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# Form: 990-EZ

### **Short Form Return of Organization Exempt From Income Tax**

2009

OMB No 1545 1150

Department 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

Α	For the 2009 calendar year, or tax year beginning , 2009, and ending		
_	Check if applicable C D	Employer	identification number
	Address change   Please use IRS   ILLINOIS FFA ALUMNI ASSOCIATION	23-72	215345
	Name change   label or   3221 NORTHFIELD DRIVE   E	Telephone	
	Initial return type. SPRINGFIELD, IL 62702	•	753-3328
$\vdash$	Specific Specific		
Ħ	Amended return Application pending	Group E Number	xemption ►
	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts  G Accounting me		Cash Accrual
	must áttách a completed Schedule Á (Form 990 or 990-EZ). Other (specify)  H Check ► X		ganization is <b>not</b>
ı	Website: ► N/A required to attraction at the second required to attract to a	ach Sche	dule B (Form 990,
<u>1</u> _	188 - Exempt Status (Check Only One) — [25] 301(C) ( 3 ) 4 (Insert No.)   4947(a)(1) 01   1327		-A
<u></u>	Check Lift the organization is not a section 509(a)(3) supporting organization and its gross receipts are no \$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 f	ile 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	<b>►</b> \$	129,166.
Pa	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the in	struction	
	1 Contributions, gifts, grants, and similar amounts received	1	48,519.
	2 Program service revenue including government fees and contracts	2	2,417.
	3 Membership dues and assessments	3	10,527.
	4 Investment income 5a Gross amount from sale of assets other than inventory . 5a	4	262.
	5a Gross amount from sale of assets other than inventory . 5a b Less, cost or other basis and sales expenses . 5b		
R	c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a)	5c	
REVENU	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here	ו די	
Ė	a Gross revenue (not including \$ of contributions	, l	
Ü	reported on line 1) 6a 66, 264	4.	
_	b Less, direct expenses other than fundraising expenses  6b 57, 436		
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	8,828.
	7a Gross sales of inventory, less returns and allowances 7a		
	b Less. cost of goods sold 7b	_	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe ► SEE STATEMENT 1	8	1,177.
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	▶ 9	71,730.
	10 Grants and similar amounts paid (attach schedule) SEE STATEMENT 2	10	31,485.
E	11 Ben 即 和 中 的 members	11	
X P	12 Salaries, other compensation, and employee benefits	12	
E X P E N S	13 Professional fees and other Dayments to independent contractors	13	958.
S	14 choccupancy, rent whites, and maintenance	14	1 240
š	75 Printing, publications, postage and shipping	15	1,240. 35,534.
	16 Other expenses (describe TSEE STATEMENT 3  17 Total expenses Add lines 10-through 16	<b>16 17</b>	69,217.
	18—Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,513.
A			2,515.
N S E E T	figure reported on prior year's return)	19	15,351.
Ś	Other changes in her assets of failed balances (attach explanation)	≥ 20 ≥ 21	17,864.
0	Net assets or fund balances at end of year. Combine lines 18 through 20  Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 ins		
	(See the instructions for Part II)  (A) Beginning of		(B) End of year
22	2 Cash, savings, and investments		17,864.
23	<del></del>	23	
24		24	
25	Total assets 15, 3	51. 25	17,864.
26	Total liabilities (describe >)	0. 26	0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	51. 27	17,864.

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

	<u> </u>			<b>s</b> (See the instructi	ons.)	]_	Expenses
What	is the org	] (Reg 5017	uired for section				
Desc	ribe wh	orgai 4947	urred for section c)(3) and (4) nizations and section (a)(1) trusts, optional				
prog	ram title	for o	thérs.)				
28		OFFICER DEVELOPMENT -				-	
		PTER MEMBERS AND STATE		T THE COSTS OF		4	
		DERSHIP PROGRAMS AND C				d	
	(Grant		is amount includes foreign gr	ants, check here	<b>&gt;</b>	28 a	
29	ADM.	INISTRATIVE SUPPORT FO	R_PROGRAMS			┨	
						4	
						۱	
	(Grant	ts\$) If th	<u>is amount includes foreign gr</u>	ants, check here	<b>•</b>	29 a	
30						1	
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	(Grant		s amount includes foreign gr	ants shock hara		30 a	
31		program services (attach schedule		ants, check here		30 a	
٠.	(Grant		, is amount includes foreign gr	ants, check here	▶ □	31 a	
32		program service expenses (add lin			<b>•</b>	32	
Par		List of Officers, Directors		iployees. List each o	ne even if not cor	npens	ated. (See the instrs.)
			(b) Title and average hours	(c) Compensation (If	(d) Contribution:	s to	(e) Expense account
		(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit pla deferred compens	ins and	and other allowances
			to position		ucierrea compensa	211011	***************************************
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Page 2

