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Extended to November 15, 2018

Return of Organization Exempt From Income Tax

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

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

Open to Public

X Yes No

Form **990** (2017)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection A For the 2017 calendar year, or tax year beginning Check if applicable C Name of organization D Employer identification number Address change Illinois FFA Alumni Association Name change 23-7215345 Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 217-753-3328 3221 Northfield Drive 205,429. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return Springfield, IL 62702 H(a) Is this a group return F Name and address of principal officer. Richard DeSchepper for subordinates? Yes X No 3221 Northfield Drive, Springfield, IL 6270 H(b) Are all subordinates included? 1 Tax-exempt status 501(c)(3) X 501(c) (5) (insert no.) [4947(a)(1) or If "No," attach a list (see instructions) J Website: ▶ illinoisffa.org H(c) Group exemption number K Form of organization: X Corporation Trust Association Other > L Year of formation: 1971 M State of legal domicile: II Part I Summary Briefly describe the organization's mission or most significant activities: Promotion of FFA member leadership development. 2 Check this box \(\bigs \) if the organization discontinued its operations or disposed of more than 25% of its net assets 20 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 20 0 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 70 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 0. RECEIVED **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 40,222 9,011. 48,260. 53,122. Program service revenue (Part VIII, line 2q) JUL 02 2018 10 Investment income (Part VIII, column (A), lines 3, 4, and 76) 35. 54. 50,995. 79,665. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10e, and 11e) 64 139,512 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A) line 12) 141,852. 29,495 19,925. Grants and similar amounts paid (Part IX, column (A), lines 1-3 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 107,667. 110,739. 1<u>30,664.</u> 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 137,162. 2,350. 19 Revenue less expenses Subtract line 18 from line 12 11,188. Beginning of Current Year **End of Year** 20 Total assets (Part X, line 16) 38,435. 49,623. 21 Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20 38,435. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) & Dased on all information of which preparer has any knowledge. Sign Melinda Bunselmeyer, Executive Director Here Type or print name and title Check Preparer's signature Print/Type preparer's name 6-23-20/8 | "sett-employed Paid P00135697 Allen K. Murphy, CPA Preparer Firm's name Murphy & Associates CPAs LLC Firm's EIN 27-4404526 Use Only Firm's address 2501 Chatham Rd, Ste 120 Springfield, IL 62704 Phone no. (217) 544-2120

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

	1990 (2017) Illinois FFA Alumni Association	<u>23-7215345</u>	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 developement		
	FIGNOCION OF THE MEMBER TEAGET SHIP GEVELOPEMENT		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Ves	X No
	·	162	140
	If "Yes," describe these new services on Schedule O	C1	GET.
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 expense:	3.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
		ns, the total expenses,	ana
<u> </u>	revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$) (Revenue for the control of the c)
	FFA officer developement-provides scholarships to local		
	members and State officers to offset the costs of leader	rship progra	ms
	and conferences.		
4b	(Code) (Expenses \$	ue \$)
	Membership dues and administrative support for programs		
4c	(Code) (Expenses \$ including grants of \$) (Reven	ue \$	
	Scholarships	***	
	Demotal Billips		
			
	Other program convices (Decembe in Schodule C.)		
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$		
<u>4e</u>	Total program service expenses		

Form **990** (2017)

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			l
	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		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_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		<u>X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	}		
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	}		1
	If "Yes," complete Schedule D, Part IV	9_		<u>X</u> _
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	1	•	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	 	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X		ļ	
	as applicable	l	1	Ì
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		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		}	4,5
	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
a	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			v
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	 	_
•	the organization's separate of 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	1	x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		 	1
124	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	1=0	1	==
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional	12b		х
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	ļ	1	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	<u>L</u>	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	1		}
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	1		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	 	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1	1	
	complete Schedule G, Part III	19	000	(2017)
		Enra	·	(2017)

Form 990 (2017) Illinois FFA Alumni Association
Part IV | Checklist of Required Schedules (continued)

