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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009Department of the Treasury
Internal Revenue Service**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code**
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection**A For the 2009 calendar year, or tax year beginning****, 2009, and ending****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions

C
ILLINOIS FFA ALUMNI ASSOCIATION
3221 NORTHFIELD DRIVE
SPRINGFIELD, IL 62702**D** Employer identification number

23-7215345

E Telephone number

217-753-3328

F Group Exemption Number• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).****G** Accounting method ☒ Cash ☐ Accrual
Other (specify) ►**I** Website: ► N/A**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**J** Tax-exempt status (check only one) — ☒ 501(c) (5) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ

► \$ 129,166.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

		1	2	3	4	5c	6c	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21						
REVENUE	1	Contributions, gifts, grants, and similar amounts received										48,519.																
	2	Program service revenue including government fees and contracts										2,417.																
	3	Membership dues and assessments										10,527.																
	4	Investment income										262.																
	5a	Gross amount from sale of assets other than inventory																										
	5b	Less: cost or other basis and sales expenses																										
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																										
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>																										
	6a	Gross revenue (not including \$ of contributions reported on line 1)										66,264.																
	6b	Less: direct expenses other than fundraising expenses										57,436.																
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)										8,828.																	
7a	Gross sales of inventory, less returns and allowances																											
7b	Less: cost of goods sold																											
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																											
8	Other revenue (describe ► SEE STATEMENT 1)										1,177.																	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8										71,730.																	
EXPENSES	10	Grants and similar amounts paid (attach schedule) SEE STATEMENT 2										31,485.																
	11	Benefits paid to or for members																										
	12	Salaries, other compensation, and employee benefits																										
	13	Professional fees and other payments to independent contractors										958.																
	14	Occupancy, rent, utilities, and maintenance																										
	15	Printing, publications, postage, and shipping										1,240.																
	16	Other expenses (describe ► SEE STATEMENT 3)										35,534.																
17	Total expenses. Add lines 10 through 16										69,217.																	
18	Excess or (deficit) for the year (Subtract line 17 from line 9)										2,513.																	
ASSETS	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)										15,351.																
	20	Other changes in net assets or fund balances (attach explanation)																										
	21	Net assets or fund balances at end of year. Combine lines 18 through 20										17,864.																

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	15,351.	17,864.
23	Land and buildings		
24	Other assets (describe ►)		
25	Total assets	15,351.	17,864.
26	Total liabilities (describe ►)	0.	0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	15,351.	17,864.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 990-EZ (2009)

Expenses

(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others.)

28 a

29 a

30 a

31 a

32

(e) Expense account and other allowances

0.

Part V Other Information (Note the statement requirements in the instrs for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
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 period covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations. Enter.		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>N/A</u> , section 4912 ▶ <u>N/A</u> , section 4955 ▶ <u>N/A</u>		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I 40b		
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c 0.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d 0.		
e 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		X
41 List the states with which a copy of this return is filed ▶ <u>NONE</u>		

42a The organization's books are in care of ▶ BOOKEEPER Telephone no ▶ 217-753-3328
 Located at ▶ 3221 NORTHFIELD DRIVE SPRINGFIELD IL ZIP + 4 ▶ 62702

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**

If 'Yes,' enter the name of the foreign country: ▶ _____

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts**.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? **42c**

If 'Yes,' enter the name of the foreign country: ▶ _____

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** ☐ N/A ☒ N/A

	Yes	No
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46** 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
- 47** Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E
- 49a** Did the organization make any transfers to an exempt non-charitable related organization?
- b** If 'Yes,' was the related organization a section 527 organization?
- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

	Yes	No
46		
47		
48		
49a		
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000

- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	<i>Penny S. Haase-Wittler, Exec Sec.</i> Signature of officer		April 19, 10 Date	
	<i>Penny S. Haase-Wittler, Exec Sec.</i> Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	<i>Sharon M. Dineen CPA</i> Date <i>4/11/10</i>	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	ILLINOIS AGRICULTURAL AUDITING ASSOCIATION		EIN
		318 SUSAN DR		36-1252710
		NORMAL, IL 61761-6206		Phone no (309) 862-3870