Form 990-EZ (2009) ILLINOIS FFA ALUMNI ASSOCIATION

33		The title internation (rote the statement regardinents in the meteric rate vi)		Yes	No
## Were any changes made to the organizing or governing documents? If Yes,* attach a conformed copy of the changes  ## Were any changes made to the organization of an expansion of the changes  ## Were any changes made to the organization of an expansion of the changes  ## August a complete organization between the comes and from \$81-1.  ## Define organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice.  ## August a complete organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice.  ## Bod the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice.  ## Bod the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice.  ## Bod to the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice.  ## Bod to the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice.  ## Bod to the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice.  ## Bod to the organization have unrelated business gross income or significant disposition of net assets during the expansion of the organization of net assets during the expansion of the organization of the organization of the organization of the period covered by this return?  ## Bod the organization before year and still divisitation gross and expansion of the period covered by this return?  ## Bod the organization borrow from, or make any locate the total amount movived gross receipts, included on line 9, to public use of club facilities  ## Bod N/A  #	22	Did the exposuration agrees in any activity not are usually reported to the IDC2 If War I other a detailed decounting of		163	110
35 filt expandent bat means from business softwares, such as these reported in these 2.5a, and 7a (among others), but not reported on Form 990-1, alboh is ablatered explaining why the organization de for report the notifies on Firm 990-1.  a Dut the organization have turnelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and price you be requirementally and price of the property of the prope	33		33		Х
abundance and a statement explainance why the organization did not report the income on Fish 1995. The state of the properties and proxy tax requirements?  35 Did the organization undergo a liquidation desolution, termination, or significant disposition of net assets during the year?  36 Did the organization undergo a liquidation desolution, termination, or significant disposition of net assets during the year?  37 a Enter amount of political expenditures, direct or indirect, as described in the instructions.  38 Did the organization bring from 1128-POL for this year?  38 Did the organization of fish form 1128-POL for this year?  38 Did the organization of fish from 1128-POL for this year?  38 Did the organization of fish from 1128-POL for this year?  38 Did the organization of the form 1128-POL for this year?  38 Did the organization of the fish organizations are did still dustisating at the end of the period covered by this return?  38 Did the organization of the fish organizations. Enter and still dustisating at the end of the period covered by this return?  38 Did the organization of the fish organizations are considered on the 9 Section 501(c)(2) organizations. Enter amount of the instruction of the period covered by this return?  40 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of the organization during the year under.  40 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 angaged in an excess benefit transaction with a disqualited person in a fisher section 4911 - Part 1 is not been reported on any of the organization sport of organization managers or disqualited person in a fisher transaction with a disqualited person in a managers or disqualited person. In a fisher person of disqualited person in a fisher transaction with a disqualited person in a fisher transaction and 501(c)(3) and 501(c)(4) organizations. Enter amount of tax in managers or disqualited person in a fisher transa	34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		Х
reporting), and proxy tax requirements?  bit I'Yes, i has it fided a tax return on Form 990-1 for this year?  35b bit I'Yes, i has it fided a tax return on Form 990-1 for this year?  35c bit the organization undergo a leguidation, dissolution, termination, or significant disposition of net assets during the year? If I'Yes, complete spindures, direct or indirect, as described in the instructions   37a   0.0    37b bit the organization file Form 1120-POL for this year?  38a Dut the organization file Form 1120-POL for this year?  38b Dut file Form 1120-POL for file Form 1120-POL f	35				
Solid   Soli	а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice,			l
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, and any office of the parts of Schedule N, and the parts of Schedule					X
year? If Yes, complete applicable parts of Schedule N 37a Enter amount of political expenditures, director indirect, as described in the instructions b Did the organization file Form 1120-POL for this year?  38a Did the organization berrow 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?  b If Yes,' complete Schedule L, Part II and enter the total amount involved amount involved 39 Section 501(c)(7) organizations. Enter. a Initiation fees and capatil contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities.  19a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year or is it aware that it engaged in an excess benefit transaction during the year or is it aware that it engaged in an excess sherell transaction during the year or is it aware that it engaged in an excess sherell transaction during the year or is it aware that it engaged in an excess sherell transaction during the year or is it aware that it engaged in an excess sherell transaction during the year or is it aware that it engaged in an excess sherell transaction during the year or is it aware that it engaged in an excess sherell transaction and 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-E27 if Yes, complete Form of the transaction and social stransaction and the presons during the year under sections 4912, 4955, and 4958  40 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualitied person in a prior year, and that the transaction in the stransaction if the year of disqualitied person in a prior of securities with which a copy of this returns file?  41 List the states with which a copy of this returns file?  At any time during the calendar year, did the organization maintain		· · · · · · · · · · · · · · · · · · ·	350	<del></del>	
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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 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  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization of 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization of the organization a party to a prohibited tax shelter transaction? If Yes,' complete Form 886-T  40	b				
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 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organization.  40e  X  41 List the states with which a copy of this return is filed  NONE  42a The organization's books are in care of  BOOKEEPER Located at  3221 NORTHFIELD DRIVE SPRINGFIELD IL  IP +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)?  If 'Yes,' enter the name of the foreign country.  See the instructions for exceptions and filling 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.?  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  44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,'  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,'  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,'  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,'		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			
managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization  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  11. List the states with which a copy of this return is filed > NONE  12. NORTHETEID DRIVE SPRINGFIELD IL 2/19+4 > 62702  13. DAY 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)?  15. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.  16. At any time during the calendar year, did the organization maintain an office outside of the U.S.?  17. Yes,' enter the name of the foreign country:  18. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.  19. At any time during the calendar year, did the organization maintain an office outside of the U.S.?  19. At any time during the calendar year, did the organization maintain an office outside of the U.S.?  19. At any time during the calendar year, did the organization maintain any office outside of the U.S.?  19. At any time during the calendar year, did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  19. At any time during the calendar year, did the organization within the meaning of section 512(b)(13)? If 'Yes,' Yes No.  20. At any time during the calendar year, did the organization within the meaning of section 512(b)(13)? If 'Yes,' Yes No.  21. At any time during the calendar year, did the organization within the meaning of section 512(b)(13)? If 'Yes,' Yes No.  22. At any time during the calendar year, did the organizat		Yes, complete Schedule L, Part I	40ь	ļ	ļ <u>.</u>
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  40 List the states with which a copy of this return is filed > NONE  42a The organization?  42b NORTHFIELD DRIVE SPRINGFIELD IL  52P+4 - 62702  42b 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 X  42c X  43c X  44c X  44c X  45 Located at - 3221 NORTHFIELD DRIVE SPRINGFIELD IL  67 NONE  76 NONE  77 NONE  77 NONE  77 NONE  77 NONE  77 NONE  78 NONE	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			
shelter transaction? If "Yes," complete Form 8886-T  41 List the states with which a copy of this return is filed ➤ NONE  42a The organization's books are in care of ➤ BOOKEEPER Located at ➤ 3221 NORTHETELD DRIVE SPRINGFIELD II. 2IP + 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)?  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.?  If 'Yes,' enter the name of the foreign country: ►  42b	d				
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At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account; (such as a bank account, securities account, or other financial account)?  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.?  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  44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Signature or other functions are authority over a function of a signature or other financial account)?  42b		Located at ► 3221 NORTHFIELD DRIVE SPRINGFIELD IL ZIP + 4 ► 62702	22.2.	<u> </u>	
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and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  144 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  15 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Torm 990 must be completed instead of Form 990-EZ.		Thes, enter the name of the foreign country.			
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Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  44 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				Yes	No
of Form 990-EZ  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  44	AA	Did the executation maintain any dense adjusted finds 2 to Man I form 000 must be executed and a sixty		<u> </u>	<u>```</u>
Form 990 must be completed instead of Form 990-EZ	44	of Form 990-EZ	44		Х
	45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,'	AE		y
	BAA			)-EZ (	

