

Department of the Treasury Internal Revenue Service

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For th	e 2017 calendar year, or tax year beginning	and	ending	_								
B Check is applical	C Name of organization			D Employer i	dentifica	tion number						
Addi chan	E CHILLICOTHE FFA ALUMNI A	SSOCIATION										
chan	pe Doing business as					<u>09199</u>						
retur	Number and street (or P.U. box if mail is not delivered	·	Room/suite	1								
Fina					<u>(660)</u>	<u>646-341</u>						
term ated	City or town, state or province, country, and ZIP	or foreign postal code		G Gross receipts	\$	90,	<u>001.</u>					
Ame	CHILLICOTRE, MO 04001			H(a) Is this a g	roup retu	ırn						
Applion	F Name and address of principal officer:RON W	OLF		for subor	dinates?	Tyes [X No					
pend	1200 FAIR STREET, CHILLIC	COTHE, MO 646	01 3/7	H(b) Are all subor	dinates inclu	uded? Yes	No					
I Tax-e	tempt status X 501(c)(3) 501(c) ()◀	(insert no.) 4947(a)(1)	or 52	If "No," a	ttach a lis	st. (see instructio	ons)					
J_Webs	ite: ► N/A			H(c) Group ex	emption i	number 🕨 07	76					
K Form	forganization: Corporation Trust X Assoc	ation Other	L Year	of formation: 19	92 ms	State of legal dom	icile: MO					
Part I	Summary		J									
<u>මු</u> 1	nefly describe the organization's mission or most significant activities. EDUCATION IN AGRICULTURAL											
Activities & Governance	SCIENCES Check this box. If the graphyretical discontinued to encyclope or deposed of more than 25% of the not exects.											
E G	Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets											
§ 3	Number of voting members of the governing body (Pa	•			3		<u>9</u> 9					
og 4	Number of independent voting members of the govern				4		<u></u> 0					
sej 5	Total number of individuals employed in calendar year	r 2017 (Part V, line 2a)			5		50					
.≩ €	Total number of volunteers (estimate if necessary)	(5) 1 15			6							
	Total unrelated business revenue from Part VIII, colum	• •			7a		0.					
_	Net unrelated business taxable income from Form 990	0-1 , line 34			7b		0.					
	One 1 by Annual Control (D. 11/11)			Prior Year	225	Current Ye						
g 8	Contributions and grants (Part VIII, line 1h)		<u> </u>	71,3			300.					
Revenue	Program service revenue (Part VIII, line 2g)	25,8		∠٥,	$\frac{122.}{1.05}$							
é 10	Investment income (Part VIII, column (A), lines 3, 4, an	•	<u> </u>	2 (66.		165.					
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c		<u> </u>		000.		414.					
12	Total revenue - add lines 8 through 11 (must equal Pa			100,2			001.					
13	Grants and similar amounts paid (Part IX, column (A),		ļ	15,5		10,	450.					
14	Benefits paid to or for members (Part IX, column (A), li		<u> </u>		0.		0.					
Expenses 15	Salaries, other compensation, employee benefits (Pari		\vdash	<u>-</u> -	0.		0.					
ğ 16a	Professional fundraising fees (Part IX, column (A), line		<u>,</u> ⊢		0.	···	0.					
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Total fundraising expenses (Part IX, column (D), line 29		<u> </u>	120 (\	120	<u> </u>					
- 17	Other expenses (Part IX, column (A), lines 11a-11d,-11		\vdash	132,2			607.					
	Total expenses Add lines 13-17 (must equal Part IX)	Solution (A) light (25)	_	147,		143,	057.					
19	Revenue less expenses Subtract line 18 from line 12	- 15 3		-47,5			056.					
ts o	Total assets (Part X, line 16)	MAY (3) 2018	<u> B</u>	eginning of Currer		End of Yea						
988 20 888 20		MAY 🗐 2018	<u> </u>	909,0		856,	009.					
Fund Balances 72 75 75 75 75 75 75 75 75 75 75 75 75 75	Total liabilities (Part X, line 26)		<u> </u>	000	0.	05.6	0.					
독리 22 Part I	Net assets or fund balances Subtract line 21 from line Signature Block	e-20 P		909,0	065.	856,	009.					
<u> </u>		1										
	alties of perjury, I declare that I have examined this return, inc					knowledge and be	liet, it is					
true, com	ct, and complete Declaration of preparer (other than officer) is	s based on all illiorniation of w	nich prepare	er nas any knowied	ge.	-/10						
0:	Signature of officer	····		Date	5//-	> / / O						
Sign				Date								
Here	RON WOLF, TREASURER Type or print name and title											
				Date	Check] PTIÑ						
Paid	Print/Type preparer's name	eparer's signature			ıl	٠٠٠٠٠ الـ						
Preparer	Eurm's name				sett-employed							
Use Only	Firm's name Firm's address			Fırm's	LIIV							
300 Omj	Timi o addicos			Phone	no							
May the	IRS discuss this return with the preparer shown above	? (see instructions)	-		110.	Yes	□ No					
732001 11			ons.			Form 99						

