Form **990-EZ**

Department of the Internal Revenue

Short Form				
Return of Organization Exempt From Income	Tax			

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

2016

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to	Public
Inspe	

Α	For the	2016 calendar year, or tax year beginning August 1, 2016, and e	ending		July 31	, 20 17			
B Check if applicable C Name of organization D Emp					loyer iden	tification number			
	Address c	dress change Oklahoma Vocational Ag Teacher's Association				73-1172026			
				E Teler	ohone num	ber			
닏	Initial return				405-	743-5499			
\vdash		City or town, state or province, country, and ZIP or foreign postal code		F Gro	up Exemi				
H	Amended	on pending Stillwater, OK 74074	ω		nber ▶	,			
						he organization is not			
	<i>N</i> ebsite					h Schedule B			
						EZ, or 990-PF)			
			527	(1 01111 0		22, 0, 000 11)			
		f organization Corporation Trust Association Other	or if total	Loopoto					
		es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, blumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	or ii totai	455615					
<u> </u>			- Al -		- \$	D -+ IV			
L	art I			instru	Ctions i	or Part I)			
	1 .	Check if the organization used Schedule O to respond to any question in this	s Part I			· · · · · · · · · · · · · · · · · · ·			
	1	Contributions, gifts, grants, and similar amounts received TATUTE UNI.	•		1	73 987 04			
	2	Program service revenue including government fees and The Carlot VED .			2				
	3	Membership dues and assessments		•	3	81,680 00			
	4	Investment income JAN 0 9 2019)			4	269 18			
	5a	Gross amount from sale of assets other than inventory							
	b	Less cost or other basis and sales expenses TPR BRANGS			_				
	c	Gain or (loss) from sale of assets other than inventory (Subtraction line 5.	a)	-	5c				
	6	Gaming and fundraising events							
ā	а	Gross income from gaming (attach Schedule G if greater than \$15,000) . 6a							
Revenue			tribution		1				
Š	b	Gross income from fundraising events (not including \$ of confrom fundraising events reported on line 1) (attach Schedule G if the	libulion	13					
~		sum of such gross income and contributions exceeds \$15,000) 6b							
		Less direct expenses from gaming and fundraising events 6c			1				
	d d		and sub	otract	1				
	"	line 6c)	6d						
	70		•		- Ou				
	7a				-				
	b				7.				
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	1,130 00			
	8	Other revenue (describe in Schedule O)			8	156,066 22			
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	•		9	59,933 68			
	10	Grants and similar amounts paid (list in Schedule O)		_	11	39,933 08			
	11	Benefits paid to or for members . RECEIV		12					
ses	12	Salaries, other compensation, and employee benefits	7	ပ္ကု					
Expens	13	Professional fees and other payments to independent contractors. JAN 07.2	Š	13					
Ž	. 14	(M)							
Ш	1	Printing, publications, postage, and shipping		₹	15	90 67			
	16	Other expenses (describe in Schedule O) . OGDEN	UT ·	- 1	16	70,836 92			
	17	Total expenses. Add lines 10 through 16		→	17	130,861 27			
Š	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		_	18	26,204 95			
se	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (mu	st agree	with					
As		end-of-year figure reported on prior year's return)		•	19	156,467 86			
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)		•	20				
Z	21	Net assets or fund balances at end of year Combine lines 18 through 20		•	21	182,672 81			

Pa	rt II. Balance Sheets (see the instructions f	for Part II)				
'_	. Check if the organization used Schedule	O to respond to a	ny question in this			🗆
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments .	•	·	156,467 86		182,672 81
23 24	Land and buildings Other assets (describe in Schedule O)				23 24	
25	Total assets	•	. }	156,467 86		182,672 81
26	Total liabilities (describe in Schedule O)		ŀ	100,407 00	26	102,072 01
27	Net assets or fund balances (line 27 of column	(B) must agree with	n line 21)	156,467 86		182,672 81
Par	t III Statement of Program Service Accomp					
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part III		Expenses
Wha	t is the organization's primary exempt purpose?					ured for section)(3) and 501(c)(4)
as n	cribe the organization's program service accomplisheasured by expenses. In a clear and concise mons benefited, and other relevant information for each	anner, describe the	f its three largest pe services provided	rogram services, d, the number of		izations, optional for
	(Grants \$) If this amount	ıncludes foreign gra	ints, check here .	▶ □	28a	
29						
	(Grants \$) If this amount	ıncludes foreign gra	nto chook have		20-	•
30	(Grants \$\psi\$) it this amount	includes foreign gra	irits, check here		29a	
			·····			
		ıncludes foreign gra	ints, check here	▶ 🗆	30a	
31	Other program services (describe in Schedule O)			, _		
22	(Grants \$) If this amount Total program service expenses (add lines 28a t	includes foreign gra	ints, check here	▶ 📗	31a	
	t IV List of Officers, Directors, Trustees, and Key		one even if not com	noncated, see the in	32	tions for Bart IVA
	Check if the organization used Schedule				istruc	
		(b) Average	(c) Reportable	(d) Health benefits,		
	(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)		ot	Estimated amount of her compensation
	ident, Clark Long	President-1hr/week)	0	0
	5 North Petty Loop, Stigler, OK 74462 surer, Ron Curry		<u> </u>	'	4-	
	NE 180, Lawton, OK 73507	Treasurer-1hr/week	(0	0
Secr	etary, Tim White	Coarotany through				
2220	8 County Rd EW 171, Tipton, OK 73750	Secretary-1hr/week	()	0	0
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					-	
				· · · · · · · · · · · · · · · · · · ·	 	
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		.,			\bot	
					-	