orm 990-EZ (2009)	ILLINOIS	FFA ALUN	4NI A	SSOCIATION

23-7215345

Page 4

Part VI	Section 501(c)(3) organization 501(c)(3) organizations and se 46-49b and complete the table	s <b>and section 4947</b> ction 4947(a)(1) no s for lines 50 and 5	(a)(1) nonexemp nexempt charitab 1.	t charitable trusts on le trusts must answer	l <b>y.</b> All s questi	ectio ons	n
<b>46</b> Did t	he organization engage in direct or indirec	t political campaign acti	vities on behalf of or i	n opposition to candidates		Yes	No
for p	ublic office? If 'Yes,' complete Schedule C	, Part I			46		L
	he organization engage in lobbying activiti	•	•		47		
	e organization a school as described in se	.,.,,	•	dule E	48	ļ	<u> </u>
	the organization make any transfers to an	•	elated organization?		49 a		<u> </u>
b If 'Ye	es,' was the related organization a section	527 organization? .	• •	•	49 b	<u> </u>	L
	plete this table for the organization's five houses) who each received more than \$100	0,000 of compensation fi	om the organization.	If there is none, enter 'Non	e.'		
(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		pense int and lowance	s
51 Com	plete this table for the organization's five he pensation from the organization. If there is		lependent contractors	who each received more th	nan \$100,	,000 o	f
	(a) Name and address of each independent contr	actor paid more than \$100,000		(b) Type of service	(c) Comp	pensatio	<u>n</u>
<b>d</b> Tota	I number of other independent contractors	each receiving over \$10	00,000	<u> </u>			
<del></del>	Under penalties of perjury, I declare that I have examtrue, correct, and complete Declaration of preparer (	nined this return, including acco	mpanying schedules and sta all information of which prepa	tements, and to the best of my know arer has any knowledge	wledge and	belief, it	ıs
Sign	Leany S. Haa	se-Wittler	Exec Sec.	April 19,10	,		
Here	Signature of officer  Type or print name and title	se-Wittle	-, Exce Se	Date <sup>//</sup>			
Paid Pre-	Preparer's signature Shimon Olive	h CPA	Date ////		arer's Identifications		mber
parer's	Firm's name (or ILLINOIS AGRICU	LTURAL AUDITING	ASSOCIATION				
Use	yours if self  employed),   318 SUSAN DR			EIN ► 3	6-1252	710	
Only	address, and NORMAL, IL 6176	1-6206		Phone no ► (309)			
May the IF	RS discuss this return with the preparer sho	own above? See instruc	lions		X Yes		No
BAA					Form 99	0-EZ	(2009)

# SCHEDULE G (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

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 Form990 or Form 990-EZ. ► See separate instructions.