	orm 990 (2017) CHILLICOTHE FFA AL	UMNI ASSOCIATION	43-1609199 Page 2
Par	Part III Statement of Program Service Accomplish	iments	
	Check if Schedule O contains a response or note to any	line in this Part III	\square
1	,		
•	PROVIDE STUDENTS OF CHILLICOTHE	R-TT SCHOOLS HANDS-ON I	RARNING
	EXPERIENCES IN AGRICULTURAL SCI		BEARMING
	EXPERIENCES IN AGRICULTURAL SCI	ENCES.	
			
2	2 Did the organization undertake any significant program service	es during the year which were not listed on the	
	prior Form 990 or 990-EZ?	• .	Yes X No
	If "Yes." describe these new services on Schedule O.		,
_			? Yes X No
3	·	anges in now it conducts, any program services	Yes LA No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments	for each of its three largest program services, a	as measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to re	port the amount of grants and allocations to ot	hers, the total expenses, and
	revenue, if any, for each program service reported	,	,
4-		ding grants of \$ 10,450.) (Reve	enue \$ 30,701.)
4a			
	PROVIDE STUDENTS OF CHILLICOTHE		LEARNING
	EXPERIENCES IN AGRICULTURAL SCI	ENCES.	
			
4b	1b (Code) (Expenses \$ inclu	ding grants of \$) (Rev	enue \$)
			
		· ·	
	······································		
			
4c	1c (Code) (Expenses \$	ding grants of \$) (Rev	venue \$
		, (164	, , , , , , , , , , , , , , , , , , ,
4d	4d Other program services (Describe in Schedule O)		
4d	4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$	
	4d Other program services (Describe in Schedule O)		

43-1609199

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
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			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
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		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
40	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		!	77
44	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.		- 1	;
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			'
а	Part VI	44-	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	11a	^	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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		Х
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
þ	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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	 	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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			
46	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			
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	-	X
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	4.0		v
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	<u> </u>	X
	complete Schedule G, Part III	19		x
			000	(2017)

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301 7701-37 If "Yes," complete Schedule R. Part I

34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 If "Yes," complete Schedule R, Part V, line 2

Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O

38	X	
Form	990	(201

X

X

X

X

X

X

32

34

35a

35b

36

37

1a Enter the number reported in Box 3 of Form 1096. Enter -0 if not applicable b Enter the number of Forms W-3G included in line 1a. Enter -0 if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambha) wonnings to prize with social with the payments of the payments	Pai	Check if Schedule O contains a response or note to any line in this Part V			
tale Enter the number of forms W20 Canciluded in the 1a. Enter 0-ft in 01 applicable be Enter the number of Forms W20 Canciluded in the 1a. Enter 0-ft in 01 applicable c Did the organization comptly with backup withholding rules for reportable payments to vendors and reportable gaming (gambang) winnings to prize werens? Enter the number of employses reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. British the number of employses reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. British the number of employses reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year of the within the year? British the number of employses reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending within the 2s, did the organization filed for the calendar year of the wage of within the year? Note. If the same of the form 2s year of the organization filed for the calendar year of the organization of the wage of year of the year? A Any time the name of the foregro country year of the organization have an interest in, or a significant or other financial accounts (FBAR) Same Was the organization party to a prohibined tax shelter transaction at any time during the tax year? By the organization party to a prohibined tax shelter transaction at any time during the tax year? Same Was the organization party to a prohibined tax shelter transaction at any time during the tax year? Same Was the organization has were not tax deductible and organization file from 8886 17 By the Year organization has were not tax deductible and expensive the wage of the organization and services provided on the payor? The Was the organization payor payor that were not tax deductible? By the organization receive at outlobut with every soliculation an expensive stateme		Officer if centedne o contains a response of fole to any line in this part v	-	V	<u> </u>
b Enter the number of Forms W2G included in line 1a. Enter of Indiapplicable of Did the organization comply with backup withholding nulse for reportable payments to vendors and reportable garning gamming without programments of the programment of the programme	12	Enter the number reported in Box 3 of Form 1096. Enter A. if not applicable		Tes	NO
c Dit the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) winnings to prize winners? 2 Enfeit the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, flield for the calendary year ending with or within the year covered by this return. 8 If all least one is reported on the 2d, did the organization fliel all required federal employment tax returns? Note. If the sum of lines 1a and 2 as igneater than 250, you may be required to e-file (see instructions) 8 Did the organization have unrelated business gross income of \$1 Julio Dor ormer during the year? 8 Did the organization have unrelated business gross income of \$1 Julio Dor ormer during the year? 9 A All any time during the calendary 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)? 8 If Yes, and the organization have foreign country. 9 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF) 5 Was the organization a party to a prohibited tax shelter transaction and year the during the state of the organization that it was or is a party to a prohibited tax shelter transaction? 9 If Yes, 7 to line Sa or 55, did the organization that it was or is a party to a prohibited tax shelter transaction? 9 If Yes, 7 to line Sa or 55, did the organization that it was or is a party to a prohibited tax shelter transaction or grits were not tax deductible? 9 If Yes, 7 to line Sa or 55, did the organization timel for foreign seed that any contributions or grits were not tax deductible? 9 If Yes, 7 to line Sa or 55, did the organization into include with every sociation an express statement that such contributions or grits were not tax deductible? 9 If Yes, 7 to line organization and the property of the property for which it was required to the payor? 9 If Yes			İ		
gambling) winnings to prize winners? a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. filed for the calendar year ending with or within the year covered by this return Note. If the sum of lines 1 and 2 are greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If 1 Yes, 1 has 1 filed a Form 990-T for this year? 1 "No, 1 to line 30, provide an explanation in Schedule 0 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAF) 5b If 1 Yes, 1 enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF) 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization school any contributions that were not tax deductibles of the organization to the organization to the organization to the organization to the deductible contributions under section 170(c). 5c Under the organization network a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the Payor? 7c Organizations that many receive deductible contributions under section 170(c). 5d If 1 Yes, 1 did the organization network approach of the year of the poods or services provided? 7c Organizations that many receive deductible contributions under section 170(c). 5d If 1 Yes, 1 did the organization network approach of the poods or services provided? 7c Organizations that may receive deductible contributions or approach property for which it was required to the Foreign 820 of the organization received a contribution of a quali			ĺ		
2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. Bed for the calendary sere anding with or within the year covered by this return 1 bill at least one is reported on Ine 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1s and 2 as greater than 250, you may be required to e-file (see instructions) 3 bill the organization have unrelated business gross income of \$1,000 or more during the year? 3a X X bill *Yes,* has it filed a Form 990*T for this year? If *No.* to line 3b, provide an explanation in Schedule O 3b A any time during the calendary 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)? 5 bill *Yes,* finant the name of the foreign country or the schedule of the schedule of the organization file form 8886 in the schedule of the organization file form 8886 in the schedule of the organization file form 8886 in the schedule of the organization have a schedule triansaction at any time during the tax year? 5 bill *Yes,* fold the organization file form 8886 in the schedule organization file form 8886 in the schedule organization file form 8886 in the schedule organization schedule any contributions that were not tax deductible as charitable contributions under section 170(c). 5 bill *Yes,* fold the organization file form 8886 in the schedule organization schedule organization file form 8896 in the organization schedule organization file form 8896 in the schedule organization file form 8896 in the organization file form 8896 in the schedule organization file form 8896 in the organization file form 8896 in the schedule of the schedule organization file form 8896 in the organization file form 8896 in the sponsoring organization schedule or otherwise dispose of tangelle personal property for which it was required in the organization file form 1990 organization file	_		10	x	
filed for the calendary year ending with or within the year covered by this return by If at least one is reported on the 2A, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements.			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If 19'es, * has it filed a form 990*T for this year? If * No. * to line 3b, provide an explanation in Schedule O 3b 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)? 5b If * Yes, * there the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at my time during the tax year? 5b If * Yes, * to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, * to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, * to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If Yes, * to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If Yes, * to the organization network apparent in access of 35 made party as a contribution of prohibition or gifts were not tax deductible? 6c If Yes, * to the organization on express effect on the prohibition of the prohibition of the prohibition of the prohibitions and party for goods and services provided to the payor? 7c If If Yes, * to the organization receive a payment in access of 35 made party as a contribution of prohibition of the prohibitions of the goods or services provided? 7d If Yes, * to the or					
Note. If the sum of lines ta and 2a is greater than 250, you may be required to e-file (see instructions) 3	b		2b		
b if "Yes," has it filled a Form 990.T for this year? if "No." to line 3b, provide an explanation in Schedule O All 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?) b if "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions for this requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions for this requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions for the requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions for the requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions for the foreign Bank and Financial Accounts (FBAR) See instructions for the foreign Bank and Financial Accounts (FBAR) See instructions for the foreign Bank and Financial Accounts (FBAR) See instructions for the foreign Bank and Financial Accounts (FBAR) See instructions for the foreign Bank and Financial Accounts (FBAR) See instructions for the foreign Bank and Financial Accounts (FBAR) See instructions for the foreign Bank and Financial Accounts (FBAR) See instructions for instruction in that was not any time during the tax year? See call the organization seed on the value of the foreign and provided the theory of the property of the organization file form Bassa services provided to the park of the organization received a contribution of the year of the goods or services provided provided to file Form 1098.0° and servic					
4a A 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, ecuntive account, or other financial account)? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF) Sa Was the organization aprily to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization that divas or is a party to a prohibited tax shelter transaction? 5b Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5c Was the organization nave annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a X 5b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8 In the organization receive a payment in excess of \$75 made parity as a contribution and parity for poods and services provided to the payor? 8 If "Yes," did the organization notify the donor of the value of the goods or services provided? 9 If "Yes," did the organization notify the donor of the value of the goods or services provided? 1 If "Yes," indicate the number of Forms 8282 filed during the year 9 Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7c X 7d Y 8 If the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract? 9 Sponsoring organization make an excess business holdings at any time during the year? 9 Sponsoring organization make an accordance of the promise of the organization file organization will be ac	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
financial account in a foreign country ▶	b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
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14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		organization is licensed to issue qualified health plans			
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			<u> </u>	Ь—	<u> </u>
			14a	Ь—	<u> X</u>
	<u>b</u>	It "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>

