

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047 6

Department of the Treasury Internal Revenue Service

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

► Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A F	or the	2016 calendar year, or tax year beginning	and	ending		
В	Check if ipplicable	C Name of organization			D Employer identific	cation number
Γ	Address change	Illinois FFA Alumni Associ	.ation			
Ē	Name change	Doing business as			23-7	215345
	Initial return	Number and street (or P.O. box if mail is not delivered to	street address)	Room/suite	E Telephone number	
	Final return/	3221 Northfield Drive	,			753-3328
	termin- ated	City or town, state or province, country, and ZIP or f	oreign postal code		G Gross receipts \$	196,644.
Г	Amende return		9 (1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		H(a) Is this a group re	
\Box	Applica-	F Name and address of principal officer Richard	DeSchepper		for subordinates	
	pending	3221 Northfield Drive, Spri		6270	H(b) Are all subordinates in	
1	Tax-exer	npt status.			1	list (see instructions)
J \	Vebsite	⇒ illinoisffa.org			H(c) Group exemption	
		rganization: X Corporation Trust Association	n Other ►	L Year		State of legal domicile: IL
		Summary				
	1 B	riefly describe the organization's mission or most signific	ant activities Prom	otion	of FFA member	er
ĕ	1	eadership development.				
Governance	2 0	heck this box if the organization discontinued	its operations or dispo	sed of more	than 25% of its net as	sets
Se Se	3 N	umber of voting members of the governing body (Part VI	, line 1a)		3	20
	4 N	umber of independent voting members of the governing	body (Part VI, line 1b)		4	20
Activities &	5 T	otal number of individuals employed in calendar year 201	16 (Part V, line 2a)		5	0
į	6 T	otal number of volunteers (estimate if necessary)			6	0
Ę	7 a T	otal unrelated business revenue from Part VIII, column (C	C), line 12		7a	0.
⋖	b N	et unrelated business taxable income from Form 990-T, I	ine 34		7b	0.
					Prior Year	Current Year
a)	8 0	ontributions and grants (Part VIII, line 1h)	l RFC	EIVED	40,946.	40,222.
Ž	9 P	rogram service revenue (Part VIII, line 2g)			53,540.	48,260.
Revenue	10 Ir	ivestment income (Part VIII, column (A), lines 3, 4, and 7c ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10	1) 6 HAS A	-	9 415. 9 48,911.	35.
Œ	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10	c, and the MAR 0	7 20 7		50,995.
_		otal revenue - add lines 8 through 11 (must equal Part VI			£ 143,812.	139,512.
	13 G	rants and similar amounts paid (Part IX, column (A), lines	1-3) OGDF	N 117	32,548.	29,495.
	14 B	enefits paid to or for members (Part IX, column (A), line 4			_ 0 .	0.
S	15 S	alaries, other compensation, employee benefits (Part IX,	column (A), lines 5-10)	L	0.	0.
Expenses	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.
χbe	b T	otal fundraising expenses (Part IX, column (D), line 25)		<u>0.</u>		
ш	17 0	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24	e)		113,992.	107,667.
	18 T	otal expenses Add lines 13-17 (must equal Part IX, colum	nn (A), line 25)		146,540.	137,162.
	19 R	evenue less expenses Subtract line 18 from line 12			<2,728.	<u>> 2,350.</u>
SSO				Ве	ginning of Current Year	End of Year
Net Assets or Fund Balances	20 T	otal assets (Part X, line 16)			36,085.	38,435.
A B	21 T	otal liabilities (Part X, line 26)			0.	0.
	22 N	et assets or fund balances. Subtract line 21 from line 20			36,085.	<u>38,435.</u>
		Signature Block				
		es of perjury, I declare that I have examined this return, includin				y knowledge and belief, it is
true	correct,	and complete. Declaration of preparer (other than officer) is bas	ed on all information of w	hich preparer	has any knowledge.	
		b and the same of	2			
Sig	n	Signature of officer The lende UK		ega	Date	1.15 JAIT
Her	e		tive Direct	ør	1/10	ver 2001
_		Type or print name and title			<u> </u>	,
			er's signature		Date Check	PTIN
Paid	_	Allen K. Murphy, CPA /76	le 1. / Lyon	<u> </u>	3-/-2017 self-employe	
	F	irm's name Murphy & Associates			Firm's EIN	27-4404526
Use	Only	firm's address ≥ 2501 Chatham Rd, Ste			_	
	1	Carinafiald II 6270	1.7		Dhana na / 3	17\ 644 2120

SCANNED WAR 2 2 2017

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

632001 11-11-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.

