

Form **990EZ**
Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

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

▶ Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

- B Check if applicable
- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization
ILLINOIS TRACTOR PULLING ASSOCIATION

Number and street (or P O box, if mail is not delivered to street address) Room/suite
849 COUNTY ROAD 1850 E

City or town, state or province, country, and ZIP or foreign postal code
GREENUP, IL 62428

D Employer identification number
37-1018689

E Telephone number
(217) 923-3949

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ WWW.ITPAPULLING.COM

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(7) ◀ (insert no) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 145,555

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

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	
1	Contributions, gifts, grants, and similar amounts received
2	Program service revenue including government fees and contracts
3	Membership dues and assessments 124,623
4	Investment income 362
5a	Gross amount from sale of assets other than inventory 5a
b	Less cost or other basis and sales expenses 5b
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c
6	Gaming and fundraising events
a	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b
c	Less direct expenses from gaming and fundraising events 6c
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d
7a	Gross sales of inventory, less returns and allowances 7a 9,880
b	Less cost of goods sold 7b 8,226
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 1,654
8	Other revenue (describe in Schedule O) 8 10,690
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ 9 137,329
Expenses	
10	Grants and similar amounts paid (list in Schedule O) 10
11	Benefits paid to or for members 11
12	Salaries, other compensation, and employee benefits 12 37,903
13	Professional fees and other payments to independent contractors 13 11,148
14	Occupancy, rent, utilities, and maintenance 14 3,061
15	Printing, publications, postage, and shipping 15 24,157
16	Other expenses (describe in Schedule O) 16 80,115
17	Total expenses. Add lines 10 through 16 ▶ 17 156,384
18	Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -19,055
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 65,695
20	Other changes in net assets or fund balances (explain in Schedule O) 20
21	Net assets or fund balances at end of year Combine lines 18 through 20 21 46,640

Part II Balance Sheets (see the instructions for Part II)
 Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	66,249	22 47,216
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	66,249	25 47,216
26 Total liabilities (describe in Schedule O).	554	26 576
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	65,695	27 46,640

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?
 THE ORGANIZATION IS ENGAGED IN THE PROMOTION OF TRACTOR PULLING IN THE STATE OF ILLINOIS AND STAGES VARIOUS TRACTOR PULLING EVENTS THROUGHOUT THE STATE A VERY LARGE NUMBER OF PERSONS BENEFIT FROM THESE EVENTS INCLUDING PARTICIPANTS IN THE PULLING EVENTS, AS WELL AS, SPECTATORS WATCHING THE EVENTS

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28 See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here **28a**

29 See Additional Data Table **29a**

(Grants \$) If this amount includes foreign grants, check here

30 See Additional Data Table **30a**

(Grants \$) If this amount includes foreign grants, check here

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here **31a**

32 Total program service expenses (add lines 28a through 31a) **32**

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
 Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MIKE MILLER	20 00	31,800		
PRESIDENT				
JOHN MUMMA	4 00	3,300		
VICE-PRES				
DEE ANN MILLER	1 00	0		
SECRETARY/TR				
ROBERT MENN	1 00	0		
DIRECTOR				
ALAN ESCHMANN	1 00	0		
DIRECTOR				
DENNIS SHAUGHNESSY	1 00	0		
DIRECTOR				
ERIC SCHAEFER	1 00	0		
DIRECTOR				
FRED KOZUSZEK	1 00	0		
DIRECTOR				
MIKE BATTEFELD	1 00	0		
DIRECTOR				
KENNY MILLBURG	1 00	0		
DIRECTOR				
STEVE RICH	1 00	0		
DIRECTOR				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

42a The organization's books are in care of MIKE MILLER Telephone no (217) 923-3949 Located at 849 CO RD 1850 E 849 CO RD 1850 E GREENUP, IL ZIP + 4 624289746

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 42b, 42c.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	No

Part VI Section 501(c)(3) organizations only
 All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.
 Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer MIKE MILLER PRESIDENT Type or print name and title	Date 2019-04-29
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Paid Preparer Use Only	Print/Type preparer's name LARRY D NICHOLS CPA	Preparer's signature	Date 2019-05-02	Check <input type="checkbox"/> if self-employed	PTIN P00747504
	Firm's name ▶ DOHRING WINDERS & CO LLP			Firm's EIN ▶ 37-1206717	
	Firm's address ▶ 1601 LAFAYETTE AVE MATTOON, IL 619383925			Phone no (217) 235-0377	

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Additional Data

Software ID:

Software Version:

EIN: 37-1018689

Name: ILLINOIS TRACTOR PULLING
ASSOCIATION

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 SEE DESCRIPTION ON SCHEDULE O FOR FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	

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<p>29 N/A (Grants \$)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>29a</p>	

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<p>30 N/A (Grants \$)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>30a</p>	

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SEE DESCRIPTION FOR PRIMARY EXEMPT PURPOSE (Grants \$)		If this amount includes foreign grants, check here . . . <input type="checkbox"/>

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

2018**Open to Public
Inspection**

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.

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

Department of the Treasury

Name of the organization
ILLINOIS TRACTOR PULLING
ASSOCIATION

Employer identification number

37-1018689

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8	ADVERTISING 10,690 TOTAL 10,690

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES ADVERTISING 4,031 OFFICE EXPENSE 1,816 TRAVEL 19,140 CONFERENCES & MEETINGS 43,368 INSURANCE 967 MEMBERSHIP DUES 500 SUNDRY 10,293 TOTAL 80,115

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	PAYROLL TAX WITHHOLDING 554 576

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III	THE ORGANIZATION IS ENGAGED IN THE PROMOTION OF TRACTOR PULLING IN THE STATE OF ILLINOIS AND STAGES VARIOUS TRACTOR PULLING EVENTS THROUGHOUT THE STATE A VERY LARGE NUMBER OF PERSONS BENEFIT FROM THESE EVENTS INCLUDING PARTICIPANTS IN THE PULLING EVENTS, AS WELL AS, SPECTATORS WATCHING THE EVENTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III, LINE 31	SEE DESCRIPTION FOR PRIMARY EXEMPT PURPOSE