OMB No 1545 0047

2009

Open to Public

Department of the Treasury Internal Revenue Service	or if the organiz Attach to Fori	ation ente m990 or F	ered more t orm 990-E	than \$15,000 on Form 9! Z. ►  See separate instr	90-EZ, line 6a. ructions.	Open to Public Inspection
Name of the organization					Employer identific	ation number
ILLINOIS FFA ALUMNI ASSOC					23-721534	5
Fart   Fundraising Activities. Complete Form 990EZ filers are not required.	ete if the organ uired to comple	ization an te this pai	swered 'Ye rt.	es' to Form 990, Part IV	, line 17.	
1 Indicate whether the organization r	aised funds thr	ough any	of the follo	wing activities. Check a	all that apply.	
Mail solicitations				Solicitation of non-	government grants	
Internet and email solicitations				Solicitation of gove	-	
Phone solicitations				Special fundraising	events	
In-person solicitations 2a Did the organization have written of employees listed in Form 990, Part	or oral agreeme t VII) or entity ii	nt with an n connecti	y individua ion with pro	II (including officers, dire ofessional fundraising s	ectors, trustees or key ervices?	∏Yes ∏No
<b>b</b> If 'Yes,' list the ten highest paid incompensated at least \$5,000 by the	dividuals or enti e organization.	ities (fund	raisers) pu	rsuant to agreements u	nder which the fundrais	er is to be
					(v) Amount paid to	
(i) Name of individual or entity (fundraiser)	(ii) Activity	have custo	fundraiser dy or control ributions?	(iv) Gross receipts from activity	(or retained by) fundraiser listed in col.(i)	(vi) Amount paid to (or retained by) organization
		Yes	No		3617(7)	organization .
		<u> </u>	ļ	· · · · · · · · · · · · · · · · · · ·		
		†				
						,
		· · · · · · · · · · · · · · · · · · ·				
		<del> </del>	<b> </b>			<del></del>
Total			•			
3 List all states in which the organiza or licensing.	ation is registere	ed or licer	sed to soli	icit funds or has been n	otified it is exempt from	registration
			~-~			

Page 2

Pai	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.							
RE			(a) Event #1  RAFFLES  (event type)	(b) Event #2 SUPPLY SERVICE (event type)	(c) Other Events (total number)	(d) Tota (Add col.	al Even	nts
REVERUE	1	Gross receipts	49,348.	16,916.			66,2	264.
Ě	2	Less. Charitable contributions.						
	3	Gross income (line 1 minus line 2)	49,348.	16,916.			66,2	264.
	4	Cash prizes						
n	5	Noncash prizes						
D I R E C T	6	Rent/facility costs						
	7	Food and beverages						
X P F	8	Entertainment						
EXPENSES	9	Other direct expenses	45,621.	11,815.			57,4	136.
	10 11	Direct expense summary Add lines 4- th Net income summary. Combine lines 3, c	olumn (d) and line 10		<b>&gt;</b>		8,8	136. 328.
Pai	rt III	Gaming. Complete if the organiz \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye	es' to Form 990, Pa	art IV, line 19, or re	eported n	nore t	han
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	<b>(d)</b> Tota (Add col. col	al gamıı <b>(a)</b> thro . <b>(c)</b> )	ng ough
E E	1	Gross revenue						
D X	2	Cash prizes					·	,
D P E N S E S T S	3	Non-cash prizes			***			
3	4	Rent/facility costs						
	5	Other direct expenses			<del></del>			
	6	Volunteer labor	Yes%	Yes%	Yes% No			
	7	Direct expense summary. Add lines 2 thro	ough 5 in column (d)		•			
	8	Net gaming income summary. Combine li	nes 1, column (d) and l	ine 7	<b>&gt;</b>	·		
9		er the state(s) in which the organization op ie organization licensed to operate gaming					YES	NO
ŀ	o If 'N	o,' explain.						
	10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  b If 'Yes,' explain.							
		s the organization operate gaming activitie				<u>11</u>		
12	ls th adm	le organization a grantor, beneficiary or tru iinister charitable gaming?	stee of a trust or a mer	nber of a partnership or	other entity formed to	12		:

Schedule G (Form 990 or 990-EZ) 2009 ILLINOIS FFA ALUMNI ASSOCIATION	23-7215345	F	Page <b>3</b>
	·	YES	NO
13 Indicate the percentage of gaming activity operated in.  a The organization's facility  b An outside facility  13a  13b  14 Enter the name and address of the person who prepares the organization's gaming/special events books	ક ક and records.		
Name ►			
Address. ►			
15a Does the organization have a contact with a third party from whom the organization receives gaming reverse b If 'Yes,' enter the amount of gaming revenue received by the organization \$ and of gaming revenue retained by the third party \$  c If 'Yes,' enter name and address of the third party.		5a	
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 state gaming license?	1	7 a	<u> </u>
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations	s or spent in the		
organization's own exempt activities during the tax year. ► \$			<u> </u>
<b>BAA</b> TEEA3703L 02/05/10 Sch	edule G (Form 990 o	r 990-EZ	2009 (