	•		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 1? If "Yes," complete Schedule I, Parts I and II	21	x	
	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	l	X
	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	1 1		ı
	Schedule J	23		X
	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		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
	any tax-exempt bonds?	24¢		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
		240		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05.		ĺ
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	}		ĺ
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	}		ŀ
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	}		
	complete Schedule L, Part II	26		X
	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
	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
þ	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,	1		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	1		İ
	contributions? If "Yes," complete Schedule M	30		X
1	Did the organization liquidate, terminate, or dissolve and cease operations?	-		
	If "Yes," complete Schedule N, Part I	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete			
	Schedule N, Part II	32		X
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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	}	
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000	 	
	If "Yes," complete Schedule R, Part V, line 2	36	ł	
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30	 	t^{-}
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	27	1	V
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37	 	X
	Note. All Form 990 filers are required to complete Schedule O	-	x	1
	Note: 7411 Onth 500 meta are required to complete achievule O	38		(201

Form 990 (2017) Illinois FFA Alumni Association
Part 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					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	2			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	2		}	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportal	ole gaming		1	
	(gambling) winnings to prize winners?			1c_	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1 1	ĺ			
	filed for the calendar year ending with or within the year covered by this return	_2a_	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b_]	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s) .	,			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		. <i></i> . [3a_]	<u>X</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b_		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accour	nt)?	4a		<u>X</u>
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 A	ccoun	ts (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	action?		5b_		_X_
C	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 to	ne orga	ınızatıon solicit			
	any contributions that were not tax deductible as charitable contributions?			6a	!	<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	tions o	r 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 se	rvices p	rovided to the payor?	7a		<u>X</u>
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	<u> </u>	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired			
	to file Form 8282?	1		7c		X
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 of		t?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			_7f	<u> </u>	<u> </u>
9	If the organization received a contribution of qualified intellectual property, did the organization file F		•	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	9			
_	sponsoring organization have excess business holdings at any time during the year?			8_		
9	Sponsoring organizations maintaining donor advised funds.			0-		!
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter			9b_	 	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			1	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			}	
11	Section 501(c)(12) organizations. Enter	100	<u> </u>	\		
а	Gross income from members or shareholders	11a				i
b	Gross income from other sources (Do not net amounts due or paid to other sources against			1		
	amounts due or received from them.)	11b			1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	_			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			L_		
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					
b	Enter the amount of reserves the organization is required to maintain by the states in which the			l		
	organization is licensed to issue qualified health plans	13b		1	ļ	
C	Enter the amount of reserves on hand	13c			<u> </u>	<u> </u>
	Did the organization receive any payments for indoor tanning services during the tax year?			14a	<u> </u>	<u>X</u> _
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O		14b	<u> </u>	<u> </u>
				Forn	n 990	(2017)

Form 990 (2017) Illinois FFA Alumni Association 23-7215345 Page 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.

	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion À. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 20							
	If there are material differences in voting rights among members of the governing body, or if the governing]	1					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1	į					
ь	Enter the number of voting members included in line 1a, above, who are independent 1b 20	}	1					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	·	j					
	officer, director, trustee, or key employee?	2		<u>X</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]	<u>X</u>				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X				
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?								
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					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b	X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	\mathbf{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				
10a	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>X</u> _				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b						
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	}						
	ın Schedule O how this was done	12c						
13	Did the organization have a written whistleblower policy?	13		_X_				
14	Did the organization have a written document retention and destruction policy?	14		X				
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?							
	The organization's CEO, Executive Director, or top management official	15a	ļ	X				
þ	Other officers or key employees of the organization	15b	ļ	X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	[\					
	taxable entity during the year?	16a	 	X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		1					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	-						
	exempt status with respect to such arrangements?	16b	<u> </u>					
	tion C. Disclosure							
17	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)	availat	ole					
	for public inspection. Indicate how you made these available. Check all that apply							
40	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	ı tınan	cial					
^^	statements available to the public during the tax year							
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							