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

BAA

Form 990-EZ (2009)

Department of the Treasury
Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

2009

Open to Public Inspection

Name of the organization

ILLINOIS FFA ALUMNI ASSOCIATION

Employer identification number

23-7215345

Part I

Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.
Form 990EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | | | |
|--------------------------|----------------------------------|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Mail solicitations | <input type="checkbox"/> | Solicitation of non-government grants |
| <input type="checkbox"/> | Internet and email solicitations | <input type="checkbox"/> | Solicitation of government grants |
| <input type="checkbox"/> | Phone solicitations | <input type="checkbox"/> | Special fundraising events |
| <input type="checkbox"/> | In-person solicitations | | |

- 2a** Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

- b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col.(i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

- 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
		RAFFLES (event type)	SUPPLY SERVICE (event type)	(total number)	(Add col. (a) through col. (c))	
1	Gross receipts	49,348.	16,916.		66,264.	
2	Less. Charitable contributions					
3	Gross income (line 1 minus line 2)	49,348.	16,916.		66,264.	
DIRECT EXPENSES	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	45,621.	11,815.		57,436.
	10	Direct expense summary Add lines 4- through 9 in column (d)				57,436.
11	Net income summary. Combine lines 3, column (d) and line 10				8,828.	

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col. (a) through col. (c))
1	Gross revenue				
DIRECT EXPENSES	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Combine lines 1, column (d) and line 7				

9 Enter the state(s) in which the organization operates gaming activities. _____

a Is the organization licensed to operate gaming activities in each of these states?

b If 'No,' explain.

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' explain.

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	YES	NO
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in.**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records.

Name ▶ _____

Address ▶ _____

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?**15a****b** If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____.**c** If 'Yes,' enter name and address of the third party.

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided. ▶ _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year. ▶ \$ _____

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CLIENT 11056

ILLINOIS FFA ALUMNI ASSOCIATION

23-7215345

3/31/10

03.56PM

**STATEMENT 1
FORM 990-EZ, PART I, LINE 8
OTHER REVENUE**

MISCELLANEOUS

TOTAL	\$	1,177.
	\$	<u>1,177.</u>

**STATEMENT 2
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID**

CLASS OF ACTIVITY:	GRANT	
DONEE'S NAME:	ATHENS HIGH SCHOOL	
DONEE'S ADDRESS:	1 WARRIOR WAY ATHENS, IL 62613	
CASH AMOUNT GIVEN:		\$ 1,400.
CLASS OF ACTIVITY:	GRANT	
DONEE'S NAME:	BUSHNELL-PRAIRIE CITY	
DONEE'S ADDRESS:	845 WALNUT STREET BUSHNELL, IL 61422	
CASH AMOUNT GIVEN:		\$ 1,457.
CLASS OF ACTIVITY:	GRANT	
DONEE'S NAME:	CHARLESTON HIGH SCHOOL	
DONEE'S ADDRESS:	1603 LINCOLN AVENUE CHARELSTON, IL 61920	
CASH AMOUNT GIVEN:		\$ 1,310.
CLASS OF ACTIVITY:	GRANT	
DONEE'S NAME:	CISSNA PARK HIGH SCHOOL	
DONEE'S ADDRESS:	511 NORTH 2ND STREET CISSNA PARK, IL 60924	
CASH AMOUNT GIVEN:		\$ 1,500.
CLASS OF ACTIVITY:	GRANT	
DONEE'S NAME:	FAIRFIELD COMMUNITY HIGH SCHOOL	
DONEE'S ADDRESS:	300 WEST KING STREET FAIRFIELD, IL 62837	
CASH AMOUNT GIVEN:		\$ 1,138.
CLASS OF ACTIVITY:	GRANT	
DONEE'S NAME:	HARRISBURG HIGH SCHOOL	
DONEE'S ADDRESS:	333 WEST COLLEGE STREET HARRISBURG, IL 62946	
CASH AMOUNT GIVEN:		\$ 894.
CLASS OF ACTIVITY:	GRANT	
DONEE'S NAME:	NORTHWESTERN HIGH SCHOOL	
DONEE'S ADDRESS:	30889 ROUTE 111 PALMYRA, IL 62674	
CASH AMOUNT GIVEN:		\$ 972.