2009	FEDERAL STATEMENTS		PAGE 1
CLIENT 11056	ILLINOIS FFA ALUMNI ASSOCIATION		23-7215345
3/31/10  STATEMENT 1 FORM 990-EZ, PART I, LINE 8 OTHER REVENUE			03.56PM
MISCELLANEOUS		TOTAL \$	1,177. 1,177.
STATEMENT 2 FORM 990-EZ, PART I, LINE 10 GRANTS AND SIMILAR AMOUN	TS PAID		
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	GRANT ATHENS HIGH SCHOOL 1 WARRIOR WAY ATHENS, IL 62613	\$	1,400.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	GRANT BUSHNELL-PRAIRIE CITY 845 WALNUT STREET BUSHNELL, IL 61422	\$	1,457.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	GRANT CHARLESTON HIGH SCHOOL 1603 LINCOLN AVENUE CHARELSTON, IL 61920	\$	1,310.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	GRANT CISSNA PARK HIGH SCHOOL 511 NORTH 2ND STREET CISSNA PARK, IL 60924	\$	1,500.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	GRANT FAIRFIELD COMMUNITY HIGH SCHOOL 300 WEST KING STREET FAIRFIELD, IL 62837	\$	1,138.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	GRANT HARRISBURG HIGH SCHOOL 333 WEST COLLEGE STREET HARRISBURG, IL 62946	\$	894.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	GRANT NORTHWESTERN HIGH SCHOOL 30889 ROUTE 111 PALMYRA, IL 62674	\$	972.

2009	FEDERAL STATEMENTS		PAGE 2
CLIENT 11056	ILLINOIS FFA ALUMNI ASSOCIATION		23-7215345
3/31/10			03.56PM
STATEMENT 2 (CONTINUED) FORM 990-EZ, PART I, LINE 10 GRANTS AND SIMILAR AMOUN	TS PAID		
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	GRANT SENECA HIGH SCHOOL 307 EAST SCOTT STREET SENECA, IL 61360		
CASH AMOUNT GIVEN:	,	\$	1,000.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	GRANT SHILOH HIGH SCHOOL 21751 NORTH 575TH STREET HUME, IL 61932		
CASH AMOUNT GIVEN:		\$	860.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	GRANT WEST PRAIRIE HIGH SCHOOL 187575 EAST 800TH STREET SCIOTA, IL 61475	٨	1 460
CASH AMOUNT GIVEN:		\$	1,469.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	GRANT SERENA HIGH SCHOOL 100 QUINCY STREET, BOX 107 SERENA, IL 60549		
CASH AMOUNT GIVEN:	,	\$	750.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	SCHOLARSHIP AMIE BURKE P.O. BOX 43 FITHIAN, IL 61844	٨	500
CASH AMOUNT GIVEN:		\$	500.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	SCHOLARSHIP CAROLINE BREMER 6566 POWERS CHURCH ROAD METROPOLIS, IL 62960	\$	500.
	GGWOLADGUID	•	500.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	SCHOLARSHIP ELLEN READER 2923 STATE HIGHWAY 94 & 135 LITTLE YORK, IL 61453		
CASH AMOUNT GIVEN:	,	\$	500.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	SCHOLARSHIP KIERSTEN KASEY 501 WEST BUCKEYE ROAD ASHMORE, IL 61912		
CASH AMOUNT GIVEN:	110111011111111111111111111111111111111	\$	500.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	SCHOLARSHIP ADAM HERWIG 2017 LOWDEN ROAD FRANKLIN GROVE, IL 61031		
CASH AMOUNT GIVEN:		\$	500.

2009	FEDERAL STATEMENTS	 PAGE 3
CLIENT 11056	ILLINOIS FFA ALUMNI ASSOCIATION	23-7215345
3/31/10		03.56PM
STATEMENT 2 (CONTINUED) FORM 990-EZ, PART I, LINE 10 GRANTS AND SIMILAR AMOUNT	ΓS PAID	
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	SCHOLARSHIP CLAY ZWILLING 1428 WOODLAND DRIVE SHERRARD, IL 61281	
CASH AMOUNT GIVEN:	Similate, II 01201	\$ 150.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	SCHOLARSHIP AUSTIN ASHBY 7876 HICKORY GROVE ROAD SAVANNA, IL 61074	
CASH AMOUNT GIVEN:	SAVANNA, IL 01074	\$ 150.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	SCHOLARSHIP BEN ARTEMAN 5658 NORTH 3600 EAST ROAD BELLFLOWER, IL 61724	
CASH AMOUNT GIVEN:	·	\$ 150.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	SCHOLARSHIP ANDREW HEAVNER 121 MILLER COURT VALMEYER, IL 62295	:
CASH AMOUNT GIVEN:	VALMETER, IL 02293	\$ 150.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	SCHOLARSHIP ANNIE LARSON 1347 ROUTE 30 SHABONNA, IL 60550	
CASH AMOUNT GIVEN:		\$ 150.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	SCHOLARSHIP EMILIANO VERA 576 WASHINGTON STREET BUSHNELL, IL 61422	\$ 150
		\$ 150.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	SCHOLARSHIP HANNAH ST. PIERRE 11285 CERRO GORDO BLACKTOP CERRO GORDO, IL 61818	
CASH AMOUNT GIVEN:	221210 20120, 22 2222	\$ 150.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	SCHOLARSHIP TRAVIS HUGHES RR 1 BOX 177 XENIA, IL 62899	
CASH AMOUNT GIVEN:	, 22 3233	\$ 150.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	SCHOLARSHIP SABINA EIGHER BOX 492 CISSNA PARK, IL 60924	
CASH AMOUNT GIVEN:		\$ 275.