X Yes

Form	990 (2016) Illinois FFA Alumni Association	23-7215345 Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	Promotion of FFA member leadership development	
2	Did the organization undertake any significant program services 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.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X 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, as	measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses, and
	revenue, if any, for each program service reported	
4a	(Code) (Expenses \$	ue \$
	FFA officer developement-provides scholarships to local	FFA chapter
	members and State officers to offset the costs of leader	
	and conferences.	
41	61 722	
4b		ue\$)
	Membership dues and administrative support for programs	
		
4c	(Code) (Expenses \$37,558. including grants of \$) (Revenue	ue \$)
	Scholarships	
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ 37,882 • including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 137,162.	
		Form 990 (2016)

	990 (2016) Illinois FFA Alumni Association 23-7215	<u>345</u>	Р	age 3
Par	rt IV Checklist of Required Schedules			·
	504/ VO) 4047/-V(I) /-IIII		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			v
	If "Yes," complete Schedule A	1	X	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		v
	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			ļ
	during the tax year? If "Yes," complete Schedule C, Part II	4	_	
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	X_	-
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		į	l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	ļ	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	ļ	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	<u> </u>	X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	ļ		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		-	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	<u></u>	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and If the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	L.	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	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		1	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
-	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

1c and 8a? If "Yes," complete Schedule G, Part II

complete Schedule G, Part III

Form 990 (2016)

16

17

18

X

17

18

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21	_X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			!
	Schedule J	23		_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	OFL		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):		1	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u>X</u>
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33	-	
``	Part V, line 1	34		_X_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990 (2016)

	1990 (2016) Illinois FFA Alumni Association 23-7215	345	<u> </u>	age :
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a ()		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return)		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
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		
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 account)?	4a		X
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)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does 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?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		·	
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	ŀ		
b	Gross income from other sources (Do not net amounts due or paid to other sources against]		
	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O		Γ	
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х

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

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

	to mile 22, 22, 41, 42 along the analysis and an earliest processes, at an angel in Contract			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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 1a 20			
	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 1b 20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		<u> </u>
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		<u> </u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	_	X
6	Did the organization have members or stockholders?	6	<u>X</u>	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	X	
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	X	
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		X
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	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		<u> </u>
14	Did the organization have a written document retention and destruction policy?	14		<u>X</u>
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?			7.5
a	The organization's CEO, Executive Director, or top management official	15a	-	X
Ø	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b		<u>X</u>
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
ioa	taxable entity during the year?	40		37
L.	, ,	16a		<u>X</u>
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?	401	i	
Sec	tion C. Disclosure	16b		
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	wouldh		
	for public inspection. Indicate how you made these available. Check all that apply	vallaD	ie	
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finas	orol	
	statements available to the public during the tax year	man	udl	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	The Organization - 217-753-3328			
	3221 Northfield Drive, Springfield, IL 62702			
	THE THE VALUE OF T			

T 1 1	n r	101
	I11	Illin

<u> [llinois FFA Alumni Association </u>

23-7215345

Page **7**

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 an	y 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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

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	box,	not c	Posi heck ss pei	ition more rson	than is bot	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) Rick Duchow	0.00	_								
District 1 Director	0.00	X				ļ		0.	0.	0.
(2) Dean Olson	0.00							_		•
District 1 Director		X				ļ		0.	0.	0.
(3) Kenton Carley	0.00	, ,						•		•
District 2 Director	0.00	Х						0.	0.	0.
(4) Ron Lynch	0.00									
District 2 Director	0.00	X					-	0.	0.	0.
(5) Terry Brown	0.00									•
District 3 Director	0.00	Х						0.	0.	0.
(6) Sam Meteer	0.00	X						0.	0.	_
District 3 Director	0.00	Α						0.	U •	0.
(7) Greg Anderson	0.00	X						0.	0.	0.
District 4 Director	0.00	Λ						0.	<u></u>	<u> </u>
(8) Brooke Wright	0.00	x	İ					0.	0.	0.
District 4 Director	0.00	Δ	_	<u> </u>	<u> </u>		 	0.	0.	0.
(9) Ted Hughs	0.00	x				ŀ		0.	0.	0.
District 5 Director (10) David White	0.00	Δ.		_					0.	<u></u>
District 5 Director	0.00	x						0.	0.	0.
(11) Richard DeSchepper	0.00	22				一	<u> </u>	•		0.
President	0.00			х				0.	0.	0.
(12) Ben Arteman	0.00						<u> </u>			
Vice President				x	İ			0.	0.	0.
(13) Elliott Hasselbging	0.00									<u>_</u>
Secretary		1		Х				0.	0.	0.
(14) Steve Yandell	0.00									
Treasurer				Х				0.	0.	0.
(15) Kristen Faucon	0.00									
Reporter				X				0.	0.	0.
		<u> </u>				<u> </u>	<u> </u>			
									İ	
				<u> </u>				<u> </u>	<u> </u>	