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ILLINOIS FFA ALUMNI ASSOCIATION

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STATEMENT 2 (CONTINUED)
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:	GRANT		
DONEE'S NAME:	SENECA HIGH SCHOOL		
DONEE'S ADDRESS:	307 EAST SCOTT STREET		
	SENECA, IL 61360		
CASH AMOUNT GIVEN:		\$	1,000.
CLASS OF ACTIVITY:	GRANT		
DONEE'S NAME:	SHILOH HIGH SCHOOL		
DONEE'S ADDRESS:	21751 NORTH 575TH STREET		
	HUME, IL 61932		
CASH AMOUNT GIVEN:		\$	860.
CLASS OF ACTIVITY:	GRANT		
DONEE'S NAME:	WEST PRAIRIE HIGH SCHOOL		
DONEE'S ADDRESS:	187575 EAST 800TH STREET		
	SCIOTA, IL 61475		
CASH AMOUNT GIVEN:		\$	1,469.
CLASS OF ACTIVITY:	GRANT		
DONEE'S NAME:	SERENA HIGH SCHOOL		
DONEE'S ADDRESS:	100 QUINCY STREET, BOX 107		
	SERENA, IL 60549		
CASH AMOUNT GIVEN:		\$	750.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	AMIE BURKE		
DONEE'S ADDRESS:	P.O. BOX 43		
	FITHIAN, IL 61844		
CASH AMOUNT GIVEN:		\$	500.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	CAROLINE BREMER		
DONEE'S ADDRESS:	6566 POWERS CHURCH ROAD		
	METROPOLIS, IL 62960		
CASH AMOUNT GIVEN:		\$	500.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	ELLEN READER		
DONEE'S ADDRESS:	2923 STATE HIGHWAY 94 & 135		
	LITTLE YORK, IL 61453		
CASH AMOUNT GIVEN:		\$	500.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	KIERSTEN KASEY		
DONEE'S ADDRESS:	501 WEST BUCKEYE ROAD		
	ASHMORE, IL 61912		
CASH AMOUNT GIVEN:		\$	500.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	ADAM HERWIG		
DONEE'S ADDRESS:	2017 LOWDEN ROAD		
	FRANKLIN GROVE, IL 61031		
CASH AMOUNT GIVEN:		\$	500.

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ILLINOIS FFA ALUMNI ASSOCIATION

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STATEMENT 2 (CONTINUED)
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	CLAY ZWILLING		
DONEE'S ADDRESS:	1428 WOODLAND DRIVE SHERRARD, IL 61281		
CASH AMOUNT GIVEN:		\$	150.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	AUSTIN ASHBY		
DONEE'S ADDRESS:	7876 HICKORY GROVE ROAD SAVANNA, IL 61074		
CASH AMOUNT GIVEN:		\$	150.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	BEN ARTEMAN		
DONEE'S ADDRESS:	5658 NORTH 3600 EAST ROAD BELLFLOWER, IL 61724		
CASH AMOUNT GIVEN:		\$	150.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	ANDREW HEAVNER		
DONEE'S ADDRESS:	121 MILLER COURT VALMEYER, IL 62295		
CASH AMOUNT GIVEN:		\$	150.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	ANNIE LARSON		
DONEE'S ADDRESS:	1347 ROUTE 30 SHABONNA, IL 60550		
CASH AMOUNT GIVEN:		\$	150.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	EMILIANO VERA		
DONEE'S ADDRESS:	576 WASHINGTON STREET BUSHNELL, IL 61422		
CASH AMOUNT GIVEN:		\$	150.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	HANNAH ST. PIERRE		
DONEE'S ADDRESS:	11285 CERRO GORDO BLACKTOP CERRO GORDO, IL 61818		
CASH AMOUNT GIVEN:		\$	150.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	TRAVIS HUGHES		
DONEE'S ADDRESS:	RR 1 BOX 177 XENIA, IL 62899		
CASH AMOUNT GIVEN:		\$	150.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	SABINA EIGHER		
DONEE'S ADDRESS:	BOX 492 CISSNA PARK, IL 60924		
CASH AMOUNT GIVEN:		\$	275.