2009	FEDERAL STATEMENTS	PAGE 4
CLIENT 11056	ILLINOIS FFA ALUMNI ASSOCIATION	23-7215345
3/31/10  STATEMENT 2 (CONTINUED)  FORM 990-EZ, PART I, LINE 10  GRANTS AND SIMILAR AMOUNT	S PAID	03.56PM
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	SCHOLARSHIP ALEX EDWARDS 916 DEWEY STREET ELDORADO, IL 62930	\$ 275.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	SCHOLARSHIP LANDON HEATON 1033 HICKORY DRIVE GENESEO, IL 61254	\$ 150.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	SCHOLARSHIP AMANDA OLDFIELD 17807 E 1900TH STREET ATKINSON, IL 61235	\$ 150.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	SCHOLARSHIP DAVID DRENDEL 15728 SHABONNA ROAD MALTA, IL 60150	\$ 150.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	SCHOLARSHIP COURTNEY MILLER 117 DEBORAH DRIVE GILMAN, IL 60938	\$ 150.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	SCHOLARSHIP YVONNE ZAVORAL 2277 NORTH 125TH STREET KANSAS, IL 61933	\$ 150.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	SCHOLARSHIP ROBERT OLSON 1185 NORTH 23RD AVENUE HARVEL, IL 62538	\$ 260.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	SCHOLARSHIP LIZ KOEHLER 362 COUNTY ROAD 650 NORTH SPARLAND, IL 61565	\$ 150.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	SCHOLARSHIP KRISTIN WETZEL 13505 EAST DIX TEXICO ROAD TEXICO, IL 62889	\$ 150.

1

2009	FEDERAL STATEMENTS	PAGE 5
CLIENT 11056	ILLINOIS FFA ALUMNI ASSOCIATION	23-7215345
3/31/10  STATEMENT 2 (CONTINUED) FORM 990-EZ, PART I, LINE 10 GRANTS AND SIMILAR AMOUNT	rs paid	03.56PM
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	SCHOLARSHIP AMANDA MALAWAY 4234 COUNTY HIGHWAY 17 NASHVILLE, IL 62263	\$ 150.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	SCHOLARSHIP KATIE KNODLE 12459 NOKOMIS ROAD FILLMORE, IL 62032	\$ 150.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	SCHOLARSHIP ELLEN CHILDRESS 21533 EAST COUNTY ROAD 1480 NORTH OAKLAND, IL 61943	\$ 150.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	SCHOLARSHIP REED RECKER 2022 SUNBIRD ROAD VENEDY, IL 62214	\$ 275.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	SCHOLARSHIP ASHLEY BECKMAN P.O. BOX 43 ILLINOIS CITY, IL 61259	\$ 150.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	SCHOLARSHIP MATTHEW DURBIN RR 1 BOX 172A SHELBYVILLE, IL 62565	\$ 150.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	SCHOLARSHIP MATTHEW RICE 1752 CR 800 NORTH PHILO, IL 61864	\$ 150.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	SCHOLARSHIP KYLE ROSKAMP 930 EAST CR 500 WARSAW, IL 62379	\$ 150.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	SCHOLARSHIP BILLY HATFIELD RR 1 BOX 192 WAYNE CITY, IL 62895	\$ 275.

2009	FEDERAL STATEMENTS		PAGE 6
CLIENT 11056	ILLINOIS FFA ALUMNI ASSOCIATION		23-7215345
3/31/10			03.56PM
STATEMENT 2 (CONTINUED) FORM 990-EZ, PART I, LINE 10 GRANTS AND SIMILAR AMOUN	ITS PAID		
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	SCHOLARSHIP SHANNON MURPHY 208 WEST LUCY STREET NOBLE, IL 62868		
CASH AMOUNT GIVEN:	,	\$	150.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	SCHOLARSHIP JOSH PAGE 321 NORTH ELM STREET FRANKLIN GROVE, IL 61031		
CASH AMOUNT GIVEN:	·	\$	125.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	SCHOLARSHIP WHITNEY BUCHER 13230 EAST 2250TH STREET MACOMB, IL 61455		
CASH AMOUNT GIVEN:		\$	125.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	SCHOLARSHIP DALTIN PICKETT 222 EAST MONROE AVENUE CHRISMAN, IL 61924		
CASH AMOUNT GIVEN:		\$	125.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	SCHOLARSHIP JACOB BARR 9650 NORTH FAWVER ROAD DAKOTA, IL 61018		
CASH AMOUNT GIVEN:		\$	125.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	SCHOLARSHIP REBA FASSETT 14250 CENTURY OAK DRIVE GENESEO , IL 61254	\$	125.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	SCHOLARSHIP CHASE GRIFFITH 413 LOGAN STREET		
CASH AMOUNT GIVEN:	EMDEN, IL 62635	\$	125.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	SCHOLARSHIP HENRY BURGWEGER 4434 OLD STATE ROAD KIRKLAND, IL 60146	\$	125.
	SCHOLYDSHID	*	220.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	SCHOLARSHIP KYE WITEK 1371 GERMAN ROAD STEWARD, IL 60553	\$	125.