Form 990 (2017) CHILLICOTHE FFA ALUMNI ASSOCIATION 43-1609199 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. \mathbf{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 1a Enter the number of voting members of the governing body at the end of the tax year 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. **b** Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X 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 X 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) No Yes X 10a **10a** Did the organization have local chapters, branches, or affiliates? 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? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a 15b Other officers or key employees of the organization 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 X 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE 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 Own website Another's website X Upon request 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 statements available to the public during the tax year

Form 990 (2017)

64601

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

MO

RON WOLF - (660) 646-3414

1200 FAIR STREET, CHILLICOTHE,

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) Name and Title	(B) Average hours per week	Position (do not check more than one box, unless person is both ar officer and a director/trustee)				than	one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) E.L. REED	0.50							_		_	
PRESIDENT						<u> </u>	<u> </u>	0.	0.	0	
(2) RON WOLF	0.50	┨			ĺ						
FREASURER		 —			_	-	\vdash	0.	0.	0	
(3) GAYLEN POTTER	0.50	-								^	
DIRECTOR	0.50	-					-	0.	0.	0	
(4) DAVID WALKER DIRECTOR	0.50	┨		ŀ				0.	0.	0	
(5) STEVE RADCLIFF	0.50	┢	1	\vdash		 		0.	0.		
DIRECTOR	0.50	1						0.	0.	0	
(6) SUSAN DAVIS	0.50	T									
DIRECTOR		1			ļ			0.	0.	0	
(7) DAVID WILLIAMS	0.50	1	1								
DIRECTOR		<u> </u>						0.	0.	0	
(8) RUSTY BLACK	0.50										
DIRECTOR						ļ	<u> </u>	0.	0.	0	
(9) ADAM WOLF	0.50	1		1		l		_	_	_	
DIRECTOR		1	<u> </u>			<u> </u>	_	0.	0.	0	
		$\frac{1}{2}$									
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Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees	and	d Hi	ghe	st C	ompensated Employee	s (continued)			
	, (A)	(B)			(0	C)			(D)	(E)		(F)	
	Name and trtle	Average	(do		Pos heck		than (one	Reportable	Reportable		Estimat	
		hours per week					ıs boti x/trus		compensation from	compensation from related		amount	
		(list any	횽						the	organizations	0	ompens:	
		hours for	or director				pg .		organization	(W-2/1099-MISC)		from th	
		related organizations	stee	truste			beusa		(W-2/1099-MISC)			organiza	
		below	ual fr	tonal		b boye	st com	_				and rela organizat	
		line)	Individual trustee or	institutional trustee	Officer	Key employee	Highest compensated employes	Former			`), gu	.01.0
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	Sub-total .	II Continu A							0.		0.		0.
d	Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A							0.		<u> </u>		0.
u	Total number of individuals (including but i	not limited to th	nose	liste	ed a	hov	e) w	no r	1		<u>1</u>		
_	compensation from the organization				-		-,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			0
	•									•		Yes	No
3	Did the organization list any former officer	, director, or tri	uste	e, ke	ey e	mple	oyee	, or	highest compensated e	mployee on			7. 1
	line 1a? If "Yes," complete Schedule J for	such individual									<u> </u>	3	X
4	For any individual listed on line 1a, is the s	-		-						the organization	.		1 : -
	and related organizations greater than \$15										-	4	<u> X</u>
5	Did any person listed on line 1a receive or	•					•	elat	ted organization or indiv	idual for services		<u>- - </u>	X
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors	пріете Scriedui	e _J	ror s	ucn	per	son		 			5	ΙΔ.
1	Complete this table for your five highest or	ompensated in	den	ende	ent o	cont	racti	ors f	that received more than	\$100,000 of comp	ensati	on from	
•	the organization Report compensation for	•								-			
	(A)	_							(B)			(C)	
	Name and business	s address	N	ON:	E				Description of s	services	Cor	npensati	on
		•											
		 										-	
	,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>												
												••••	
2	Total number of independent contractors	(including but r	not I	ımıte	ed to	tho	ose I	ste	d above) who received n	nore than			
	\$100,000 of compensation from the organ	ization 🕨					0						
											F	orm 990	(2017)