	Name and title				•)			(D)	(E)		(F)	
		Average hours per week (list any	box offi	(do not check mo box, unless perso officer and a direct			than o	n an	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation		
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org ar	rom th ganizat id relat anizat	ne tion ted
		inter	Ē	,	10	Ke	ᄩ	ල		·			
	, v												
											ļ	······································	
			-								<u> </u>		
1b	Sub-total Sub-total								0.	0			0.
	Total from continuation sheets to Part \ Total (add lines 1b and 1c)	/II, Section A					!	<u>></u>	0.	0.			0.
	Total number of individuals (including but compensation from the organization	not limited to th	ose	liste	ed at	oove	e) wh	o re	eceived more than \$100	,000 of reportable		1	<u> </u>
	Did the organization list any former officei		uste	e, ke	y en	nplo	yee,	or h	highest compensated er	nployee on		Yes	No
4	For any individual listed on line 1a, is the sand related organizations greater than \$15	um of reportab							·	he organization	4		X
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," cor	accrue compe	nsat	on f	rom	any	unr			dual for services	5		X
	ion B. Independent Contractors										1 0		
	Complete this table for your five highest countries the organization. Report compensation for										sation	from	
	(A) Name and busines:	s address	N	ONE	£				(B) Description of s	ervices		C) ensatic	on
				. <u>.</u>					*			- 1.	
							- 40						
													
			. <u>-</u> .					_			_		
2	Total number of independent contractors	(including but n	ot lu	nite	d to	tho	se lis	ted	above) who received m	ore than			

		Check if Schedule O cont	aırıs a response	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
t t	1 a	Federated campaigns	1a					
필	b	Membership dues	1b	-				
ا ڳي	c	Fundraising events	1c					
i i	d	Related organizations	1d			1		
ž,č	е	Government grants (contribut	ions) 1e					
อีเร	f	All other contributions, gifts, gran	ts, and					
를		similar amounts not included abo	ve 1f	40,222.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	1a-1f \$					
<u>3 E</u>	h	Total. Add lines 1a-1f		•	40,222.			
				Business Code				
<u> </u>	2 a	Membership dues		900099	48,260.	48,260.		
ne A	b					-	···· · · · · · · · · · · · · · · · · ·	
Program Service Revenue	С							
Re	d							
č	e	A.D 11		ļ				
_	f	All other program service reve	nue	<u> </u>	48,260.			
	<u> </u>	Total. Add lines 2a-2f Investment income (including	duudonde intor		40,200.			
	3	other similar amounts)	dividends, intere	ssi, and	35.			35.
	4	Income from investment of tax	x-exempt bond r	roceeds			,	
	5	Royalties	coxompt bond p					
	Ū	, 2	(ı) Real	(II) Personal				
Ì	6 a	Gross rents	(7					
	b	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		>				
	7 a	Gross amount from sales of	(ı) Securities	(II) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)						
e l	8 a	Gross income from fundraising	-					
ea			of					
윤		contributions reported on line	•	04 610				
Other Rever	b	Part IV, line 18 Less. direct expenses	a b	84,618. 57,132.				
ნ		Net income or (loss) from fund	_	37,132.	27,486.			27,486.
		Gross income from gaming ac	-		27, 400.			21,400.
		Part IV, line 19	а					
	b	Less direct expenses	b					
	С	Net income or (loss) from gam	ing activities	>				
	10 a	Gross sales of inventory, less	returns		_			
		and allowances	а					
	b	Less cost of goods sold	b					
-	С	Net income or (loss) from sales		D				
		Miscellaneous Revenu	e	Business Code				
		Annual meeting		900099	22,276.	22,276.		
	b	Miscellaneous		900099	1,233.	1,233.		
	C	All sales and the sales are sales as a sales are sales as a sales are sales as a sales are sales						
	d	All other revenue			22 500			+
	12	Total Add lines 11a-11d		₹	23,509. 139,512.	71,769.		27 501
22200	12 11-11	Total revenue. See instructions.		>	137,314.	11,/09.	0	27,521. Form 990 (2016)
JUZUU	, , ,-11	10						FULLI 330 (2016)