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week	offic	not c	Posi heck i ss per id a di	tion 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)	for ed attions w with the property of the prop		organizations (W-2/1099-MISC)	compensation from the organization and related organizations					
(1) Rick Duchow	1.00									
District 1 Director		X					•	0.	0.	0.
(2) Dean Olson	1.00		. '			}				
District 1 Director		X					L	0.	0.	0.
(3) Kenton Carley	1.00									
District 2 Director		X				L_	_	0.	0.	0.
(4) Ron Lynch	1.00]]		'	
District 2 Director		X				_	<u>_</u>	0.	0.	0.
(5) Terry Brown	1.00					}	}		,	
District 3 Director		X				Ĺ	<u> </u>	0.	0.	0.
(6) Sam Meteer	1.00						ļ			
District 3 Director		X				L		0.	0.	0.
(7) Angie Vanatta	1.00									
District 4 Director		X				<u> </u>	_	0.	0.	0.
(8) Kyle Wright	1.00					1				
District 4 Director		X			<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(9) Ted Hughs	1.00				1	ł				
District 5 Director		X			<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(10) David White	1.00		}		ŀ	}			_	_
District 5 Director		X	<u> </u>		<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(11) Richard DeSchepper	1.00	1			}		1		_	_
Past President		X		_	<u> </u>	<u> </u>	┞-	0.	0.	0.
(12) Connor Carmody	1.00	1	}			1	ł	}		_
Past State Officer		X	 		<u> </u>	<u> </u>	L	0.	0.	0.
(13) Paxton Morse	1.00	1	1	1	1	ŀ	}			
Past State Officer		X	<u> </u>		<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(14) Bill Kittinger	1.00	1			ŀ				}	
Vice President		<u> </u>	<u> </u>	X	<u>L</u>	_	L	0.	0.	0.
(15) Elliott Hasselbging	1.00	1	}				1			
Secretary		<u> </u>		X		_	_	0.	0.	0.
(16) Steve Yandell	1.00	1	ŀ		1	1	}		1	
President		<u> </u>	<u> </u>	X		<u> </u>	_	0.	0.	0.
(17) Kim Mahr	1.00	1	}		1		{			1
Reporter		<u>L_</u>	<u></u>	X				0.	0.	0.

	990 (2017) Illinois	FFA Alı	umı	<u>ni</u>	A	SSC	oc:	<u>ia</u>	tion	23-721	534	5 P.	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	rees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)			
	• (A) Name and title	(B) Average hours per week	offi	not c	Pos heck ss pe	(C) Position heck more than one ss person is both an id a director/trustee)		h an	(D) Reportable compensation from	(E) Reportable compensation from related	- 1	(F) stimate mount 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)	or	compensation from the organization and related organization	
(18)	Jim McCray	1.00											
_	surer	1 00	├	├	X	├	├	-	0.	0	- -		0.
	Mindy Bunselmeyer utive Director	1.00	-		Х	_		_	0.	0	•		0.
											+-		
							+						
			-		-		-	-			+-		
			_										
	Sub-total	U C4 A							0.	0			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0.	0			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	nose	liste	ed a	bove	e) w	ho r	received more than \$100	0,000 of reportable		Yes	0 No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			e, ke	ey er	nplo	oyee	, or	highest compensated e	employee on	3	163	x
4	For any individual listed on line 1a, is the su and related organizations greater than \$15									the organization	4		х
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	•				-		relat	ted organization or indiv	idual for services	5		X
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest co the organization. Report compensation for										nsation	from	
	(A) Name and business		-	ON					(B) Description of			(C) ensatio	on
													
													
2	Total number of independent contractors (i \$100,000 of compensation from the organi	_	not li	mite	d to		se i	ste	d above) who received r	nore than			

