 2012             | <b>(b)</b> 2013      | (c) 2014               | (d) 2015            | (e) 2016           | (f) Total         |
| 1    | Gifts, grants, contributions, and  |                      |                      |                        |                     |                    |                   |
|      | membership fees received. (Do not  |                      |                      |                        |                     |                    |                   |
|      | include any "unusual grants")  | 46,018.              | 38,682.              | 122,924.               | 83,142.             | 66,325.            | 357,091.          |
| 2    | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the                         | 29,717.              | 27,202.              | 30,723.                | 30,821.             | 25 833             | 144,296.          |
| _    | organization's tax-exempt purpose Gross receipts from activities that  |                      | 21,202               | 30,123.                | 30,021.             | 23,033.            | 2 2 2 7 2 3 0 0   |
| 3    | are not an unrelated trade or bus-   |                      |                      |                        |                     |                    |                   |
| 1    | Tax revenues levied for the organ-   |                      |                      |                        |                     |                    |                   |
| 7    | ization's benefit and either paid to   |                      |                      |                        |                     |                    |                   |
|      | or expended on its behalf  |                      |                      |                        |                     |                    |                   |
| _    | The value of services or facilities  |                      |                      |                        |                     |                    |                   |
| э    | furnished by a governmental unit to the organization without charge  |                      |                      |                        |                     |                    |                   |
| 6    | Total. Add lines 1 through 5   | 75,735.              | 65,884.              | 153,647.               | 113,963.            | 92,158.            | 501,387.          |
| 7 a  | Amounts included on lines 1, 2, and  |                      |                      |                        |                     |                    |                   |
|      | 3 received from disqualified persons   | 43,238.              | 31,365.              | 93,950.                | 74,032.             | 66,125.            | 308,710.          |
| t    | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year |                      |                      |                        |                     |                    | 0.                |
|      | Add lines 7a and 7b  | 43,238.              | 31,365.              | 93,950.                | 74,032.             | 66,125.            | 308,710.          |
|      | Public support. (Subtract line 7c from line 6)   | 13 / 1               |                      | /                      |                     | 444 Y              | 192,677.          |
|      | ction B. Total Support   | 200 X                |                      |                        |                     |                    |                   |
|      | endar year (or fiscal year beginning in)   | (a) 2012             | <b>(b)</b> 2013      | (c) 2014               | (d) 2015            | (e) 2016           | (f) Total         |
|      | Amounts from line 6  | 75,735.              | 65,884.              | 153,647.               | 113,963.            | 92,158.            | 501,387.          |
| -    | a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                               | 145.                 | 97.                  | 95.                    | 34.                 | 66.                | 437.              |
| ı    | b Unrelated business taxable income<br>(less section 511 taxes) from businesses<br>acquired after June 30, 1975  |                      |                      |                        |                     |                    |                   |
|      | c Add lines 10a and 10b  | 145.                 | 97.                  | 95.                    | 34.                 | 66.                | 437.              |
|      | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on                                     |                      |                      |                        |                     |                    |                   |
| 12   | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  |                      |                      |                        |                     |                    |                   |
| 13   | Total support (Add lines 9, 10c, 11, and 12)   | 75,880.              | 65,981.              | 153,742.               | 113,997.            | 92,224.            | 501,824.          |
| 14   | First five years. If the Form 990 is for   | r the organization's | s first, second, thu | d, fourth, or fifth ta | ax year as a sectio | n 501(c)(3) organi | zation,           |
|      | check this box and stop here   |                      |                      |                        |                     |                    |                   |
| Se   | ction C. Computation of Publ   | ic Support Per       | rcentage             |                        |                     |                    |                   |
| 15   |  |                      |                      | column (f))            | •                   | 15                 | 38.40 %           |
| 16   |  |                      |                      | .,,                    |                     | 16                 | 43.24 %           |
|      | ction D. Computation of Inve   |                      |                      |                        |                     |                    |                   |
| _    | Investment income percentage for 20  |                      |                      |                        |                     | 17                 | .09 %             |
| 18   |  |                      |                      |                        |                     | 18                 | .37 %             |
|      | a 33 1/3% support tests - 2016. If the   |                      |                      | on line 14, and line   | e 15 is more than ? |                    | ·                 |
| 19   | more than 33 1/3%, check this box a  |                      |                      |                        |                     |                    | <b>►</b> X        |
|      | b 33 1/3% support tests - 2015. If the   | •                    |                      |                        |                     |                    |                   |
|      | line 18 is not more than 33 1/3%, che  |                      |                      |                        |                     |                    |                   |
| 20   | Private foundation. If the organization  |                      |                      |                        |                     |                    |                   |
| 822  | 723 09-21-16   |                      |                      |                        |                     |                    | 0 or 990-EZ) 2016 |