CHILLICOTHE FFA ALUMNI ASSOCIATION Form 990 (2017) 43-1609199 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or (C) Unrelated (D) Revenue excluded from tax under Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns b Membership dues 1b c Fundraising events d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above ... 59,300. 9 Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f 59,300. Business Code Program Service Revenue 2 a SALE OF LIVESTOCK, ETC 110000 26,122 26,122. f All other program service revenue 26,122. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 165 other similar amounts) 165 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 4,414. b Less rental expenses 0. 4,414. c Rental income or (loss) d Net rental income or (loss) 4,414 4.414 7 a Gross amount from sales of (i) Securities (ii) Other 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 Other Revenue 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

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11 a

Form 990 (2017)

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Business Code

d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions.

b Less cost of goods sold

c Net income or (loss) from sales of inventory Miscellaneous Revenue

30,701

Secti	on 501(c)(3) and 501(c)(4) organizations must com	•	· - · - · ·	mplete column (A).	
	Check if Schedule O contains a respon			. (0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				· · · · · · · · · · · · · · · · · · ·
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	10,450.	10,450.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign			Ī	
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members .				
5	Compensation of current officers, directors,			İ	
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include			İ	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				·
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees			-	
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy		·		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				, au
22	Depreciation, depletion, and amortization	80,395.	80,395.		
23	Insurance .				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				\ <u>-</u>
а	SUPPLIES	45,807.	45,807.		.,,
b	T A DOD	3,500.	3,500.		· <u>- · · · · · · · · · · · · · · · · · ·</u>
c	LIDD G T CD	2,000.	2,000.		
d		905.	905.		
	All other expenses	<u> </u>			
25	Total functional expenses Add lines 1 through 24e	143,057.	143,057.	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.				
	Check here if following SOP 98-2 (ASC 958-720)				

CHILLICOTHE FFA ALUMNI ASSOCIATION 43-1609199 Page 11 Form 990 (2017) Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 53,138. 68,124. Cash - non-interest-bearing 1 16,641. 16,476. Savings and temporary cash investments 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets 7 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10a 1,528,402 771,244. 10b 757,158 839,451 b Less: accumulated depreciation Investments - publicly traded securities 11 11 12 Investments - other securties See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 Other assets See Part IV, line 11 15 15 909,065. 856,009. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 0 26 0. Organizations that follow SFAS 117 (ASC 958), check here

> 856,009. Form **990** (2017)

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909,065.

909,065.

909,065.

Net Assets or Fund Balances

29

30

31

32

33

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

and complete lines 30 through 34.

Total net assets or fund balances

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

	990 (2017) CHILLICOTHE FFA ALUMNI ASSOCIATION	43-1609	199	Pag	_{je} 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				\Box
1 2 3 4 5 6 7	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses	1 2 3 4 5 6 7	143 -53	3,0	01. 57. 56. 65.
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10 Dat	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	856	5,0	09.
rai					
	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			103	
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 separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?	d on a	2b		x
5	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		20		- ,
C	review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Sch		2c		
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Act and OMB Circular A-133?	ngle Audıt	3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits audits and the organization did not undergo the required audit or audits.	ired audit			

Form **990** (2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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.