2009	FEDERAL STATEMENTS	PAGE 7
CLIENT 11056	ILLINOIS FFA ALUMNI ASSOCIATION	23-7215345
3/31/10  STATEMENT 2 (CONTINUED) FORM 990-EZ, PART I, LINE 10 GRANTS AND SIMILAR AMOUNT	'S PAID	03.56PM
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	SCHOLARSHIP MACKENZIE BUYCK 980 EAST 2000TH STREET LIBERTY, IL 62347	\$ 125.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	SCHOLARSHIP DREW FEIG 11370 LENZBURG EAST ROAD LENZBURG, IL 62255	\$ 125.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	SCHOLARSHIP BEN KINER 4139 EAST 525 ROAD MENDOTA, IL 61342	\$ 125.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	SCHOLARSHIP BLAKE PEARSON 15860 EAST 850TH ROAD MT. CARMEL, IL 62863	\$ 125. ;
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	SCHOLARSHIP HOLDEN DELANEY 10504 NORTH DELANEY LANE MT. VERNON, IL 62864	\$ 125.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:  CASH AMOUNT GIVEN:	SCHOLARSHIP BRIDGET NIEDERHOFER 25174 COUNTY HIGHWAY 7 ASHLEY, IL 62808	\$ 125.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	SCHOLARSHIP CALEB SEYS 18716 EAST 500 STREET COAL VALLEY, IL 61240	\$ 125.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	SCHOLARSHIP BRADLEY BRADDOCK 1178 BOAT DOCK ROAD PATOKA, IL 62875	\$ 125.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	SCHOLARSHIP MATTHEW WARNER 1512 WEST NORTH 2ND STREET SHELBYVILLE, IL 62565	\$ 125.

2009	FEDERAL STATEMENTS		PAGE 8
CLIENT 11056	ILLINOIS FFA ALUMNI ASSOCIATION		23-7215345
3/31/10		·	03.56PM
STATEMENT 2 (CONTINUED) FORM 990-EZ, PART I, LINE 10 GRANTS AND SIMILAR AMOUN	TS PAID		
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	SCHOLARSHIP ELISE HACKETT 1170 EAST US HIGHWAY 36 TUSCOLA, IL 61953	۰	105
CASH AMOUNT GIVEN:		\$	125.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	SCHOLARSHIP ALEXIS CLINEBELL 5248 QUARRY DRIVE WATERLOO, IL 62298		
CASH AMOUNT GIVEN:		\$	125.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	SCHOLARSHIP ETHAN BECKNER 2505 US HIGHWAY 136 TENNESSEE, IL 62374		
CASH AMOUNT GIVEN:		\$	125.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	SCHOLARSHIP NICHOLAS AMERMAN 4210 NORTH CLAY ROAD NOBLE , IL 62868		
CASH AMOUNT GIVEN:	NOBEL , II 02000	\$	125.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	SCHOLARSHIP KAYLA HINRICHS 13918 LINN DRIVE ATHENS, IL 62616	٥	660
CASH AMOUNT GIVEN:		\$	660.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	SCHOLARSHIP ELISE KRAUSE 354 EAST 1000 NORTH ROAD MILMINE, IL 61855	\$	660.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	SCHOLARSHIP JACOB BOUGH 3767 18TH STREET		
CASH AMOUNT GIVEN:	CHARLESTON, IL 61920	\$	660.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	SCHOLARSHIP CLAYTON CARLEY 1649 EAST 1300 NORTH ROAD MILFORD, IL 60953	\$	660.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	SCHOLARSHIP HANNAH PIEPER 7376 CEDARVILLE ROAD ROCK CITY, IL 61070	\$	660.

2009 ·	FEDERAL STATEMENTS		PAGE 9
CLIENT 11056	ILLINOIS FFA ALUMNI ASSOCIATION		23-7215345
3/31/10		<del> </del>	03 56PM
STATEMENT 2 (CONTINUED) FORM 990-EZ, PART I, LINE 10 GRANTS AND SIMILAR AMOUNT	TS PAID		
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	SCHOLARSHIP LAURA GRACE 2016 FOREST STREET ELDORADO, IL 62930		
CASH AMOUNT GIVEN:		\$	110.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	SCHOLARSHIP AARON PRINS 25500 STAGECOACH ROAD GENESEO, IL 61254		
CASH AMOUNT GIVEN:	GENESEO, IL 01234	\$	110.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	SCHOLARSHIP NATHAN WALDECK 4214 GRAINLEG AVENUE FARMERSVILLE, IL 62533		
CASH AMOUNT GIVEN:	,	\$	660.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	SCHOLARSHIP KATHERINE GIRONE 1850 PIGEON CREEK ROAD VARNA, IL 61375		
CASH AMOUNT GIVEN:	VANNA, IL 01373	\$	660.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	SCHOLARSHIP DYLAN PRICE 307 MCKINLEY AVENUE MILFORD, IL 60953		
CASH AMOUNT GIVEN:		\$	110.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	SCHOLARSHIP CODY GILL 990 GARFIELD ROAD OAKDALE, IL 62268		
CASH AMOUNT GIVEN:		\$	110.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	SCHOLARSHIP TAYLOR ELLIS 25181 EAST BLEVINS ROAD OAKLAND, IL 61943		
CASH AMOUNT GIVEN:	Ontaino, 12 01343	\$	110.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	SCHOLARSHIP AMELIA MARTENS 14492 EAST 350TH STREET ORION, IL 61273		
CASH AMOUNT GIVEN:	ONION, II 012/3	\$	110.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	SCHOLARSHIP SHERRI FLATT RR 1 BOX 253		
CASH AMOUNT GIVEN:	STONEFORT, IL 62987	\$	660.