### Part IV

#### Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

| Section A. | All | Supporting | <b>Organizations</b> |
|------------|-----|------------|----------------------|
|------------|-----|------------|----------------------|

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other-supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

|                    | Yes             | No   |
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| Schedule A (Form 990 or 990-EZ) 2016 CHILLICOTHE FFA ALUMNI    Part V   Type III Non-Functionally Integrated 509(a)(3) Supporting |           |                                | -1609199 Page 6                       |  |
|---|-----------|--------------------------------|---------------------------------------|--|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying   | g trust c | on Nov 20, 1970 (explain in Pa | rt VI) See instructions. A            |  |
| other Type III non-functionally integrated supporting organizations must co   | mplete    | Sections A through E.          |                                       |  |
| Section A - Adjusted Net Income   |           | (A) Pnor Year                  | (B) Current Year<br>(optional)        |  |
| 1 Net short-term capital gain   | 1         |                                |                                       |  |
| 2 Recoveres of prior-year distributions   | 2         |                                |                                       |  |
| 3 Other gross income (see instructions)   | 3         |                                |                                       |  |
| 4 Add lines 1 through 3   | 4         |                                |                                       |  |
| 5 Depreciation and depletion  | 5         |                                |                                       |  |
| 6 Portion of operating expenses paid or incurred for production or  |           |                                |                                       |  |
| collection of gross income or for management, conservation, or  |           |                                |                                       |  |
| maintenance of property held for production of income (see instructions)  | 6         |                                |                                       |  |
| 7 Other expenses (see instructions)   | 7         |                                |                                       |  |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)  | 8         |                                |                                       |  |
| Section B - Minimum Asset Amount  |           | (A) Prior Year                 | (B) Current Year<br>(optional)        |  |
| Aggregate fair market value of all non-exempt-use assets (see   |           | y ca.e                         | <i>.</i>                              |  |
| instructions for short tax year or assets held for part of year):   |           | ,                              | n 12                                  |  |
| a Average monthly value of securities   | 1a        | L                              |                                       |  |
| b Average monthly cash balances   | 1b        |                                |                                       |  |
| c Fair market value of other non-exempt-use assets  | 1c        |                                |                                       |  |
| d Total (add lines 1a, 1b, and 1c)  | 1d        |                                |                                       |  |
| e Discount claimed for blockage or other  |           | 1.7                            | * * *                                 |  |
| factors (explain in detail in Part VI)  |           |                                | ******                                |  |
| Acquisition indebtedness applicable to non-exempt-use assets  | 2         |                                |                                       |  |
| 3 Subtract line 2 from line 1d  | 3         |                                |                                       |  |
| 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,   |           |                                |                                       |  |
| see instructions)   | 4         |                                |                                       |  |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5         |                                |                                       |  |
| 6 Multiply line 5 by .035   | 6         |                                |                                       |  |
| 7 Recovenes of prior-year distributions   | 7         |                                |                                       |  |
| 8 Minimum Asset Amount (add line 7 to line 6)   | 8         |                                |                                       |  |
| Section C - Distributable Amount  |           | ****                           | Current Year                          |  |
| Adjusted net income for prior year (from Section A, line 8, Column A)   | 1         | \$\$. 7 °                      |                                       |  |
| 2 Enter 85% of line 1   | 2         | *** >:                         | · · · · · · · · · · · · · · · · · · · |  |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A)  | 3         | , , , , ,                      |                                       |  |
| 4 Enter greater of line 2 or line 3   | 4         | 7. E                           |                                       |  |
| 5 Income tax imposed in prior year  | 5         | ,                              |                                       |  |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to  |           | *                              |                                       |  |
| emergency temporary reduction (see instructions)  | 6         | ,                              |                                       |  |
| 7 Check here if the current year is the organization's first as a non-functional  | lv integr | ated Type III supporting organ | ization (see                          |  |