➤ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

CHILLTCOTHE FEA ALUMNI ACCOCTATION

Employer identification number

			A ALUMNI ASS				3-1003133			
Part I	Reason for Public (Charity Status (All organizations must co	mplete thi	s part) Se	e instructions				
The orga	nization is not a private found	ation because it is: (For lines 1 through 12, c	heck only	one box.)		<u></u>			
1 🗀	A church, convention of chi	urches, or association	on of churches described	in section	n 170(b)(1)(A)(i).	$\wedge \mathcal{O}$			
2 🗀	A school described in secti									
з 🔲	A hospital or a cooperative					i).				
4	A medical research organiza					•	the hospital's name.			
	city, and state:		,				,			
5 🗀	An organization operated for	or the benefit of a co	llege or university owner	l or operat	ed by a go	vernmental unit describ	ed in			
у	- · · · · · · · · · · · · · · · · · · ·		nege of driversity owner	o operat	ed by a go	Wertimental unit describ	ed III			
	section 170(b)(1)(A)(iv). (C					, .				
6	A federal, state, or local gov									
7	An organization that normal	•	intial part of its support f	rom a gove	ernmental	unit or from the general	public described in			
	section 170(b)(1)(A)(vi). (Co									
8	A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Part	11.)						
9 📖	An agricultural research org	janization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	nction with a land-grant	college			
	or university or a non-land-g	grant college of agric	ulture (see instructions)	Enter the	name, city	, and state of the college	e or			
	university.									
10 X	An organization that normal	lly receives: (1) more	than 33 1/3% of its sup	port from	contributio	ons, membership fees, a	nd gross receipts from			
	activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its support	from gross investment			
	income and unrelated busing	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	ired by the organization	after June 30, 1975			
	See section 509(a)(2). (Cor		,		•	, ,	·			
11	An organization organized a	•	ively to test for public sa	fetv Sees	section 50	9(a)(4).				
12		•	-	-			nurnoses of one or			
'- '	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in									
	lines 12a through 12d that	-					meek the box in			
- L	 -	* *	· · · - ·				C11/104			
a ∟_	☐ Type I. A supporting orga									
	the supported organization			i majority o	or the aired	ctors or trustees of the s	upporting			
	organization You must c	•								
b L	☐ Type II. A supporting organization.	•					-			
	control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported			
	organization(s) You mus	t complete Part IV,	Sections A and C.							
c L	Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,			
	its supported organization	n(s) (see instructions	s). You must complete f	Part IV, Se	ections A,	D, and E.				
d 🗀	Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organi	zation(s)			
	that is not functionally int	egrated The organiz	zation generally must saf	isfy a disti	ribution re	quirement and an attent	iveness			
	requirement (see instruct	ions) You must con	mplete Part IV, Sections	A and D,	and Part	V.				
e [Check this box if the orga									
	functionally integrated, or									
f Fn	ter the number of supported of		g cappoi.		Landii					
	ovide the following information	•	ed organization(s)		•		<u> </u>			
<u> </u>	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga	inization listed ing document?	(v) Amount of monetary	(vi) Amount of other			
	organization		(described on lines 1 10	Yes	No No	support (see instructions)	support (see instructions)			
			above (see instructions))	163	110					
										
		 			<u> </u>					
	· · · · · · · · · · · · · · · · · ·	 	 		<u> </u>					
]						
				<u> </u>	<u> </u>					
Total										

Pa	irt II Support Schedule for	Organizations	Described in	Sections 170	(b)(1)(A)(iv) an	d 170(b)(1)(A)(v	i) /
	(Complete only if you checked						
	 fails to qualify under the tests 	listed below, plea	se complete Part I	II.)			
Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017/	(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			']	
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a				X		
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the	,	,	, , ,	,		
	amount shown on line 11,				-]	
	column (f)						
	Public support. Subtract line 5 from line 4		J90	-/	0 7-000-2	. /	
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4				<u> </u>	 	
8	Gross income from interest,				Ì		
	dividends, payments received on						
	securities loans, rents, royalties,]	
_	and income from similar sources	<u> </u>	/				
9	Net income from unrelated business						
	activities, whether or not the						
40	Other recent Department on				 	 	
10	Other income Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI)]	
44	Total support. Add lines 7 through 10				,		
	Gross receipts from related activities,	etc (see instruction	one)		1	12	
	First five years. If the Form 990 is for	/	•	d fourth or fifth t	av vear as a sectio		
13	organization, check this box and stor	-	3 m31, 3000ma, tim	a, loarin, or mar c	ax year as a section	11 30 1(c)(3)	ightharpoonup
Se	ction C. Computation of Publ		rcentage	·			
14	Public support percentage for/2017 (line 6, column (f) d	ivided by line 11, o	column (f))		14	%
	Public support percentage from 2016		=	\ <i>"</i>		15	%
16a	33 1/3% support test - 2017. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or i	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	1			ightharpoons
t	33 1/3% support test - 2016. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	6 or more, check th	nis box
	and stop here. The organization qual	lifies as a publicly	supported organiz	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2017. If the org	janization did not d	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ices" test, check ti	his box and stop i	here. Explain in Pa	rt VI how the organ	nization
	meets the "facts-and-circumstances"	test The organiza	ition qualifies as a	publicly supporte	d organization		ightharpoons
t	o 10% -facts-and-circumstances tes	_					
	more, and if the organization meets t	he "facts-and-circu	ımstances" test, c	heck this box and	stop here. Explai	n in Part VI how the	
	organization meets the "facts-and-cire	cumstances" test	The organization of	qualifies as a publ	icly supported org	anızatıon	. ▶□
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box	and see instruction	s >
	/				Sch	edule A (Form 990	or 990-EZ) 2017

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.)