Part IX	Statement of	Functional	Expenses
1 41 6 17	Ottato III oii oi	· anotional	

Secti	on 501(c)(3) and 501(c)(4) organizations must com			omplete column (A).	
	Check if Schedule O contains a responsor include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	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	29,495.			
2	Grants and other assistance to domestic				
	ındıvıduals. See Part IV, line 22		·		<u>-</u>
3	Grants and other assistance to foreign	İ			
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			<u>}</u>	
	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				
^	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees) Management				
a b	Legal				
C	Accounting				
d					
e	Professional fundraising services. See Part IV, line 17		· · · · · · · · · · · · · · · · · · ·		
f	Investment management fees			1	
g	Other (If line 11g amount exceeds 10% of line 25,				<u> </u>
•	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	2,329.			
13	Office expenses	1,624.			
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	00.400			
19	Conferences, conventions, and meetings	20,499.		 	
20	Interest			 	<u> </u>
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,382.			
23	Insurance Other expenses, Itemize expenses not covered	2,302.			
24	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 0.)				
а	Administrative fees	35,500.			
b	Dues	35,090.			
С	Auction expenses	5,118.			
d	Miscellaneous	3,213.		 	
e	All other expenses	1,912.			
<u>25</u>	Total functional expenses. Add lines 1 through 24e	137,162.		 	
26	Joint costs Complete this line only if the organization			1	
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				
					<u> </u>

Check if Schedule O contains a response or note to any line in this Part X (A) End of year Beginning of year 31,241. 7,194. 28,909. 1 Cash - non-interest-bearing 7,176. 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 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 8 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a b Less. accumulated depreciation 10c 10b 11 11 Investments - publicly traded securities 12 Investments - other securities See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets Other assets See Part IV, line 11 15 15 36.085. 38,435. 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 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 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 0 0. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 36,085. 38,435. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 36,085 33 Total net assets or fund balances 33 <u>38,435</u>. 38,435. 36,085 Total liabilities and net assets/fund balances 34

-orm	990 (2016)Illinois FFA_Alumni Association	23-7	215345	Page '	12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	139	,512	2.
2	Total expenses (must equal Part IX, column (A), line 25)	2	137	,162	2.
3	Revenue less expenses Subtract line 2 from line 1	3		, 350	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	36	,085	<u>5.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		() .
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	38	,435	<u>5.</u>
Pa	rt XII Financial Statements and Reporting			_	_
	Check if Schedule O contains a response or note to any line in this Part XII				<u>_</u>
			,	res N	0
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	ľ		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both		ļ		
	Separate basis Consolidated basis Both consolidated and separate basis			- 1	
b	Were the organization's financial statements audited by an independent accountant?		2b		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,		l	
	consolidated basis, or both			}	
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	2	ζ
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O		İ	
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audi	t		
	Act and OMB Circular A-133?		3a		<u>ζ</u> _
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form 9	90 (20	16)