Schedule A (Form 990 or 990-EZ) 2016

e Excess from 2016

|         |  |   | 16 CHILLICO          |                                  |  |                                   |  | 43-1609199 Page 8   |
|---------|--|---|----------------------|----------------------------------|--|-----------------------------------|--|---|
| F : 11  | Part IV, Sec<br>ne 1, Part<br>Section D, | ction A, lines<br>IV, Section<br>lines 5, 6, ai | 1, 2, 3b, 3c, 4b, 4c | , 5a, 6, 9a, 9t<br>t IV. Section | b, 9c, 11a, 11b, a<br>E. เเกes 1c. 2a. 2 | and 11c; Part I<br>b. 3a. and 3b: | IV, Section B, lines<br>Part V, line 1: Part | or 17b, Part III, line 12;<br>1 and 2; Part IV, Section C,<br>V, Section B, line 1e, Part V,<br>ional information |
|         | See instru                               | ctions.)  |                      |                                  |  |                                   |  |   |
| SCHEDUL | EA,                                      | LIST C  | F UNUSUAL            | GRANTS                           | RECEIVE                                  | D:                                |  |   |
| DESCRIP | TION:                                    | CASH  |                      |                                  |  |                                   |  |   |
| DATE: 0 | 6/29/                                    | 16  | AMOUNT:              | 5000.                            |  |                                   |  |   |
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|         |  |   |                      |                                  |  |                                   |  |   |
|         |  |   |                      |                                  |  |                                   |  |   |

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

► Attach to Form 990.

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

2016
Open to Public Inspection

Name of the organization

Employer identification number

CHILLICOTHE FFA ALUMNI ASSOCIATION 43-1609199 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 **S** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2016