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ILLINOIS FFA ALUMNI ASSOCIATION

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**STATEMENT 2 (CONTINUED)
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID**

CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	ALEX EDWARDS		
DONEE'S ADDRESS:	916 DEWEY STREET ELDORADO, IL 62930		
CASH AMOUNT GIVEN:		\$	275.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	LANDON HEATON		
DONEE'S ADDRESS:	1033 HICKORY DRIVE GENESEO, IL 61254		
CASH AMOUNT GIVEN:		\$	150.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	AMANDA OLDFIELD		
DONEE'S ADDRESS:	17807 E 1900TH STREET ATKINSON, IL 61235		
CASH AMOUNT GIVEN:		\$	150.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	DAVID DRENDEL		
DONEE'S ADDRESS:	15728 SHABONNA ROAD MALTA, IL 60150		
CASH AMOUNT GIVEN:		\$	150.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	COURTNEY MILLER		
DONEE'S ADDRESS:	117 DEBORAH DRIVE GILMAN, IL 60938		
CASH AMOUNT GIVEN:		\$	150.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	YVONNE ZAVORAL		
DONEE'S ADDRESS:	2277 NORTH 125TH STREET KANSAS, IL 61933		
CASH AMOUNT GIVEN:		\$	150.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	ROBERT OLSON		
DONEE'S ADDRESS:	1185 NORTH 23RD AVENUE HARVEL, IL 62538		
CASH AMOUNT GIVEN:		\$	260.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	LIZ KOEHLER		
DONEE'S ADDRESS:	362 COUNTY ROAD 650 NORTH SPARLAND, IL 61565		
CASH AMOUNT GIVEN:		\$	150.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	KRISTIN WETZEL		
DONEE'S ADDRESS:	13505 EAST DIX TEXICO ROAD TEXICO, IL 62889		
CASH AMOUNT GIVEN:		\$	150.

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ILLINOIS FFA ALUMNI ASSOCIATION

23-7215345

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**STATEMENT 2 (CONTINUED)
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID**

CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	AMANDA MALAWAY		
DONEE'S ADDRESS:	4234 COUNTY HIGHWAY 17 NASHVILLE, IL 62263		
CASH AMOUNT GIVEN:		\$	150.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	KATIE KNODLE		
DONEE'S ADDRESS:	12459 NOKOMIS ROAD FILLMORE, IL 62032		
CASH AMOUNT GIVEN:		\$	150.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	ELLEN CHILDRESS		
DONEE'S ADDRESS:	21533 EAST COUNTY ROAD 1480 NORTH OAKLAND, IL 61943		
CASH AMOUNT GIVEN:		\$	150.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	REED RECKER		
DONEE'S ADDRESS:	2022 SUNBIRD ROAD VENEDY, IL 62214		
CASH AMOUNT GIVEN:		\$	275.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	ASHLEY BECKMAN		
DONEE'S ADDRESS:	P.O. BOX 43 ILLINOIS CITY, IL 61259		
CASH AMOUNT GIVEN:		\$	150.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	MATTHEW DURBIN		
DONEE'S ADDRESS:	RR 1 BOX 172A SHELBYVILLE, IL 62565		
CASH AMOUNT GIVEN:		\$	150.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	MATTHEW RICE		
DONEE'S ADDRESS:	1752 CR 800 NORTH PHILO, IL 61864		
CASH AMOUNT GIVEN:		\$	150.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	KYLE ROSKAMP		
DONEE'S ADDRESS:	930 EAST CR 500 WARSAW, IL 62379		
CASH AMOUNT GIVEN:		\$	150.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	BILLY HATFIELD		
DONEE'S ADDRESS:	RR 1 BOX 192 WAYNE CITY, IL 62895		
CASH AMOUNT GIVEN:		\$	275.