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016
Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	Section 5	01(c)(4), (5), or (6) organiza	tions: Complete Part III			
	ne of orga				Empl	oyer identification number
		Illinoi	s FFA Alumni Ass	ociation		23-7215345
Pa	ırt I-A	Complete if the org	ganization is exempt und	ler section 501(c)	or is a section 527 o	rganization.
1	Provide	a description of the organiz	zation's direct and indirect politic	cal campaign activities	ın Part IV.	
2	Political	campaign activity expendit	rures		▶ \$	
3	Voluntee	er hours for political campa	gn activities			-
Pa	rt I-B	Complete if the org	ganization is exempt und	ler section 501(c)	(3).	
1	Enter th	e amount of any excise tax	incurred by the organization und	der section 4955	▶\$	
2	Enter th	e amount of any excise tax	incurred by organization manag	ers under section 4955		
3	If the or	ganization incurred a section	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a	Was a c	orrection made?				Yes No
	1	describe in Part IV				
Pa	irt I-C	Complete if the org	janization is exempt und	ler section 501(c)	, except section 501(c)(3).
1	Enter th	e amount directly expended	d by the filing organization for se	ction 527 exempt func	tion activities > \$	
2	Enter th	e amount of the filing organ	ization's funds contributed to ot	her organizations for s	ection 527	
	exempt	function activities			, >\$	
3	Total ex	empt function expenditures	Add lines 1 and 2 Enter here a	and on Form 1120-POL		
	line 17b				▶\$	
4		iling organization file Form	-			Yes No
5	Enter th	e names, addresses and er	nployer identification number (El	N) of all section 527 po	olitical organizations to which	h the filing organization
			tion listed, enter the amount pai			
			omptly and directly delivered to			te segregated fund or a
	political	<u>`</u>	additional space is needed, prov	/ide information in Part	1V	
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
					filing organization's funds If none, enter -0-	contributions received and promptly and directly
					lunus il lione, enter o	delivered to a separate
						political organization
				-		If none, enter -0-
_					- 	
				 		-

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

Schedule C (Form 990 or 990-EZ) 2016

Schedule C (Form 990 or 990-EZ) 2016 Illin	ois FF	'A Alumni As	sociation	23-	7215345 Page 2
Part II-A Complete if the organizat section 501(h)).	ion is exe	mpt under sectio	n sur(c)(s) and the	ea rorm 5/08 (e	election under
A Check If the filing organization belo expenses, and share of excellent B Check If the filing organization check	ess lobbying	expenditures)		group member's nar	ne, address, EIN,
Limits on Lo	obying Expe	nditures		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence pu	blic opinion ((grass roots lobbying)			
b Total lobbying expenditures to influence a l	•			<u> </u>	
c Total lobbying expenditures (add lines 1a a	nd 1b)				
d Other exempt purpose expenditures			_		
e Total exempt purpose expenditures (add lin	es 1c and 1d	d)			
f Lobbying nontaxable amount Enter the am	ount from th	e following table in bot	h columns		
If the amount on line 1e, column (a) or (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e			
Over \$500,000 but not over \$1,000,000	\$100,00	00 plus 15% of the exc	ess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000		00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,	000			
 g Grassroots nontaxable amount (enter 25% h Subtract line 1g from line 1a If zero or less, i Subtract line 1f from line 1c If zero or less, j If there is an amount other than zero on eith reporting section 4911 tax for this year? 	enter -0- enter -0-	line 11, did the organiz	ation file Form 4720		Yes No
(Some organizations that made	a section 5	eraging Period Under 01(h) election do not ate instructions for li	have to complete all o	of the five columns I	
Lot	bying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2016 Illinois FFA Alumni Association 23-7215345 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response on lines 1a through 1ı below, provide in Part IV a detailed description	(a	(a)		(b)	
of th	e lobbying activity.	Yes	No	Am	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of.					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				_	
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?				·	
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)	(5), or se	ection		
	501(c)(6).			1		
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1		X	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	Х		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from				<u> </u>	
rai	t III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				ne 3, is	
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	tical				
	expenses for which the section 527(f) tax was paid).			į		
а	Current year		2a			
b	Carryover from last year		2b			
С	Total		2c	}	_	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political				
	expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Par	t IV Supplemental Information					
Provi	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou	ıp lıst), Part II	-A, lines 1	and 2 (see		
ınstrı	ctions), and Part II-B, line 1 Also, complete this part for any additional information					
						
				 -		

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 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.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number 23-7215345 Illinois FFA Alumni Association Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events c In-person solicitations d 2 a Did the organization have a 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? No Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid to (or retained by) (iv) Gross receipts (i) Name and address of individual to (or retained by) (ii) Activity fundraiser or entity (fundraiser) from activity organization listed in col (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