Section A. Public Support												
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total					
1	Gifts, grants, contributions, and			j								
	membership fees received (Do not											
	include any "unusual grants ")	38,682.	122,924.	83,142.	66,325.	54,300.	365,373.					
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the	25.222	20 700	22.221	05.000	06.100	1.40 701					
	organization's tax-exempt purpose	27,202.	30,723.	30,821.	25,833.	26,122.	140,701.					
3	Gross receipts from activities that are not an unrelated trade or business under section 513		:									
4	Tax revenues levied for the organ-					,						
_	ızation's benefit and either paid to			İ								
	or expended on its behalf											
5	The value of services or facilities furnished by a governmental unit to the organization without charge											
6	Total. Add lines 1 through 5	65,884.	153,647.	113,963.	92,158.	80,422.	506,074.					
	Amounts included on lines 1, 2, and		,			-						
	3 received from disqualified persons	31,365.	93,950.	74,032.	66,125.	43,300.	308,772.					
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	·					0.					
	amount on line 13 for the year	31,365.	93,950.	74,032.	66,125.	43,300.						
	Add lines 7a and 7b	31,303.	93,930.		00,123.	43,300.	197,302.					
	Public support. (Subtract line 7c from line 6) ction B. Total Support		<u>,</u>	I			191,304.					
		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total					
	endar year (or fiscal year beginning in)	65,884.	153,647.	113,963.	92,158.	80,422.	506,074.					
-	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	97.	95.	34.	66.	165.	457.					
t	Unrelated business taxable income											
	(less section 511 taxes) from businesses											
	acquired after June 30, 1975											
	c Add lines 10a and 10b	97.	95.	34.	66.	165.	457.					
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on											
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)											
13	Total support. (Add lines 9, 10c, 11, and 12)	65,981.	153,742.	113,997.	92,224.	80,587.	506,531.					
14	First five years. If the Form 990 is for check this box and stop here	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	zation,					
Se	ction C. Computation of Publ	ic Support Pe	rcentage	·		-						
	Public support percentage for 2017 (column (fl)		15	38.95 %					
	Public support percentage from 2016		=			16	38.40 %					
	ction D. Computation of Inve											
	Investment income percentage for 20			ne 13. column (fl)		17	.09 %					
	Investment income percentage from	•	•			18	.09 %					
	a 33 1/3% support tests - 2017. If the			on line 14, and line	e 15 is more than 3							
	more than 33 1/3%, check this box a	and stop here. The	e organization qua	ifies as a publicly s	supported organiz	ation	$\triangleright X$					
	b 33 1/3% support tests - 2016. If the line 18 is not more than 33 1/3%, che	-					and •					
<u>20</u>	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th	_							
					Cab	adula A (Earm 00	0 or 000.E7\ 2017					

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 Organizations

- 1 Are all of the organization's supported organizations fisted 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) nurnoses
- 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).
- 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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-	2		
L	3a		
ł	3b		
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L	3c		
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99	0 or 99	90-F7	2017

🔟 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions)

Schedule A (Form 990 or 990-EZ) 2017

e Excess from 2017

Schedule /	A (Form 990	or 990-EZ) 201	7 CHILLICO	THE FF	A ALUMNI ASSOCIATIO	ON 43-1609199 Page 8
Part Vi	Supple Part I∜, S line 1, Pa Section [mental Info Section A, lines art IV, Section D	rmation. Provid 1, 2, 3b, 3c, 4b, 4d 1, lines 2 and 3; Par	e the explana ;, 5a, 6, 9a, 9b t IV, Section I	tions required by Part II, line 10; Part	II, line 17a or 17b, Part III, line 12; tion B, lines 1 and 2; Part IV, Section C, , line 1; Part V, Section B, line 1e; Part V,
SCHED	ULE A,	LIST O	UNUSUAL	GRANTS	RECEIVED:	
DESCR	IPTION	: CASH		_		
DATE.	08/24	/17	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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

CHILLICOTHE FFA ALUMNI ASSOCIATION

Employer identification number 43-1609199

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.						
		(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year							
2								
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds					
	are the organization's property, subject to the organization's exclusive legal control? Yes No							
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only							
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	conferring					
	ımpermissible private benefit?		Yes No					
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7					
1	Purpose(s) of conservation easements held by the organization	tion (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 cer	tified historic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form						
	day of the tax year.		Held at the End of the Tax Year					
а	Total number of conservation easements		2a					
b	Total acreage restricted by conservation easements	•	<u>2b</u>					
С	Number of conservation easements on a certified historic st		2c					
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struct						
_	listed in the National Register		2d					
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	e organization during the tax					
	year >							
4	Number of states where property subject to conservation ea							
5	Does the organization have a written policy regarding the per	• • •	Yes No					
6	violations, and enforcement of the conservation easements Staff and volunteer hours devoted to monitoring, inspecting		 ::: ::					
0	Stan and volunteer rours devoted to monitoring, inspecting	, nandling or violations, and emorcing con	servation easements during the year					
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conserva	ation easements during the year					
•	S	ding of violations, and emoterning conserve	ation casements during the year					
8	Does each conservation easement reported on line 2(d) abo	eve satisfy the requirements of section 170	O(h)(4)(B)(i)					
	and section 170(h)(4)(B)(ii)?							
9								
	include, if applicable, the text of the footnote to the organization							
_	conservation easements							
Pai	t III Organizations Maintaining Collections	of Art, Historical Treasures, or C	Other Similar Assets.					
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8						
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue state	ment and balance sheet works of art,					
	historical treasures, or other similar assets held for public ex	chibition, education, or research in further	ance of public service, provide, in Part XIII,					
	the text of the footnote to its financial statements that desc	ribes these items.						
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statemer	nt and balance sheet works of art, historical					
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of po	ublic 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		> \$					
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financi	al gaın, provide					
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items.						
а	Revenue included on Form 990, Part VIII, line 1		> \$					
	Assets included in Form 990, Part X		\$					
LHA	For Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.	Schedule D (Form 990) 2017					

		OTHE FFA AL	<u>UMNI</u>	ASSOC:	<u>IATION</u>	<u> </u>	43-16	<u> </u>	Page 2
Pai	t III Organizations Maintaining C	ollections of Art	, Histor	ical Trea	isures, oi	Other :	Similar Asse	ts(continue	d)
3	Using the organization's acquisition, accessi	on, and other records	, check ar	ny of the fol	lowing that	are a signi	ficant use of its	collection ite	ems
	(check all that apply)								
а	Public exhibition	d	Loa	an or excha	nge progran	ns			
b	Scholarly research	е	Oth	ner					
С	c Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they	further the	organizatioi	n's exemp	t purpose in Pa	rt XIII.	
5	During the year, did the organization solicit of	r receive donations of	art, histo	ncal treasu	res, or other	r sımılar as	sets	_	
	to be sold to raise funds rather than to be ma					<u> </u>		Yes	No
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		e if the or	ganization a	answered "\	es" on Fo	rm 990, Part IV	, line 9, or	
1a	Is the organization an agent, trustee, custod	an or other intermedia	ary for cor	ntributions o	or other ass	ets not inc	luded		
	T 000 D-+ V0		-] Yes [□ No
ь	If "Yes," explain the arrangement in Part XIII						–		
_								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 2	21, for esc	row or cust	todial accou	int liability	?	Yes	No
b	If "Yes," explain the arrangement in Part XIII	Check here if the exp	olanation h	nas been pr	rovided on F	Part XIII		[
Pai									
		(a) Current year	(b) Prior				Three years back	(e) Four year	ars back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur	rent year end balance	(line 1g, d	column (a))	held as:				
а	Board designated or quasi-endowment	•	%	, ,,					
b	Permanent endowment	%	-						
c	Temporarily restricted endowment ▶								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
За	Are there endowment funds not in the posse	ession of the organizat	tion that a	re held and	d administer	ed for the	organization		
	by.	_					_	Υe	s No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as require	ed on Sch	edule R?				3b	Ī.
4	Describe in Part XIII the intended uses of the	organization's endov	vment fun	ds					
Pai	t VI Land, Buildings, and Equipn	nent.				· <u></u>		•	
	Complete if the organization answere	d "Yes" on Form 990,	Part IV, li	ne 11a See	e Form 990,	Part X, Im	e 10.		
	Description of property	(a) Cost or oth	I	(b) Cost or			ımulated	(d) Book v	alue
	· · · · · · · · · · · · · · · · · · ·	basis (investm	ent)	basis (of	` +	depre	ciation		
1a	Land .				,538.				538.
b	Buildings			426	,353.	17	0,086.	256,	<u> 267.</u>
c	Leasehold improvements								
d	Equipment								
e	Other			1,001	,511.	58	7,072.		<u>439.</u>
Tota	. Add lines 1a through 1e (Column (d) must e	equal Form 990 Part)	Column	(R) line 100	C 3			771	244.

Schedule D (Form 990) 2017

732053 10-09-17

Schedule D (Form 990) 2017

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete of the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No 1545-0047	2017	Open to Public

Employer identification number

► Attach to Form 990. ► Go to www.irs.gov/Form990 for the latest information.

Schedule I (Form 990) (2017) (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 0 10,450. 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 732102 11-01-17 Part III

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43-1609199

CHILLICOTHE FFA ALUMNI ASSOCIATION

Schedule | (Form 990) (2017)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

. . . .

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.

Attach Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Open to Public

Inspection

Internal Revenue Service Name of the organization

CHILLICOTHE FFA ALUMNI ASSOCIATION

Employer identification number 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.