|              |  | OTHE FFA A             |             |                |               |              |             |             | <u>09199</u> |           |
|--------------|--|------------------------|-------------|----------------|---------------|--------------|-------------|-------------|--------------|-----------|
| Par          | t III   Organizations Maintaining C  | Collections of Ar      | rt, Hist    | torical Tr     | easures, c    | or Other     | r Simila    | ır Asse     | ts(continu   | ed)       |
| 3            | Using the organization's acquisition, accessi  | on, and other record   | ls, checl   | k any of the   | following tha | t are a sig  | ınıficant u | use of its  | collection   | tems      |
|              | (check all that apply)   |                        |             |                |               |              |             |             |              |           |
| а            | Public exhibition  | d                      |             |                | hange progra  | ams          |             |             |              |           |
| b            | Scholarly research   | е                      |             | Other          |               |              |             |             |              |           |
| С            | Preservation for future generations  |                        |             |                |               |              |             |             |              |           |
| 4            | Provide a description of the organization's co   | ollections and explair | n how th    | ney further th | ne organizati | on's exem    | npt purpo   | se in Par   | t XIII.      |           |
| 5            | During the year, did the organization solicit of   | r receive donations of | of art, h   | storical trea  | sures, or oth | er sımılar a | assets      |             | _            |           |
|              | to be sold to raise funds rather than to be m  |                        |             |                |               |              |             |             | Yes          | No_       |
| Par          | t IV Escrow and Custodial Arran reported an amount on Form 990, Pa   |                        | ete if the  | e organizatio  | n answered '  | 'Yes" on F   | Form 990    | , Part IV,  | line 9, or   |           |
| 1a           | is the organization an agent, trustee, custod  | an or other intermed   | lary for    | contribution   | s or other as | sets not ii  | ncluded     |             |              |           |
|              | on Form 990, Part X?   |                        | -           |                |               |              |             |             | Yes          | No No     |
| b            | If "Yes," explain the arrangement in Part XIII   | and complete the fol   | llowing t   | table          |               |              |             |             |              |           |
|              |  |                        |             |                |               |              |             |             | Amount       |           |
| С            | Beginning balance  |                        |             |                |               |              | 1c          |             |              |           |
| d            | Additions during the year  |                        |             |                |               |              | 1d          |             |              |           |
| е            | Distributions during the year  |                        |             |                |               |              | 1e          |             | ·            |           |
| f            | Ending balance   |                        |             |                |               |              | 1f          |             |              |           |
| 2a           | Did the organization include an amount on F  | orm 990, Part X, line  | 21, for (   | escrow or cu   | ustodial acco | unt liabilit | y?          |             | Yes          | No No     |
|              | If "Yes," explain the arrangement in Part XIII   |                        |             |                |               |              |             |             |              |           |
| Par          | t V : Endowment Funds. Complete  | f the organization an  | swered      | "Yes" on Fo    |               |              | )           |             | <del> </del> |           |
|              |  | (a) Current year       | (b) P       | rior year      | (c) Two year  | s back (     | d) Three y  | ears back   | (e) Four y   | ears back |
| 1a           | Beginning of year balance  |                        |             |                |               |              |             |             |              |           |
| b            | Contributions  |                        |             |                |               |              |             | <del></del> |              |           |
| С            | Net investment earnings, gains, and losses   |                        |             |                |               |              |             |             |              |           |
| d            | Grants or scholarships   |                        |             |                |               |              |             |             |              |           |
| е            | Other expenditures for facilities  |                        |             |                |               |              |             |             |              |           |
|              | and programs   |                        | <del></del> |                |               |              |             |             |              |           |
| f            | Administrative expenses  |                        | <del></del> |                |               |              |             |             |              |           |
| g            | End of year balance  |                        |             |                | <u> </u>      |              |             |             |              |           |
| 2            | Provide the estimated percentage of the cur  | rent year end balanc   | e (line 1   | g, column (a   | i)) held as   |              |             |             |              |           |
| а            | Board designated or quasi-endowment  |                        | _%          |                |               |              |             |             |              |           |
| D            | Permanent endowment  | %                      |             |                |               |              |             |             |              |           |
| С            | Temporarily restricted endowment   | %                      |             |                |               |              |             |             |              |           |
| 0-           | The percentages on lines 2a, 2b, and 2c sho  | •                      | _4 4 _ 4    |                |               |              |             | _4          |              |           |
| 3a           | Are there endowment funds not in the posse   | ession of the organiza | auon ma     | at are neid a  | na administe  | rea for the  | e organiz   | ation       | T.           | /aa Na    |
|              | by: (i) unrelated organizations  |                        |             |                |               |              |             |             |              | es No     |
|              | (ii) related organizations   |                        |             |                |               |              |             |             | 3a(i)        |           |
| h            | (ii) related organizations  If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  3b |                        |             |                |               |              |             |             |              |           |
| 4            | Describe in Part XIII the intended uses of the   |                        |             |                |               |              |             |             | <u> 30  </u> |           |
|              | t VI Land, Buildings, and Equipm   |                        |             |                |               |              |             |             |              |           |
|              | Complete if the organization answere   |                        | ), Part i\  | /, line 11a. S | See Form 990  | ), Part X, i | ine 10.     |             |              |           |
|              | Description of property  | (a) Cost or of         |             | (b) Cost       |               |              | cumulate    | d           | (d) Book     | value     |
|              |  | basis (investr         |             |                | (other)       |              | reciation   |             | ,=-,         |           |
| 1a           | Land   |                        |             | 10             | 0,538.        |              |             |             | 100          | ,538.     |
|              | Buildings  |                        |             |                | 6,353.        | 1            | 59,15       | 54.         |              | ,199.     |
|              | Leasehold improvements   |                        |             |                |               |              |             |             |              |           |
| d            | Equipment  |                        |             |                |               |              |             |             |              |           |
| <u>е</u>     | Other  |                        |             | 98             | 9,323.        | 5            | 17,60       | 9.          | 471          | ,714.     |
| <u>Total</u> | . Add lines 1a through 1e. (Column (d) must e  | qual Form 990, Part    | X, colur    | nn (B), lıne 1 | 0c)           |              |             |             | 839          | ,451.     |