	edu I rt I	le G (Form 990 or 990-EZ) 2016 Illinoi Fundraising Events. Complete if the of fundraising event contributions and gr	e organization answered	d "Yes" on Form 990, Par	t IV, line 18, or reported	
			(a) Event #1	(b) Event #2 Merchandise	(c) Other events None	(d) Total events (add col (a) through
			Raffle (event type)	Sales (event type)	(total number)	col (c))
Revenue	1	Gross receipts	42,170.		(total number)	84,618.
ď	'	G1000 1000/ptd	12,1700	12,1100		01/010.
	2	Less Contributions			<u> </u>	
	3	Gross income (line 1 minus line 2)	42,170.	42,448.		84,618.
	4	Cash prizes				
es	5	Noncash prizes	7,758.			7,758.
Direct Expenses	6	Rent/facility costs				
Direct I	7	Food and beverages			<u> </u>	
	8	Entertainment				
	9	Other direct expenses	15,157.	34,217.		49,374.
	10	Direct expense summary Add lines 4 through				57,132.
Ps	<u>11</u> 	Net income summary Subtract line 10 from lill Gaming. Complete if the organization		990 Part IV line 19 or	reported more than	27,486.
		\$15,000 on Form 990-EZ, line 6a	answered res on on	1330,7 21114, 1116 13, 01	reported more than	
		Troject City City Cost and Inner Cu	() 5	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
eve						
	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No_	☐ No	
	7	Direct expense summary Add lines 2 through	n 5 ın column (d)		•	
	٥	Not gaming income summan. Subtract line 7	from line 1 column (-1)			
	8	Net gaming income summary Subtract line 7	from line 1, column (a)		<u>P</u> _	<u> </u>
9	Fn	ter the state(s) in which the organization condi	icts gaming activities			
		the organization licensed to conduct gaming a	_	states?		Yes No
b	lf "	No," explain				<u></u> <u></u>
		ere any of the organization's gaming licenses re Yes," explain.	•	_	year?	Yes No
6320	92.0	0-12-16			Schedule G (Fo	rm 990 or 990-EZ) 2016

Sch	edule G (Form 990 or 990-EZ) 2016 Illinois FFA Alumni Association 23	<u> -7215345</u>	Page 3
11		Yes	No
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
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	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 contract with a third party from whom the organization receives gaming revenue?	Yes [No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
c	e 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:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	;	
D -	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part I 15c, 16, and 17b, as applicable Also provide any additional information. See instructions	I, lines 9, 9b, 10b,	, 15b,
	13c, 10, and 17b, as applicable Also provide any additional information. See instructions		
		-	-
	• 		

Schedule G (Form 990 or 990 EZ) IIIInois FFA Alumni Association	
Part IV Supplemental Information (continued)	
	
-	

SCHEDULE 1

(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 if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

OMB No 1545-0047

► Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990.

Employer identification number 23 - 7215345Open to Public Inspection

Illinois FFA Alumni Part General Information on Grants and Assistance	FFA Alumn nd Assistance	i Association	no				23-7215345
Ses	to substantiate the		or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	lion X Vec
Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for monit	oring the use of grant	funds in the United	d States]
듄	Domestic Organi	zations and Domesti	c Governments. C	omplete if the orga	Inization answered "\	Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	IV, line 21, for any
recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	5,000 Part II can	be duplicated if addit	ional space is need	hed			
1 (a) Name and address of organization or government	(P) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Illinois Association of Future							
Farmers of America - 3221							
Northfield Drive - Springfield, IL							
62702	37-6043957		26,495.	0			Scholarships
					,		
2 Enter total number of section 501(c)(3) and government organizations	nd government or		isted in the line 1 table				A
-1	s listed in the line	table -					A
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instructi	ons for Form 990.					Schedule I (Form 990) (2016)

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

Page 2

23-7215345

Illinois FFA Alumni Association

Schedule I (Form 990) (2016)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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 to Form 990 or 990-EZ.

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

Open to Public

Name of the organization

Illinois FFA Alumni Association

Inspection **Employer identification number**

23-7215345

Form 990, Part VI, Section A, line 6:
The organization has two classes of members, voting and non-voting. Only
voting members can hold office
Form 990, Part VI, Section A, line 7a:
Members have the authority to elect or appoint members of the governing
body
Form 990, Part VI, Section A, line 7b:
Various governing decisions of the organization are subject to approval by
the members
Form 990, Part VI, Section B, line 10b:
Each affiliate has their own set of bylaws and govern their own activities
and purpose .
Form 990, Part VI, Section B, line 11b:
Return will be reviewed by the board prior to filing
Form 990, Part VI, Section C, Line 18:
Available upon request
Form 990, Part VI, Section C, Line 19:
Governing documents and financial statements are on file at the office and
are available by request