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	<u>V.</u>	
33	Did the erganization engage in any significant activity not provide the reported to the IDC2 if "Vee " provide a		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	_	1
С .	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		71 E	74.53
b	Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	KS Kr	*
	If "Yes," complete Schedule L, Part II and enter the total amount involved	素性		定的
39	Section 501(c)(7) organizations Enter			以实
a b	Initiation fees and capital contributions included on line 9. Gross receipts, included on line 9, for public use of club facilities		. 13	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under.	- 4	1	
	section 4911 ▶ , section 4912 ▶ , section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	a finite Charles	alia de la con
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	232		The state
	on organization managers or disqualified persons during the year under sections 4912,	N. S.		
	4955, and 4958 .	多溪		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Telephone no ▶			
	Located at ► ZIP + 4 ►			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ✓
	If "Yes," enter the name of the foreign country .	變到		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
С	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country.	42c		√
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43	,	. I	► □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No ✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	$\overline{}$	2 6 176	
c d	Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O =	44c		√
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		√
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		

Form 99	0-EZ (2	016)						F	age 4
								Yes	No
46		ne organization engage, directly or in			on behalf	of or in opposition	on		
9/		ndidates for public office? If "Yes," o		, Part I		<u> </u>	46		✓
Part		Section 501(c)(3) organizations							
		All section 501(c)(3) organization	s must answer que	stions 47-49b ar	nd 52, and	d complete the	tables t	or lin	es
		50 and 51.							_
		Check if the organization used Sch	neaule O to respond	to any question i	n this Par	(VI , .		136	<u> </u>
47	Did +	he organization engage in lobbying	activities or have a	cootion 501/b) ala	ation in off	oot during the t	av [Yes	No
71		If "Yes," complete Schedule C, Part		section 301(ii) elec	Zuon in en	ect during the to	47		
48	•	organization a school as described in		i)2 If "Ves " comple	Ita Schadul	6 E	48		
49a		ne organization make any transfers to		•		- C	49a		
b		es," was the related organization a se		•	arnzanori:		49b	 	<u></u>
50		plete this table for the organization's			other than	officers, director		es. an	d ke
		oyees) who each received more than							
			(b) Average	(c) Reportable	1 ' '	lealth benefits,			
	(a)	Name and title of each employee	hours per week	compensation	hanefit n	itions to employee	e) Estimate) other com		
			devoted to position	(Forms W-2/1099-MIS		mpensation			
						•			
f	Total	number of other employees paid over	er \$100.000	•					
51		plete this table for the organization'		ensated independe	ent contrac	— ctors who each	received	more	thar
	\$100	,000 of compensation from the orga	nization If there is no	one, enter "None."					
	(a)	Name and business address of each independ	ent contractor	(b) Type of	service	(c) (Compensation	nn	
				(-, -,,-		(6)			
							_		
			·						
									
•••••				-					
			· · · · ·						
			•	1					
		n-P		 					
				1					
	Total	number of other independent contra	ctors each receiving	over \$100.000	. ▶				
52		the organization complete Schedu			ganization	s must attach	а		
		oleted Schedule A				_	► 🗌 Yes		No
		of perjury, I declare that I have examined this r					wledge and	belief,	ıt ıs
		d complete Declaration of preparer (other than				nowledge			
o:		12.21-18							
Sign	Signature of officer Date								
Here		Allen Miller, Advisor							
		Type or print name and title	Proparor's signature		Data		DTIN		
Paid		Print/Type preparer's name	Preparer's signature		Date	Check 🔲 ı	PTIN		
Prep				<u> </u>	-	self-employe	- I		
Use (Only	Firm's name				Firm's EIN ►			
May th	ne IRS	Firm's address ► discuss this return with the preparer	shown above? See i	nstructions		Phone no	☐ Yes		No.
/		arani ara proparar						<u> </u>	••

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 2016

2016

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

Open to Public Inspection

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