Schedule D (Form 990) 2016

| Part VII Investments - Other Securities.  Complete if the organization answered "Yes"  |   | line 11h See Form 990   | Part X line 12                        | TOOD TAGE            |
|--|---|-------------------------|---------------------------------------|----------------------|
| (a) Description of security or category (including name of security)   | (b) Book value                            |                         | aluation: Cost or end-                | of-vear market value |
| (1) Financial derivatives  | (3) = 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 | (0)                     | <del></del>                           |                      |
| (2) Closely-held equity interests  |   |                         |                                       |                      |
| (3) Other  |   |                         |                                       | <del> </del>         |
|  |   |                         | -                                     |                      |
| (A)  |   |                         |                                       |                      |
| (B)  |   |                         |                                       |                      |
| (C)  |   |                         |                                       |                      |
| (D)  |   |                         |                                       |                      |
| (E)  |   |                         |                                       |                      |
| (F)  |   |                         |                                       |                      |
| (G)  |   |                         |                                       |                      |
| (H)  | · · · · · · · · · · · · · · · · · · ·     |                         |                                       |                      |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.                          |   |                         |                                       |                      |
| Complete if the organization answered "Yes"  |   |                         |                                       |                      |
| (a) Description of investment  | (b) Book value                            | (c) Method of v         | aluation Cost or end-                 | of-year market value |
| (1)  |   |                         |                                       |                      |
| (2)  |   |                         |                                       |                      |
| (3)  |   |                         |                                       |                      |
| (4)  |   |                         |                                       |                      |
| (5)  |   |                         |                                       | ·                    |
| (6)  |   |                         |                                       |                      |
| (7)  |   |                         |                                       |                      |
| (8)  |   |                         |                                       | ·                    |
| (9)  |   |                         |                                       |                      |
| Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.  Complete if the organization answered "Yes" | on Form 990 Part IV                       | line 11d. See Form 990. | <del></del>                           |                      |
|  | Description                               |                         | , , , , , , , , , , , , , , , , , , , | (b) Book value       |
| (1)  |   |                         |                                       |                      |
| (2)  | <del></del>                               |                         |                                       |                      |
| (3)  | ·   | <del></del>             |                                       |                      |
| (4)  |   |                         |                                       |                      |
| (5)  |   |                         |                                       |                      |
|  |   | <del></del>             |                                       |                      |
| (6)  |   |                         |                                       |                      |
| (7)  |   |                         |                                       |                      |
| (8)  |   |                         |                                       |                      |
| (9)  | - 1F \                                    |                         |                                       | <del></del>          |
| Total. (Column (b) must equal Form 990, Part X, col. (B) lin  Part X Other Liabilities.  | e 15.)                                    | <del></del>             |                                       |                      |
| Complete if the organization answered "Yes"  | on Form 990 Part IV                       | line 11e or 11f See For | m 000 Part Y line 25                  |                      |
| (a) Decorption of liability  | Official 350, Fait IV,                    | (b) Book value          | 111 930, 1 att X, iine 23             |                      |
| <u>'' `` `` `` `` `` `</u>   |   | (b) Book value          | 4                                     |                      |
| (1) Federal income taxes   |   |                         | 1                                     |                      |
| (2)  | -   |                         | -{                                    |                      |
| (3)  |   |                         | -                                     |                      |
| (4)  |   |                         | 4                                     |                      |
| (5)  |   |                         | 4                                     |                      |
| (6)  |   |                         | ┦ ˙                                   |                      |
|  |   |                         | 4                                     |                      |
| (8)  |   |                         | 4                                     |                      |
| (9)  |   |                         | 4                                     |                      |
| Total. (Column (b) must equal Form 990, Part X, col (B) lin  | ne 25)                                    |                         | 1                                     |                      |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2016

Employer identification number Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. CHILLICOTHE FFA ALUMNI ASSOCIATION Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990)

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection

Part I General Information on Grants and Assistance

% ⊠

☐ Yes

43-1609199

Inspection

Schedule I (Form 990) (2016) (h) Purpose of grant or assistance Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Part II

Schedule I (Form 990) (2016) (f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed (d) Amount of non-cash assistance o, 11,000, 30 (c) Amount of cash grant (b) Number of recipients SCHOLARSHIPS AND AWARDS FOR STUDENTS IN EDUCATION (a) Type of grant or assistance OF AGRICULTURAL SCIENCES 632102 11-01-16 Part III

Page 2

43-1609199

CHILLICOTHE FFA ALUMNI ASSOCIATION

Schedule I (Form 990) (2016)

# 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.

Department of the Treasury
Internal Revenue Service

| Note that the Treasury | Information about Schedule 0 (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

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Internal Revenue Service Employer identification number Name of the organization CHILLICOTHE FFA ALUMNI ASSOCIATION 43-1609199 FORM 990, PART VI, SECTION A, LINE 2: RON WOLF IS ADAM WOLF'S FATHER. FORM 990, PART VI, SECTION B, LINE 11B: THE BOARD OF DIRECTORS REVIEWS THE FORM 990 PRIOR TO FILING. FORM 990, PART VI, SECTION C, LINE 18: FORM 1023 AND 990 ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST AT 1200 FAIR STREET, CHILLICOTHE, MO 64601. FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS AND FINANCIAL INFORMATION ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST AT 1200 FAIR STREET, CHILLICOTHE, MO 64601.

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

Schedule O (Form 990 or 990-EZ) (2016)