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FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	SHANNON MURPHY		
DONEE'S ADDRESS:	208 WEST LUCY STREET		
	NOBLE, IL 62868		
CASH AMOUNT GIVEN:		\$	150.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	JOSH PAGE		
DONEE'S ADDRESS:	321 NORTH ELM STREET		
	FRANKLIN GROVE, IL 61031		
CASH AMOUNT GIVEN:		\$	125.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	WHITNEY BUCHER		
DONEE'S ADDRESS:	13230 EAST 2250TH STREET		
	MACOMB, IL 61455		
CASH AMOUNT GIVEN:		\$	125.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	DALTIN PICKETT		
DONEE'S ADDRESS:	222 EAST MONROE AVENUE		
	CHRISMAN, IL 61924		
CASH AMOUNT GIVEN:		\$	125.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	JACOB BARR		
DONEE'S ADDRESS:	9650 NORTH FAWVER ROAD		
	DAKOTA, IL 61018		
CASH AMOUNT GIVEN:		\$	125.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	REBA FASSETT		
DONEE'S ADDRESS:	14250 CENTURY OAK DRIVE		
	GENESEO , IL 61254		
CASH AMOUNT GIVEN:		\$	125.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	CHASE GRIFFITH		
DONEE'S ADDRESS:	413 LOGAN STREET		
	EMDEN, IL 62635		
CASH AMOUNT GIVEN:		\$	125.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	HENRY BURGWEGER		
DONEE'S ADDRESS:	4434 OLD STATE ROAD		
	KIRKLAND, IL 60146		
CASH AMOUNT GIVEN:		\$	125.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	KYE WITEK		
DONEE'S ADDRESS:	1371 GERMAN ROAD		
	STEWART, IL 60553		
CASH AMOUNT GIVEN:		\$	125.

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FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID**

CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	MACKENZIE BUYCK		
DONEE'S ADDRESS:	980 EAST 2000TH STREET LIBERTY, IL 62347		
CASH AMOUNT GIVEN:		\$	125.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	DREW FEIG		
DONEE'S ADDRESS:	11370 LENZBURG EAST ROAD LENZBURG, IL 62255		
CASH AMOUNT GIVEN:		\$	125.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	BEN KINER		
DONEE'S ADDRESS:	4139 EAST 525 ROAD MENDOTA, IL 61342		
CASH AMOUNT GIVEN:		\$	125.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	BLAKE PEARSON		
DONEE'S ADDRESS:	15860 EAST 850TH ROAD MT. CARMEL, IL 62863		
CASH AMOUNT GIVEN:		\$	125.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	HOLDEN DELANEY		
DONEE'S ADDRESS:	10504 NORTH DELANEY LANE MT. VERNON, IL 62864		
CASH AMOUNT GIVEN:		\$	125.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	BRIDGET NIEDERHOFER		
DONEE'S ADDRESS:	25174 COUNTY HIGHWAY 7 ASHLEY, IL 62808		
CASH AMOUNT GIVEN:		\$	125.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	CALEB SEYS		
DONEE'S ADDRESS:	18716 EAST 500 STREET COAL VALLEY, IL 61240		
CASH AMOUNT GIVEN:		\$	125.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	BRADLEY BRADDOCK		
DONEE'S ADDRESS:	1178 BOAT DOCK ROAD PATOKA, IL 62875		
CASH AMOUNT GIVEN:		\$	125.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	MATTHEW WARNER		
DONEE'S ADDRESS:	1512 WEST NORTH 2ND STREET SHELBYVILLE, IL 62565		
CASH AMOUNT GIVEN:		\$	125.