		Check if Schedule O conta	uns 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
ts s	1 a	Federated campaigns	1a					
irar	b		1b					
ğ,	c	Fundraising events	1c					
# E	d	Related organizations	1d					
S,E	е							
Sign	f	All other contributions, gifts, grant						
‡ E		similar amounts not included above	1 1	9,011.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	1a-1f \$					
<u> </u>	h	Total. Add lines 1a-1f		<u> </u>	9,011.			
				Business Code				1
8	2 a	Membership dues		900099	53,122.	53,122.		
او چ	t			_				
S 5	c	:						
E è	c				- 1			
Program Service Revenue	e							
۱ ۳	f	All other program service reve	nue					
	9			•	53,122.			
ł	3	Investment income (including	dividends, inte	rest, and	F.4			-
		other similar amounts)			54.			54.
	4	Income from investment of tax	k-exempt bond	proceeds				
	5	Royalties						
	_	0	(ı) Real	(ıı) Personal				
	6 a			-				
}	Ľ	Less rental expenses		-				
	-	Rental income or (loss) Net rental income or (loss)	L					
	7.0	Gross amount from sales of	(i) Securities	(II) Other				
	7 6	assets other than inventory	(i) Securities	(ii) Other				
		Less, cost or other basis						
	•	and sales expenses	ļ					
	,	Gain or (loss)						
		Net gain or (loss)		•				
	8 8		g events (not					
nue		including \$	of					
Other Reven		contributions reported on line	1c) See					
E E		Part IV, line 18	;	37,948.				
ţ	t	Less: direct expenses	1	6,243.				
		Net income or (loss) from fund			31,705.			31,705.
	9 a	a Gross income from gaming ac	tivities See					
		Part IV, line 19	;	a 40,927.				
		Less. direct expenses		b 26,611.				11 015
		Net income or (loss) from gam			14,316.			14,316.
	10 a	Gross sales of inventory, less	returns	40 045				
		and allowances		a 49,045.				
		Less cost of goods sold		ь <u> 30,723.</u>	10 200	10 222		
		Net income or (loss) from sale			18,322.	18,322.		
	44	Miscellaneous Revenu	le	Business Code 900099	14,891.	14 001		
		Annual meeting Miscellaneous		900099	431.			
				300033	401.	421.		
		d All other revenue	<u></u>	-		-		
		Total. Add lines 11a-11d			15,322.			
	12	Total revenue. See instructions.			141,852		0	. 46,075.

Secti	on 501(c)(3) ànd 501(c)(4) organizations must com	plete all columns. All oth	er organizations must c	omplete column (A)							
	Check if Schedule O contains a response or note to any line in this Part IX										
	ot Include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21	19,925.									
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22										
3	Grants and other assistance to foreign										
	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,										
	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 salanes and wages										
8	Pension plan accruals and contributions (include										
	section 401(k) and 403(b) employer contributions)				<u> </u>						
9	Other employee benefits				<u> </u>						
10	Payroll taxes				-						
11	Fees for services (non-employees):										
а	Management										
b	Legal	1 620									
С.	Accounting	1,638.		 	<u> </u>						
d	Lobbying .	-	· · · · · · · · · · · · · · · · · · ·								
e	Professional fundraising services. See Part IV, line 17			 							
f	Investment management fees										
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)										
12	Advertising and promotion	275.									
13	Office expenses										
14	Information technology										
15	Royalties										
16	Occupancy										
17	Travel										
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	26,047.									
20	Interest			<u> </u>							
21	Payments to affiliates			 	ļ -						
22	Depreciation, depletion, and amortization		· · · · · · · · · · · · · · · · · · ·	<u> </u>	. <u>.</u>						
23	Insurance	3,192.		 							
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)										
а	Dues	40,613.									
b	Administrative fees	38,080.									
С	Magazine	335.									
d		312.		<u> </u>	ļ						
	All other expenses	247.									
25	Total functional expenses. Add lines 1 through 24e	130,664.			 						
26	Joint costs. Complete this line only if the organization										
	reported in column (B) joint costs from a combined				1						
	educational campaign and fundraising solicitation.										