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2009 ·	FEDERAL STATEMENTS		PAGE 10
CLIENT 11056	ILLINOIS FFA ALUMNI ASSOCIATION		23-7215345
3/31/10			03.56PM
STATEMENT 2 (CONTINUED) FORM 990-EZ, PART I, LINE 10 GRANTS AND SIMILAR AMOUN	TS PAID		
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	SCHOLARSHIP KAYLEE AGNEY RR 1 BOX 101A SHELBYVILLE, IL 62565		
CASH AMOUNT GIVEN:		\$	660.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	SCHOLARSHIP KRISTOFER MANHART 2513 NORTH 1300 EAST ROAD PIPER CITY, IL 60959		!
CASH AMOUNT GIVEN:	11120 0111, 12 00303	\$	660.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	SCHOLARSHIP TYLER SCHILSON 1226 EAST CR 900 BASCO, IL 62316		
CASH AMOUNT GIVEN:		\$	660.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	SCHOLARSHIP CHELSEY BAKER P.O. BOX 1182 NOBLE, IL 62868		
CASH AMOUNT GIVEN:		\$	110.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	SCHOLARSHIP KYLE MONTOYA 673 COUNTY ROAD 1200 EUREKA, IL 61530	٥	110
CASH AMOUNT GIVEN:		\$	110.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	SCHOLARSHIP ANDREA OHRT 638 NORTH 5000 WEST KANKAKEE, IL 60901	\$	110.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	SCHOLARSHIP BRANDON HASSELBRING 1020 NORTH 1380 EAST ROAD MILFORD, IL 60953		
CASH AMOUNT GIVEN:	1121012, 12 00303	\$	110.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	SCHOLARSHIP KAYLE MCCONNELL P.O. BOX 15 CRESCENT CITY, IL 60928	\$	110.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	SCHOLARSHIP NAOMI COOPER 10649 NORTH 2400 EAST ROAD FAIRBURY, IL 61739	·	
CASH AMOUNT GIVEN:	· · · · · · · · · · · · · · · · · · ·	\$	110.

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2009 ·	FEDERAL STATEMENTS		PAGE 11
CLIÈNT 11056	ILLINOIS FFA ALUMNI ASSOCIATION		23-7215345
3/31/10			03.56PM
STATEMENT 2 (CONTINUED) FORM 990-EZ, PART I, LINE 10 GRANTS AND SIMILAR AMOUNT	TS PAID		
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	SCHOLARSHIP ASHLEY LUHMAN BOX 337 CISSNA PARK, IL 60924		
CASH AMOUNT GIVEN:	CISSNA FARK, 11 00924	\$	110.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	SCHOLARSHIP KELSEY MCCONNELL P.O. BOX 15		
CASH AMOUNT GIVEN:	CRESCENT CITY, IL 60928	\$	110.
STATEMENT 3 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES  ADMINISTRATIVE FEES ADVERTISING AND PROMOTION MEETINGS MISCELLANEOUS OFFICE EXPENSES SUBSCRIPTIONS TELEPHONE		\$ TOTAL \$	22,000. 6,423. 3,995. 1,219. 1,365. 238. 294. 35,534.
STATEMENT 4 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY EXI PROMOTION OF FFA MEMBER LE			
STATEMENT 5 FORM 990-EZ, PART IV LIST OF OFFICERS, DIRECTORS	S, TRUSTEES, AND KEY EMPLOYEES		
NAME_AND_ADDRESS	TITLE AND AVERAGE HOURS COMPEN- PER WEEK DEVOTED SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
DEAN OLSON 22236 GRANGE ROAD GENESEO, IL 61254	PRESIDENT \$ 0.	\$ 0.5	0.
JIM MCCRAY 604 N 1600 E ROAD CLAYTONVILLE, IL 60926	VICE PRESIDENT 0.	0.	0.

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## **FEDERAL STATEMENTS**

**PAGE 12** 

**CLIENT 11056** 

#### **ILLINOIS FFA ALUMNI ASSOCIATION**

23-7215345

3/31/10

03.56PM

### 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	BUTION TO	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.

2009	FEDERAL STATEMENTS	PAGE 13
CLIENT 11056	ILLINOIS FFA ALUMNI ASSOCIATION	23-7215345
3/31/10  STATEMENT 5 (CONTINUED) FORM 990-EZ, PART IV LIST OF OFFICERS, DIRECTO	DRS, TRUSTEES, AND KEY EMPLOYEES	03 56PM
NAME AND ADDRESS	AVERAGE HOURS COMPEN- BUTION TO	
STEVE YANDELL 9235 US HIGHWAY 45 N TUNNELL HILL, IL 62972	DIRECTOR \$ 0.\$ 0.	\$ 0.
	TOTAL $\frac{\$}{0}$ .	\$ 0.
STATEMENT 6 FORM 990-EZ, PART VI REGARDING TRANSFERS AS	SOCIATED WITH PERSONAL BENEFIT CONTRACTS	
INDIRECTLY, TO PAY PREMI	ON, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR IUMS ON A PERSONAL BENEFIT CONTRACT? ON, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR AL BENEFIT CONTRACT?	NO NO

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