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FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID**

CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	ELISE HACKETT		
DONEE'S ADDRESS:	1170 EAST US HIGHWAY 36 TUSCOLA, IL 61953		
CASH AMOUNT GIVEN:		\$	125.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	ALEXIS CLINEBELL		
DONEE'S ADDRESS:	5248 QUARRY DRIVE WATERLOO, IL 62298		
CASH AMOUNT GIVEN:		\$	125.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	ETHAN BECKNER		
DONEE'S ADDRESS:	2505 US HIGHWAY 136 TENNESSEE, IL 62374		
CASH AMOUNT GIVEN:		\$	125.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	NICHOLAS AMERMAN		
DONEE'S ADDRESS:	4210 NORTH CLAY ROAD NOBLE , IL 62868		
CASH AMOUNT GIVEN:		\$	125.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	KAYLA HINRICHS		
DONEE'S ADDRESS:	13918 LINN DRIVE ATHENS, IL 62616		
CASH AMOUNT GIVEN:		\$	660.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	ELISE KRAUSE		
DONEE'S ADDRESS:	354 EAST 1000 NORTH ROAD MILMINE, IL 61855		
CASH AMOUNT GIVEN:		\$	660.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	JACOB BOUGH		
DONEE'S ADDRESS:	3767 18TH STREET CHARLESTON, IL 61920		
CASH AMOUNT GIVEN:		\$	660.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	CLAYTON CARLEY		
DONEE'S ADDRESS:	1649 EAST 1300 NORTH ROAD MILFORD, IL 60953		
CASH AMOUNT GIVEN:		\$	660.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	HANNAH PIEPER		
DONEE'S ADDRESS:	7376 CEDARVILLE ROAD ROCK CITY, IL 61070		
CASH AMOUNT GIVEN:		\$	660.

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STATEMENT 2 (CONTINUED)
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	LAURA GRACE		
DONEE'S ADDRESS:	2016 FOREST STREET ELDORADO, IL 62930		
CASH AMOUNT GIVEN:		\$	110.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	AARON PRINS		
DONEE'S ADDRESS:	25500 STAGECOACH ROAD GENESEO, IL 61254		
CASH AMOUNT GIVEN:		\$	110.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	NATHAN WALDECK		
DONEE'S ADDRESS:	4214 GRAINLEG AVENUE FARMERSVILLE, IL 62533		
CASH AMOUNT GIVEN:		\$	660.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	KATHERINE GIRONE		
DONEE'S ADDRESS:	1850 PIGEON CREEK ROAD VARNA, IL 61375		
CASH AMOUNT GIVEN:		\$	660.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	DYLAN PRICE		
DONEE'S ADDRESS:	307 MCKINLEY AVENUE MILFORD, IL 60953		
CASH AMOUNT GIVEN:		\$	110.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	CODY GILL		
DONEE'S ADDRESS:	990 GARFIELD ROAD OAKDALE, IL 62268		
CASH AMOUNT GIVEN:		\$	110.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	TAYLOR ELLIS		
DONEE'S ADDRESS:	25181 EAST BLEVINS ROAD OAKLAND, IL 61943		
CASH AMOUNT GIVEN:		\$	110.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	AMELIA MARTENS		
DONEE'S ADDRESS:	14492 EAST 350TH STREET ORION, IL 61273		
CASH AMOUNT GIVEN:		\$	110.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	SHERRI FLATT		
DONEE'S ADDRESS:	RR 1 BOX 253 STONEFORT, IL 62987		
CASH AMOUNT GIVEN:		\$	660.

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STATEMENT 2 (CONTINUED)
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	KAYLEE AGNEY		
DONEE'S ADDRESS:	RR 1 BOX 101A		
	SHELBYVILLE, IL 62565		
CASH AMOUNT GIVEN:		\$	660.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	KRISTOFER MANHART		
DONEE'S ADDRESS:	2513 NORTH 1300 EAST ROAD		
	PIPER CITY, IL 60959		
CASH AMOUNT GIVEN:		\$	660.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	TYLER SCHILSON		
DONEE'S ADDRESS:	1226 EAST CR 900		
	BASCO, IL 62316		
CASH AMOUNT GIVEN:		\$	660.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	CHELSEY BAKER		
DONEE'S ADDRESS:	P.O. BOX 1182		
	NOBLE, IL 62868		
CASH AMOUNT GIVEN:		\$	110.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	KYLE MONTOYA		
DONEE'S ADDRESS:	673 COUNTY ROAD 1200		
	EUREKA, IL 61530		
CASH AMOUNT GIVEN:		\$	110.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	ANDREA OHRT		
DONEE'S ADDRESS:	638 NORTH 5000 WEST		
	KANKAKEE, IL 60901		
CASH AMOUNT GIVEN:		\$	110.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	BRANDON HASSELBRING		
DONEE'S ADDRESS:	1020 NORTH 1380 EAST ROAD		
	MILFORD, IL 60953		
CASH AMOUNT GIVEN:		\$	110.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	KAYLE MCCONNELL		
DONEE'S ADDRESS:	P.O. BOX 15		
	CRESCENT CITY, IL 60928		
CASH AMOUNT GIVEN:		\$	110.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	NAOMI COOPER		
DONEE'S ADDRESS:	10649 NORTH 2400 EAST ROAD		
	FAIRBURY, IL 61739		
CASH AMOUNT GIVEN:		\$	110.