Form 990 (2017)
Part X Balance Sheet

		Check if Schedule O contains a response or note	to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing		31,241.	1	42,375.
	2	Savings and temporary cash investments		7,194.	2	7,248.
	3	Pledges and grants receivable, net			3_	
	4	Accounts receivable, net			4	
- 1	5	Loans and other receivables from current and for				
		trustees, key employees, and highest compensation		1		
j		Part II of Schedule L		5		
	6	Loans and other receivables from other disqualifi	ed persons (as defined under			
		section 4958(f)(1)), persons described in section	ĺ	Ì		
		employers and sponsoring organizations of section		- 1		
ध		employees' beneficiary organizations (see instr)	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	Į.		7	
Ř	8	Inventories for sale or use	Į		8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D	10a		İ	
	ь	Less accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1		12		
	13	Investments - program-related See Part IV, line 1		13		
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa	! line 34)	38,435.	16	49,623.
	17	Accounts payable and accrued expenses	ĺ		17	
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F	art IV of Schedule D		21	
es	22	Loans and other payables to current and former	officers, directors, trustees,			
Liabilities]	key employees, highest compensated employees	s, and disqualified persons			
jä		Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	ted third parties	 	23	
	24	Unsecured notes and loans payable to unrelated	•		24	
	25	Other liabilities (including federal income tax, pay		16	}	
]	parties, and other liabilities not included on lines	17-24) Complete Part X of		}	
]	Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
		Organizations that follow SFAS 117 (ASC 958)				
Ses		complete lines 27 through 29, and lines 33 and	d 34.	20 425		40 600
<u>a</u>	27	Unrestricted net assets		38,435.	27	49,623.
Ва	28	Temporarily restricted net assets		<u> </u>	28	
Pur	29	Permanently restricted net assets	20.050)		29	
Ę	1	Organizations that do not follow SFAS 117 (AS	5C 958), check here 🟲 📖			
Ō	000	and complete lines 30 through 34.				
set	30	Capital stock or trust principal, or current funds			30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or eq	·		31	
Ne	32	Retained earnings, endowment, accumulated inc	come, or other tunas	30 125	32	49,623.
	33	Total liabilities and not assets/fund balances		38,435. 38,435.	33_	
	34	Total liabilities and net assets/fund balances		30,433.	34	49,623.

	990 (2017)	<u> </u>	<u> </u>	Pag	<u>e 12</u>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
	_·	İ			
1	Total revenue (must equal Part VIII, column (A), line 12)	_1		<u>1,8</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2	130	0,6	<u>64.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	1:	<u>1,1</u>	88.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	38	3,4	<u>35.</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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	cotumn (B))	10	4	9,6	<u>23.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				لل
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		1		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	lon a	l		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
þ	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both	· ·			
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			ĺ
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audıt			
	Act and OMB Circular A-133?		3a		<u>X</u> _
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audite, explain why in Schedulo O and describe any stone taken to undergo such audite		31		

Form **990** (2017)

SCHEDULE C (Form 990 or 990-EZ)

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.

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

2017
Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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 501(c)(4), (5), or (6) organizat	tions [.] Complete Part III.					
Nan	ne of organization				Employ	er identification	number
	Illinoi	<u>s FFA Alumni As</u>	sociation			23-72153	45
Pa	art I-A Complete if the org	anization is exempt un	der section 501(c)	or is a section 5	27 org	anization.	
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures	ical campaign activities	ın Part IV	> \$_		
Ŭ	reaction political campai	g., douvilloo			_		
Pa	art I-B Complete if the org	janization is exempt un	der section 501(c)	(3).			
1	Enter the amount of any excise tax	incurred by the organization ur	nder section 4955		▶ \$_		
2	Enter the amount of any excise tax	incurred by organization mana	gers under section 4955	5	> \$_		
3	If the organization incurred a sectio	n 4955 tax, did it file Form 472	0 for this year?			Yes	☐ No
4a	Was a correction made?					Yes	☐ No
	If "Yes," describe in Part IV.						
Pa	art I-C Complete if the org	janization is exempt un	der section 501(c)	, except section			
	Enter the amount directly expended		•		> \$_		
2	Enter the amount of the filing organ	ization's funds contributed to d	other organizations for s	ection 527			
	exempt function activities				▶\$_		
3	Total exempt function expenditures	Add lines 1 and 2 Enter here	and on Form 1120-POL	•			
_	line 17b				▶\$_		
	Did the filing organization file Form	•				Yes	L No
5	Enter the names, addresses and en		-	_			
	made payments. For each organiza contributions received that were pro-					•	
	political action committee (PAC). If				cparate	segregated fund	Joia
					rom	(a) Amount of	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid filing organizatio	n's o	(e) Amount of contributions rec promptly and delivered to a s political organ if none, ente	eived and directly eparate ization.
	· ·						
	i						
				 			

Part II-A Complete if the org						lection under
•				n Part IV each affiliated o	group member's nar	ne, address, EIN,
expenses, and share						
	s on Lobbyin	-	nd "limited control" pr	ovisions apply.	(a) Filing	(b) Affiliated group
	_		ints paid or incurred)	organization's totals	totals
1a Total lobbying expenditures to influ	•	. ,	, ,,			
b Total lobbying expenditures to influ	ence a legisla	tive boo	dy (direct lobbying)	L		<u> </u>
c Total lobbying expenditures (add lii	nes 1a and 1b) .		ļ		<u> </u>
d Other exempt purpose expenditure	s					
e Total exempt purpose expenditure:	s (add lines 1	and 1	I)	<u>.</u>		
f Lobbying nontaxable amount Ente	r the amount	from the	e following table in bo	th columns.		
If the amount on line 1e, column (a) o	r (b) is:	The lob	bying nontaxable an	ount is:		
Not over \$500,000		20% of	the amount on line 1e			
Over \$500,000 but not over \$1,000	0,000	\$100,00	00 plus 15% of the ex	cess over \$500,000		
Over \$1,000,000 but not over \$1,5				cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,			00 plus 5% of the exc			
Over \$17,000,000		\$1,000,				
h Subtract line 1g from line 1a If zero i Subtract line 1f from line 1c If zero j If there is an amount other than zer reporting section 4911 tax for this (Some organizations the	or less, enter o on either lin year? 4-1 nat made a se	e 1h or ear Avection 5	eraging Period Unde	r section 501(h) have to complete all o	f the five columns	Yes N
				ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 201	4	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
			T	 		
c Total lobbying expenditures						-
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))			ļ			
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2017

Schedule C (Form 990 or 990-EZ) 2017 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)).

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5 ravable amount of lobbying and political expenditures (see instructions) 5		es of nondeductible section 162(e) dues  he amount on line 3, what portion of the excess le estimate of nondeductible lobbying and political	1 Were si 2 Did the 3 Did the Part III-B  1 Dues, a 2 Section expens a Current b Carryon c Total 3 Aggreg 4 If notice does the	organization make only in-house lobbying expenditures of \$2,000 or less? organization make only in-house lobbying expenditures of \$2,000 or less? organization agree to carry over lobbying and political campaign activity expenditures from Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Ussessments and similar amounts from members in 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures). It year wer from last year are amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues are were sent and the amount on line 2c exceeds the amount on line 3, what portion of the the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	etion 501(ced "No," O	2)(5), or PR (b) P	section art III-A, I	X
Part IV Supplemental Information	expenditure next year?	es of nondeductible section 162(e) dues he amount on line 3, what portion of the excess le estimate of nondeductible lobbying and political 4	1 Were si 2 Did the 3 Did the Part III-B  1 Dues, a 2 Section expension a Current b Carryon c Total 3 Aggreg 4 If notice does the expension	organization make only in-house lobbying expenditures of \$2,000 or less?  organization agree to carry over lobbying and political campaign activity expenditures from  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Its sessments and similar amounts from members and 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures).  It year over from last year  attended amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues are were sent and the amount on line 2c exceeds the amount on line 3, what portion of the life organization agree to carryover to the reasonable estimate of nondeductible lobbying and liture next year?	etion 501(ced "No," O	2 (5)(5), or (6) P	section art III-A, I	<u> </u>

### **SCHEDULE G**

(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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest instructions.

Open to Public Inspection

Illinois	FFA Alumni Assoc	iat	ion		23-7215	345
	Complete if the organization answe					
Indicate whether the organization raised a Mail solicitations     Internet and email solicitations     Phone solicitations     In-person solicitations     In-person solicitations      a Did the organization have a written or key employees listed in Form 990, Par     b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the organization in the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person	e Solicitat f Solicitat g Special  oral agreement with any individual t VII) or entity in connection with pi	ion of ion of fundra (includ	non-gi goveri ising d ling of ional f	overnment grants nment grants events fficers, directors, trus undraising services?	Yes	<del></del>
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribi	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
			-			
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otal			•			
List all states in which the organization or licensing	is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from r	egistration
<del></del>	<del></del>					
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	chedule G (Form 990 or 990-EZ) 2017 Illinois FFA Alumni Association 23-7215345 Page 2  Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000									
ra		of fundraising event contributions and gi								
		·	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events				
}			Auction		1	(add col (a) through col. (c))				
۰			(event type)	(event type)	(total number)					
Revenue	1	Gross receipts	37,468.		480.	37,948				
	2	Less: Contributions				<del></del>				
_	3	Gross income (line 1 minus line 2)	37,468.		480.	37,948.				
	4	Cash prizes								
	5	Noncash prizes								
penses	6	Rent/facility costs								
Direct Expenses	7	Food and beverages								
٥	8	Entertainment								
	9	Other direct expenses	6,243.	<u> </u>	<u> </u>	6,243				
- 1	10 11	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from	• •			6,243				
Revenue	'	\$15,000 on Form 990-EZ, line 6a	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col. (c)				
Rev	1	Gross revenue			40,927.	40,927				
Se	2	Cash prizes			9,698.	9,698				
Expenses	3	Noncash prizes			12,830.	12,830				
Direct E	4	Rent/facility costs			4,083.	4,083				
_	5	Other direct expenses								
İ	6	Volunteer labor	Yes % No	Yes % No	X Yes 100.00 % No					
	7	Direct expense summary Add lines 2 through	<b>&gt;</b>	26,611						
	8	▶	14,316							
	ls t	ter the state(s) in which the organization cond the organization licensed to conduct gaming a No," explain:	activities in each of these			X Yes No				
		ere any of the organization's gaming licenses in	•	_	year?	Yes X No				
U		Yes," explain.								
	_									

Sch(	edule G (Form 990 or 990-EZ) 2017 Illinois FFA Alumni Association 23-7	<u> 7215345</u>	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	X 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	X No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address >	<u>-</u> -	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	X No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
С	If "Yes," enter name and address of the third party.		
	Name		<del></del>
	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	X No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v); and Part III,	lines 9, 9b, 1	0b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		
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<u>Schedule G</u>	(Form 990 or 990-EZ)	<u>Illinois FFA</u>	<u>Alumn</u> i	Association	<u>23-7215345 р</u>	age 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (continued)				
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SCHEDULE 1
(Form 990)
Department of the Treasury

Internal Revenue Service

# Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Fo.irs.gov/Form990 f	n 990.	or the latest information.
	► Attach to Form	Go to www.irs.gov/Form990 for t

2017
2017
Open to Public Inspection

2 [] Employer identification number 23-7215345 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Scholarships 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of 17,250 cash grant Illinois FFA Alumni Association (c) IRC section (if applicable) 37-6043957 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? Northfield Drive - Springfield, IL 1 (a) Name and address of organization Illinois Association of Future Farmers of America - 3221 or government Name of the organization Parti Part 62702

	<b>A</b>	<b>A</b>
	ne line 1 table	
	2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	1 table
	and government or	is listed in the line
	of section 501(c)(3) a	3 Enter total number of other organizations listed in the line 1 table
	Enter total number of	Enter total number of
	8	3

Schedule I (Form 990) (2017)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

23-7215345 (Form 990) (2017) Illinois FFA Alumni Association
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. Schedule I (Form 990) (2017) Part III

Page 2

Schedule I (Form 990) (2017) (f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

732102 11-01-17

### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2017
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OMB No 1545-0047

Internal Revenue Service ► Go to www.irs.gov/Form990 for the latest information. Inspection Name of the organization Employer identification number Illinois FFA Alumni Association 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 m 990, Part VI, Section C, Line 19: rning documents and financial statements are on file at the office and vailable by request