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STATEMENT 2 (CONTINUED)
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	ASHLEY LUHMAN		
DONEE'S ADDRESS:	BOX 337		
	CISSNA PARK, IL 60924		
CASH AMOUNT GIVEN:		\$	110.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	KELSEY MCCONNELL		
DONEE'S ADDRESS:	P.O. BOX 15		
	CRESCENT CITY, IL 60928		
CASH AMOUNT GIVEN:		\$	110.

STATEMENT 3
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ADMINISTRATIVE FEES	\$	22,000.
ADVERTISING AND PROMOTION		6,423.
MEETINGS		3,995.
MISCELLANEOUS		1,219.
OFFICE EXPENSES		1,365.
SUBSCRIPTIONS		238.
TELEPHONE		294.
TOTAL	\$	35,534.

STATEMENT 4
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

PROMOTION OF FFA MEMBER LEADERSHIP DEVELOPMENT.

STATEMENT 5
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
DEAN OLSON 22236 GRANGE ROAD GENESEO, IL 61254	PRESIDENT 0	\$ 0.	\$ 0.	0.
JIM MCCRAY 604 N 1600 E ROAD CLAYTONVILLE, IL 60926	VICE PRESIDENT 0	0.	0.	0.

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STATEMENT 5 (CONTINUED)
 FORM 990-EZ, PART IV
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JAMES SHELBY 16530 EAST KNOX ROAD MT. VERNON, IL 62864	REPORTER 0	\$ 0.	\$ 0.	\$ 0.
JANET RIGG 19600 N 1550TH ROAD MACOMB, IL 61455	SECRETARY 0	0.	0.	0.
JOHN RIORDAN 117 SOUTH SHELLY REDDICK, IL 60961	TREASURER 0	0.	0.	0.
RICHARD DESCHEPPER 402 WEST SOUTH STREET VICTORIA, IL 61485	DIRECTOR 0	0.	0.	0.
LORAN WILKEN 9441 NORTH ADELINE ROAD LEAR RIVER, IL 61047	DIRECTOR 0	0.	0.	0.
JASON WEBSTER 1238 EAST 3900 N ROAD KEMPTON, IL 60946	DIRECTOR 0	0.	0.	0.
DEAN KREGEL 1499 EAST 1000 N ROAD MILFORD, IL 60953	DIRECTOR 0	0.	0.	0.
DICK MYERS 1210 HARRISON PLAZA QUINCY, IL 62305	DIRECTOR 0	0.	0.	0.
BILL CRONE 63 HOLIDAY LANE RIVERTON, IL 62561	DIRECTOR 0	0.	0.	0.
JAYE SNYDER 26789 N 1550TH STREET CHRISMAN, IL 61924	DIRECTOR 0	0.	0.	0.
LYNN ROHRSCHEIB 11914 NORTH 250 E ROAD FAIRMOUNT, IL 61841	DIRECTOR 0	0.	0.	0.
TED HUGHES RR 1 BOX 76 CISNE, IL 62823	DIRECTOR 0	0.	0.	0.

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STATEMENT 5 (CONTINUED)
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
STEVE YANDELL 9235 US HIGHWAY 45 N TUNNELL HILL, IL 62972	DIRECTOR \$ 0	0. \$	0. \$	0.
TOTAL		\$ 0.	\$ 0.	\$ 0.

STATEMENT 6
FORM 990-EZ, PART VI
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO