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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2008

Open to Public Inspection

A Fo	r the	2008 са	lendar yea	r, or tax year begini		and ending 08-31-2	009				
B Ch	eck ıf a	pplicable	Please	C Name of organization ILLINOIS AGRICULTU				'	D Employer	· identificatio	n number
☐ Ad	dress ch	nange	use IRS label or	Doing Business As					37-0809 E Telephon e		
∏ Na	me cha	nge	print or type. See	Doing business As				Ι΄	•		
Inr	tıal retu	rn	Specific Instruc-	,	or PO box if mail is	not delivered to street add	dress) Room/	/suite	(309) 55	67-2488 eipts \$ 60,90	6 666
Гте	mınatı	on	tions.	1701 Towanda Ave					3 G1033 Tec	.е.рт.	3,000
☐ Am	ended	return		City or town, state o Bloomington, IL 617		· 4	 				
┌ Ap	plication	pending		Bioomington, IL 617	022901						
				ne and address of P	rıncıpal Officer		H(a) I	s this a	group ret	urn for	
			A lan Do 1701 T	odds 'owanda Avenue			I	affiliates			es 🔽 No
			Bloomu	ngton,IL 61701			— н(в) д	Are all af	filiates incl	luded?	┌ Yes ┌ No
I Ta	x-exen	npt status	▽ 501(c)	(5) 4 (insert no)	4947(a)(1) or	527				list See ins	
J W	eb sit	e: 🕨 ww	wılfb org				H(c)	Group E	xemption	Number 🟲	
К Тур	e of or	ganızatıon	Corporat	ion trust associati	on other ►		L Year	of Forma	ation 1928	M State of le	gal domicile IL
Pa	rt I										
	1			e organization's mis	-						
န္				-	•	enrich the quality of fa n areas as finance, eco	•		_		nating
Governance						,		J	,	,	
ĕ.	2	Check	this box 🦵	ıf the organızatıon d	liscontinued its o	operations or disposed	d of more th	nan 25%	of its ass	sets	
	3	Number	r of voting r	nembers of the gove	erning body (Par	t VI, line 1a)			3	3	20
Activities &	4			_	_	ng body (Part VI, line	1b)		4	4	
žį.	5			nployees (Part V , lir					5	5	391
ξ	6			lunteers (estimate	• •				-	6	8,298
4		_		ted business revent ness taxable incom		I, line 12, column (C)				'a 'b	18,209,127
	-	Net um	erated busi	ness taxable incom	e 110111 1 01111 9 9 0	7-1, IIIIe 34		Prior Y		-	ent Year
	8	Contri	butions and	d grants (Part VIII,	line 1h)			111011	Cui	Curr	78,500
₽	9			- '					5,480,72	3	5,664,534
Reven	10	Invest	ment incor	ne (Part VIII, colun	nn (A), lines 3, 4	, and 7d)		1	7,820,390	0	11,375,407
ď	11	Other	revenue (P	art VIII, column (A), lines 5, 6d, 8c	, 9c, 10c, and 11e)		1	6,164,91	2	26,150,067
	12	Totalı 12)	revenue—a	dd lines 8 through 1	1 (must equal P	art VIII, column (A), l	line	3	9,466,02!	5	43,268,508
	13		and simila	ar amounts paid (Pa	rt IX, column (A), lines 1–3)			1,852,10		1,973,707
	14			r for members (Part	,				, ,		0
	15	Saları	es, other co	ompensation, emplo	yee benefits (Pa	rt IX, column (A), line	s 5-			_	
Expenses		10)						2	2,238,02!	5	26,725,617
क्	16a			raising fees (Part I)		ne 11e)					
చ	1.5			penses, Part IX, column Part IX, column (A))			3,974,767	-	12 101 502
	17 18					, 111–241) X, line 25, column (A)	,		8,064,899		13,181,593
	19			enses Subtract lin			' —		1,401,120		1,387,591
<u>চ জ</u>							Be		of Year		of Year
Net Assets or Fund Balances	20	Total	assets (Par	t X, line 16)					6,303,332	+	52,535,807
Ass Ba	21			Part X, line 26)					1,955,12:	_	16,800,011
¥ 5	22			d balances Subtrac	t line 21 from lir	ne 20			4,348,21:		35,735,796
	1111		ature Blo						.,,	_	
		Under p	enalties of pe	rjury, I declare that I ha		eturn, including accompany					
Plea		and beli	ef, it is true, o	correct, and complete D	Declaration of prepar	er (other than officer) is ba	ased on all inf I			eparer has any	knowledge
Sign		Sign	ature of office	er				2010-04- Date	-14		
Her	е	Ther	esa Boyd Tre	asurer							
			or print nam								
		Preparer				Date	Check if		Preparer's PT	ΓΙΝ (See Gen	Inst)
Paid		signature	e 🖊				self- empolyed	• -			
	arer's		ame (or yours	; <u> </u>		l			EIN Þ		
Use	Only		nployed), and ZIP + 4	y				— L	LIN F		
		<u>L</u>							Phone no 🕨		
May	the IR	S discus	s this retu	rn with the preparer	shown above? (See instructions) .				┌ Yes	

Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission
	To improve the economic well being of agriculture and enrich the quality of farm family life by educating and disseminating agricultural information to members and others in such areas as finance, economics and governmental policy
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	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?
_	If "Yes," describe these changes on Schedule O
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 9,658,569 including grants of \$ 1,973,707) (Revenue \$ 3,392,725) General Member Services-These services incude providing county, regional and state levels with information, education, organizational and management tools to assist in their handling of agricultural issues and the promotion of agriculture
4b	(Code) (Expenses \$ 3,317,559 including grants of \$) (Revenue \$ 177,246) Governmental affairs-This service area monitors agency activities and legislative initiatives affecting members at all levels and seeks to educate and inform stakeholders at all levels towards building a more productive, efficient and competitive agricultural sector for our members
4c	(Code) (Expenses \$ 2,588,046 including grants of \$) (Revenue \$ 0) General information - Market information, weather, crop conditions, regulatory, financial, organizational and political news on issues of interest to our members is provided through radio broadcasts, posted on our internet website, and through publications. The information assists members in making business decisions, participating in organization events, and their understanding of issues impacting members of our organization.
	(Code) (Expenses \$ 355,892 including grants of \$) (Revenue \$ 38,849) Commodity Information - this service includes providing past, present, and projected future production, marketing, and risk management information and education to members from farm gate to the consumer's plate
4d	Other program services (Describe in Schedule O) (Expenses \$ 355,892 including grants of \$ 0)(Revenue \$ 38,849)
4e	Total program service expenses \$ 15,920,066 Must equal Part IX, Line 25, column (B).

Part IV Checklist of Required Schedules

			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		Νο
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νo
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		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any accounts where 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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
8	the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		N o
	complete Schedule D, Part III	8		N o
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	11	Yes	
12	Parts VI, VIII, VIII, IX, or X as applicable			
13	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII . Is the organization a school as described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	12		N o
13	Is the organization a school as described in section 170(b)(1)(A)(h). If Tes, complete schedule L	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person	25a 25b		
26	from a prior year? If "Yes," complete Schedule L, Part I	250		
20	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νο
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	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 percent 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		No

Pal	Statements Regarding Other 1RS Filings and Tax Compliance	:				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable					
		1a	83			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to gaming (gambling) winnings to prize winners?	venc	lors and reportable	1 c	Yes	
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	2a	391			
b	If at least one is reported in 2a, did the organization file all required federal employme Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this r			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the return?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sched	dule (3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a sign over, a financial account in a foreign country (such as a bank account, securities account)?	ount,	or other financial	4a		Νο
Ь	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Reporting and Accounts.	ort of	Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	the the	tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited ta	axsh	elter transaction?	5b		Νo
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt E Tax Shelter Transaction?			5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo contri more?	ıbutı	on of \$75 or	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services pro-	vide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property file Form 8282?	y for •	which it was required to	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay p benefit contract?			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a person	nal b	enefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 88	399 a	as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file required?	e a F	orm 1098-C as	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and supporting organizations. Did the supporting organization, or a fund maintained by a specycless business holdings at any time during the year?			8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the 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 1	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10Ь				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in li	leu o	f Form 1041?	12a		
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Section A. Governing Body and Management

No

Yes

11

Nο

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	v, desc	ribe the circumstances,
3	Enter the number of voting members of the governing body	1a	20

Is there any officer, director or 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

	processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 20			
Ь	Enter the number of voting members that are independent 1b			
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		No
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		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? \cdot .	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? \cdot \cdot	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	the governing body?	8a	Yes	
Ь	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νo
Ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
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		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
		1 -00		I

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website another's website upon request
- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Alan Dodds 1701 Towanda Ave Bloomington, IL 617022901 (309) 557-2218

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * 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, or 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

The check this box in the organization and i		Posit	(C) chec	:k al				(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							_			

			(i ition that a			all			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							\vdash			
			1				1			
							1			
							<u> </u>			
							1			
							1			
							_			
1b Total			٠.			<u> </u>	-	3,191,633	517	371,828

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►26

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule J for such individual	3	Yes	
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Associate Constructors Co 103 Caroline Street Bloomington, IL 61701	construction	1,214,847
Weber Electric Inc 200 E Layfayette Bloomington, IL 61701	Electrical Contractor	917,694
Great Western Abatement PO Box 795 St Roberts, MO 65584	Abatement	1,000,578
Conrad Sheet Metal 605 E Bell Bloomington, IL 61701	Duct construction	835,419
Mitch Murch Maintenance Mgmt PO Box 798129 St Louis, MO 63179	cleaning	693,103
Total number of independent contractors (including those if from the organization		22

Statement of Revenue

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated can	npaigns 1a	0				, ,
Contributions, gifts, grants and other similar amounts	ь	Membership d	ues					
gra		Fundraioina o	1b	0				
3,€	С	rundraising ev	vents 1c					
≣ੂਰ	d	Related organ	ızatıons1d	0				
# <u>`</u>	e	Government gran	nts (contributions) 1e	75,000				
er s	f		tions, gifts, grants, and not included above	3,500	į			
ું ફુ€		Similar amounts i	1f					
Ęž	g		ributions included in					
ರ≔	h	lines 1a-1f \$	es 1a-1f)		78,500			
				<u></u>				
<u>a</u>	2a	Membership Dues	c	Business Code 900,099	E 143 252	0	0	E 142 253
Te.	b	RIMSAP		,	5,142,353			5,142,353
æ			nm Conforonce	900,099	129,465	129,465	0	0
JC e	c	Leadership & Con	min Conference	900,099	392,716	392,716	0	O
Program Serwce Revenue	d							
Ē	e							
ă B	f	All other progi	ram service revenue		0	0	0	0
፳	g		es 2a-2f					
	3	► \$ 5,664,534 Investment income (including dividends, interest						
			come (including divi	dends, interest	11,169,288	0	0	11,169,288
				▶	0	0	0	0
	4	income from inve	estment of tax-exempt b	ona proceeds 		0	0	0
	5	Royalties .			7,636,650	0	0	7,636,650
				(II) Personal				
	6a	Gross Rents	7,059,417	0				
	ь	Less rental expenses	6,756,832	0				
	С	Rental income or (loss)	302,585	0				
	d	` '	ome or (loss)		302,585	0	0	302,585
			(ı) Securities	(II) O ther				
	7a	Gross amount	9,266,272	2,319				
		from sales of assets other						
	ь	than inventory Less cost or	9,055,103	7,369				
		other basıs and sales expenses	,					
	c	Gain or (loss)	211,169	-5,050				
	d	d Net gain or (loss)		.	206,119	0	-1,705	207,824
	8a			·				
Other Revenue		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18						
e.			e G ıf total exceeds	o				
<u>-</u>	ь							
ŧ	b Less direct expensesc Net income or (loss) from fun							
3	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000		<u>►</u>				
	ь	Less directe	xpensesb					
	С	Net income or (loss) from gaming ac						
	10a	Gross sales of	finventory loss	▶				
	TVa	returns and allowances . a 2,128,385 Less cost of goods sold . b 1,818,854 Net income or (loss) from sales of inventory .						
	1.							
	Ь				309,531	0	309,531	0
	С			Business Code	303,331	0	309,331	
	11a	Classified Ad		541,800	2,379,355	0	2,379,355	C
	b	Fees for Servi		541,900	15,001,158	0	15,001,158	
				541,900	375,600	0	375,600	
	С	Miscellaneous		371,500	145,188	0	145,188	
	d	All other revei			173,100		173,100	
	е	Total. Add line	es 11a-11d	 \$ 17,901,301				
	12		≥. Add lines 1h, 2g, 3		43,268,508	522,181	18,209,127	24,458,700
		8c,	l1e					
	Ţ	oc, ioc, and 1	.16	٠ - ١				Form 990 (2008

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgalizations must complete column (A) but are not re		plete columns		
Do 1	not include amounts reported on lines 6b, 7b, 8b, 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 governments and organizations in the U S See Part IV, line 21	1,973,707	1,973,707		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	2,193,488	0	2,193,488	0
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0	0	0	0
7	Other salaries and wages	15,886,827	5,920,110	0	0
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,823,537	1,650,329	3,173,208	0
9	Other employee benefits	2,563,976	971,581	1,592,395	0
10	Payroll taxes	1,257,789	442,499	815,290	0
11	Fees for services (non-employees)				
а	Management	0	0	0	0
b	Legal	55,187	0	55,187	0
c	Accounting	85,728	0	85,728	0
d	Lobbying	0	0	0	0
e	Professional fundraising See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other	0	0	0	0
12	Advertising and promotion	234,476	231,557	2,919	0
13	Office expenses	0	0	0	0
14	Information technology	0	0	0	0
15	Royalties	0	0	0	0
16	Occupancy	1,471,640	542,197	929,443	0
17	Travel	1,866,403	918,767	947,636	0
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0	0	0	0
19	Conferences, conventions and meetings	189,731	14,656	175,075	0
20	Interest	0	0	0	0
21	Payments to affiliates	1,690,236	0	1,690,236	0
22	Depreciation, depletion, and amortization	334,755	99,146	235,609	0
23	Insurance	69,725	0	69,725	0
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Printing & Publications	1,518,293	757,072	761,221	0
b	Postage and Shipping	1,339,918	521,374	818,544	0
С	Professional Fees	750,524	434,104	316,420	0
d	Special Program Expenses	691,510	501,887	189,623	0
e	Sponsored Meetings	655,267	646,678	8,589	0
f	All other expenses	2,228,200	294,402	1,933,798	0
25	Total functional expenses. Add lines 1 through 24f	41,880,917	15,920,066	25,960,851	0
26	Joint Costs. Check If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				200 (2000)

	Part X	Balance	Sheet
--	--------	---------	-------

				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		463,098	1	119,505
	2	Savings and temporary cash investments		1,691	2	10,243,092
	3	Pledges and grants receivable, net	0	3		
	4	Accounts receivable, net	4,153,289	4	3,234,815	
	5	Receivables from current and former officers, directors, trustees, key other related parties Complete Part II of Schedule L	employees or •	0	5	
	6	Receivables from other disqualified persons (as defined under section persons described in section 4958(c)(3)(B) Complete Part II of Schedu		0	6	
	7	Notes and loans receivable, net		0	7	
	8	Inventories for sale or use		132,290	8	145,287
2	9	Prepaid expenses and deferred charges		461,580	9	457,674
Assets	10a	Land, buildings, and equipment cost basis	48.293.543			
*	b	Less accumulated depreciation Complete Part VI of Schedule D	28,569,357	17,741,525	10c	19,724,186
	11	Investments—publicly traded securities		19,667,888	11	14,187,753
	12	Investments—other securities See Part IV, line 11 Complete Part VII Schedule D	of	0	12	
	13	Investments—program-related See Part IV, line 11 Complete Part VII of Schedule D .		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		3,681,971	15	4,423,495
	16	Total assets. Add lines 1 through 15 (must equal line 34)		46,303,332	16	52,535,807
	17	Accounts payable and accrued expenses .	1,011,212	17	1,148,637	
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		0	20	0
<u>í</u>	21	Escrow account liability Complete Part IV of Schedule D			21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
Ë		persons Complete Part II of Schedule L	•	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties .		0	23	0
	24	Unsecured notes and loans payable			24	
	25	Other liabilities Complete Part X of Schedule D		10,943,909	25	15,651,374
	26	Total liabilities. Add lines 17 through 25		11,955,121	26	16,800,011
ces		Organizations that follow SFAS 117, check here ► ☐ and complete linthrough 29, and lines 33 and 34.	nes 27			
Balance	27	Unrestricted net assets			27	
Ba	28	Temporarily restricted net assets		28		
돧	29	Permanently restricted net assets		29		
or Fund		Organizations that do not follow SFAS 117, check here ► ✓ and complines 30 through 34.				
	30	Capital stock or trust principal, or current funds		0	30	0
Assets	31	Paid-in or capital surplus, or land, building or equipment fund	0	31	0	
	32	Retained earnings, endowment, accumulated income, or other funds		34,348,211	32	35,735,796
Ŋĕţ	33	Total net assets or fund balances		34,348,211	33	35,735,796
_	34	Total liabilities and net assets/fund balances		46,303,332	34	52,535,807
Pa	rt XI	Financial Statements and Reporting				

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	За		Νo
b	If "Yes," did the organization undergo the required audit or audits?	3b		_

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations that

Supplemental Financial Statements

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number Name of the organization ILLINOIS AGRICULTURAL ASSOCIATION 37-0809856 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$

balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and

Does each conservation easement reported on line 2(d) above satisfy the requirements of section

- Complete if the organization answered "Yes" to Form 990, Part IV, line 8.
- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

► \$

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

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Part	Organizations Maintaining Co	llections of Art, His	tori	<u>cal Treası</u>	<u>ıres, or Othe</u>	<u>r Similar Ass</u>	ets (c	ontinued)
3	Using the organization's accession and other items (check all that apply)	records, check any of th	ne fol	owing that ar	e a significant u	se of its collection	on	
а	Public exhibition	d	Γ	Loan or exc	hange programs			
b	Scholarly research	e	Γ	Other				
c	Preservation for future generations							
4	Provide a description of the organization's co Part XIV	llections and explain how	w the	y further the	organization's ex	empt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t						Yes	┌ No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an am				nızatıon answ	ered "Yes" to I	orm 9	90,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other intermediary	for c	ontributions	or other assets 1		Yes	┌ No
b	If "Yes," explain why in Part XIV and comple	te the following table						
						A mo	unt	
с	Beginning balance				1c			
d	Additions during the year				1d			
e	Distributions during the year				1e			
f	Ending balance				1f	_		
2a	Did the organization include an amount on Fo					Г	Yes	No
	If "Yes," explain the arrangement in Part XIV							
Pa	t V Endowment Funds. Complete						'a\Eaur V	ears Back
1_	Paginning of woor halange	(a)Current Year (b	Prior `	rear (c)	to fears back (d)	Tillee fears back	e)rour f	ears back
1a L	Beginning of year balance							
b								
C -I	Investment earnings or losses							
d	Grants or scholarships							
e	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year	r end balance held as						
а	Board designated or quasi-endowment 🕨							
ь	Permanent endowment							
c	Term endowment ▶							
3a	Are there endowment funds not in the posses	ssion of the organization	thata	are held and a	administered for	the		
	organization by						Yes	No
	(i) unrelated organizations		•			3a(i)		
_	(ii) related organizations					3a(ii)	<u> </u>
	If "Yes" to 3a(II), are the related organization	·				<u>3b</u>		
4 Doz	Describe in Part XIV the intended uses of the tVI Investments—Land, Buildings				art V lina 10			
Pali	t VI Investments—Land, Buildings	s, and Equipment. S			•			
	Description of investment			Cost or other s (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Bo	ok value
1a	Land			79,756	20,782			100,538
b	Buildings			14,273,271	3,719,117	15,367,374		2,625,014
c	Leasehold improvements			0	24,550,499	8,510,253	1	6,040,246
d	Equipment			0	0	0		0
_e	Other	<u></u>		0	5,650,118	4,691,730		958,388
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	rm 990, Part X, column (B)), line	10(c).)		►	1	9,724,186
						Schedule D	Form 9	90) 2008

Part VII Investments—Other Securities. S	See Form 990, Part X, line 12		
(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) -		
Part VIII Investments—Program Related.	See Form 990, Part X, line 1		
(a) Description of investment type	(b) Book value		d of valuation year market value
		Cost of the of	year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13	•		
Part IX Other Assets. See Form 990, Part 1	scription	1	(b) Book value
Notes Receivable	Semption		146,000
Partnership interest in RIMSAP			2,780,935
Work in Progress			604,337
Investment in FS			925
Investment in Affiliates			891,298
Total. (Column (b) should equal Form 990, Part X, col.(B) I			4,423,495
Part X Other Liabilities. See Form 990, Pa			
(a) Description of Liability	(b) A mount		
Federal Income Taxes	F37.004		
Accid Property taxes	527,984		
Acc'd Salaries and Benefits	5,165,778		
Deferred Income	9,081,750		
Misc Liabilities	875,862		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25	15651374		

Par	XI Reconciliation of Change in Net Assets from Form 990 to Financial Statement	ts
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4 - 8	9
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return
1	Total revenue, gains, and other support per audited financial statements	1
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV) 2d	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
b	Other (Describe in Part XIV)	
С	Add lines 4a and 4b	4c
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5
	Reconciliation of Expenses per Audited Financial Statements With Expenses	
1	Total expenses and losses per audited financial statements	1
2	A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	
a b	Prior year adjustments	
c	Losses reported on Form 990, Part IX, line 25	
d	Other (Describe in Part XIV) 2d	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
ь	Other (Describe in Part XIV) 4b	
c	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5
Par	XIV Supplemental Information	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Par	rt XIV, lines 1b and 2b,
Part	V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	

Ident if ier	Return Reference	Explanation
SchD_P10_S00_L00		The organization has used templates to evaluate FIN 48 There are no uncertain tax positions

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

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DLN: 93493106005000

OMB No 1545-0047

2008

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

Open to Public Inspection

Schedule I (Form 990) 2008

Name of the organization						Employer identif	ication number
ILLINOIS AGRICULTURAL AS	SOCIATION					37-0809856	
Part I General Inforn	nation on Gra	nts and Assistance	e				
Does the organization mai the selection criteria used Describe in Part IV the or	l to award the gra ganızatıon's proc	nts or assistance? edures for monitoring th	e use of grant funds in t	he United States			
Form 990, Part I Part IV and Sche	V, line 21 for a edule I-1 if add	ny recipient that reco itional space is	eived more than \$5,0	00. Check this box	tes. Complete if the o	eived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
2 Enter total number of sect							0
organizations 3 Enter total number of other							▶ 66

Cat No 50055P

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, F	art IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
SchI_P01_S00_L02		Illinois County Farm Bureaus use an application format to request funds. As part of this process, the County explains how the funds will be used with its farm bureau. Results of all grant distributions are reported to the IAA Board each March

Software ID: 08000095

Software Version: v1.00

EIN: 37-0809856

Name: ILLINOIS AGRICULTURAL ASSOCIATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOND County Farm BureauPO Box 249 Greenville, IL 62246	37-0184970	501(c)(5)	35,657	0			
BOONE County Farm Bureau702 W Locust St Belvidere, IL 61008	36-2195907	501(c)(5)	8,500	0			
BROWN County Farm Bureau109 W North St Mt Sterling, IL 62353	37-0193430	501(c)(5)	34,913	0			
BUREAU County Farm BureauPO Box 190 Princeton,IL 61356	36-0854650	501(c)(5)	11,000	0			
CALHOUN County Farm BureauPO Box 275 Hardin, IL 62047	37-0202300	501(c)(5)	29,469	0			
CARROLL County Farm Bureau811 S Clay St Mt Carroll,IL 61053	26-2165031	501(c)(5)	19,059	0			
CASS-MORGAN County Farm Bureau1152 Tendick St Jacksonville,IL 62650	37-0919211	501(c)(5)	61,562	0			
CHRISTIAN County Farm Bureau400 W Market St Taylorville, IL 62568	37-0216260	501(c)(5)	30,366	0			
CLARK County Farm Bureau255 W Cumberland Martinsville, IL 62422	37-0218700	501(c)(5)	32,213	0			
CLAY County Farm BureauPO Box E Louisville,IL 62858	37-0219575	501(c)(5)	32,828	0			

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code (d) A mount of cash (e) A mount of non-(f) Method of (q) Description of (h) Purpose of grant section organization arant cash valuation (book. non-cash assistance or assistance ıf applıcable FMV, appraisal, or government assistance other) COLES 37-0223410 501(c)(5) 10,773 0 County Farm Bureau719 W Lincoln Ave Charleston, IL 61920 0 CRAWFORD 37-0232680 501(c)(5) 8,500 County Farm Bureau1201 N Allen Robinson, IL 62454 37-0667462 501(c)(5) 0 CUMBERLAND 28,027 County Farm Bureau303 E Main Toledo, IL 62468 DEWITT 37-0245700 501(c)(5) 12,500 0 County Farm BureauPO Box 517 Clinton, IL 61727 DOUGLAS 37-0250530 501(c)(5) 33,115 0 County Farm Bureau105 N Main Tuscola, IL 61953 EDGAR 37-0258300 0 501(c)(5) 46,647 County Farm Bureau210 W Washington Paris, IL 61944 0 **EDWARDS** 37-0667644 501(c)(5) 42,969 County Farm Bureau15 S Fifth St Albion, IL 62806 **FAYETTE** 0 37-0664100 501(c)(5) 44,493 County Farm Bureau1125 N Sunset Dr Vandalia, IL 62471 FORD IROQUOIS 37-0949884 501(c)(5) 8,500 0 County Farm BureauPO Box 208 Gilman, IL 60938 0 FRANKLIN 37-0667471 501(c)(5) 8,500 County Farm BureauPO Box 457 Benton, IL 62812

Form 990,Schedule I,	Part II, Gran	its and Other As	sistance to Gov	ernments and Or	ganizations in t	he United States	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FULTON County Farm Bureau 15411-A N State Route 100 Lewiston,IL 61542	37-0284740	501(c)(5)	43,056	0			
GALLATIN County Farm BureauPO Box 250 Ridgeway, IL 62979	37-0664103	501(c)(5)	59,828	0			
GREENE County Farm Bureau319 6th St Carrollton,IL 62016	37-0303465	501(c)(5)	41,862	0			
HAMILTON County Farm BureauPO Box 248 McLeansboro,IL 62859	37-0664104	501(c)(5)	46,310	0			
HANCOCK County Farm Bureau71 S Adams St Carthage,IL 62321	37-0667474	501(c)(5)	32,991	0			
HENRY County Farm Bureau114 N East St Cambridge,IL 61238	36-1210330	501(c)(5)	12,104	0			
JACKSON County Farm Bureau220 N 10th St Murphysboro, IL 62966	37-0667476	501(c)(5)	8,500	0			
JASPER County Farm BureauPO Box 329 Newton, IL 62448	37-0351420	501(c)(5)	49,168	0			
JEFFERSON County Farm Bureau814 Harrison St Mt Vernon,IL 62864	37-0667477	501(c)(5)	14,732	0			
JERSEY County Farm Bureau402 S Jefferson Jerseyville, IL 62052	37-0667479	501(c)(5)	14,508	0			

Form 990,Schedule I,	Part II, Grar	its and Other As	sistance to Gov	ernments and Or	ganizations in t	he United States	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JODAVIESS County Farm Bureau212 N Main Elizabeth, IL 61028	36-1284540	501(c)(5)	25,358	0			
JOHNSON County Farm Bureau504 W Main Vienna,IL 62995	37-0664107	501(c)(5)	40,500	0			
KENDALL County Farm Bureau111 Van Emmon St Yorkville,IL 60560	36-1315900	501(c)(5)	8,500	0			
KNOX County Farm Bureau180 S Soangetaha Galesburg, IL 61402	37-0667480	501(c)(5)	56,231	0			
LA WRENCE County Farm Bureau1406 Locust Lawrenceville,IL 62439		501(c)(5)	36,320	0			
LEE County Farm Bureau37 S East Avenue Amboy, IL 61310	36-1374085	501(c)(5)	8,500	0			
LOGAN County Farm Bureau120 S McLean St Lincoln,IL 62656	37-0667483	501(c)(5)	15,719	0			
MARION County Farm BureauPO Box 640 Salem,IL 62881	37-0664113	501(c)(5)	19,839	0			
MARSHALL-PUTN County Farm Bureau509 Front St Henry,IL 61583	36-1436670	501(c)(5)	32,828	0			
MASON County Farm Bureau127 W High St Havana,IL 62644	37-0664114	501(c)(5)	29,386	0			

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code (d) A mount of cash (e) A mount of non-(f) Method of (q) Description of (h) Purpose of grant section organization arant cash valuation (book. non-cash assistance or assistance or government ıf applıcable assistance FMV, appraisal, other) MASSAC 37-0667488 501(c)(5) 38,482 0 County Farm Bureau1436 W 10th St Metropolis, IL 62960 0 MCDONOUGH 37-0408280 501(c)(5) 33,954 County Farm Bureau210 W Randolph Macomb, IL 61455 37-0413060 501(c)(5) 0 MENARD 25,058 County Farm Bureau101 E Jefferson Petersburg, IL 62675 MERCER 36-1465820 501(c)(5) 43,500 0 County Farm Bureau206 SE Third Aledo, IL 61231 MONROE 37-0664116 501(c)(5) 9,085 0 County Farm Bureau513 W Park St Waterloo, IL 62298 MISC 37-0809856 26,635 0 501(c)(5) County Farm BureauMisc adress Misc Cities, IL 61701 0 MOULTRIE 37-0664120 501(c)(5) 32,307 County Farm Bureau1102 W Jackson Sullivan, IL 61951 **PERRY** 16,735 0 37-0664121 501(c)(5) County Farm Bureau309 S First St Pickneyvlle, IL 62274 PIATT 37-0664122 501(c)(5) 17,814 0 County Farm Bureau427 W Marion Monticello, IL 61856 0 PIKE 37-0664123 501(c)(5) 40,550 County Farm Bureau1301 E Washington Pittsfield, IL 62363

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code (d) A mount of cash (e) A mount of non-(f) Method of (q) Description of (h) Purpose of grant section organization arant cash valuation (book. non-cash assistance or assistance FMV, appraisal, or government ıf applıcable assistance other) POPE-HARDIN 37-0468345 501(c)(5) 65,914 County Farm Bureau407 Main St Golconda, IL 62938 37-0667499 PULASKI-ALEX 501(c)(5) 8,500 County Farm Bureau404 S Blanche Mounds, IL 62964 37-0667500 501(c)(5) 26,948 RICHLAND County Farm Bureau710 N West Olney, IL 62450 SALINE 37-0667347 501(c)(5) 56,500 County Farm Bureau21 W Robinson Harrisburg, IL 62946 SCHUYLER 37-0506880 501(c)(5) 35,386 0 County Farm Bureau114 E Lafayette Rushville, IL 62681 SCOTT 37-0664130 0 501(c)(5) 25,556 County Farm Bureau7 Market Side Square Winchester, IL 62694 SHELBY 37-0512250 501(c)(5) 38,033 County Farm BureauPO Box 409 Shelbyville, IL 62565 STARK 36-2200117 501(c)(5) 34,294 County Farm Bureau 1001 E Main Toulon, IL 61483 UNION 37-0558890 8,500 0 501(c)(5) County Farm Bureau104 W Broad Jonesboro, IL 62952 WABASH 37-0567480 501(c)(5) 26,000 0 County Farm Bureau524 W 9th St Mt Carmel, IL 62863

Form 990,Schedule I,	Part II, Gran	ts and Other Ass	sistance to Gove	ernments and Or	ganizations in t	he United States	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WARREN-HENDERSON County Farm Bureau1000 N Main Monmouth, IL 61462	37-0572490	501(c)(5)	62,770	0			
WASHINGTON County Farm Bureau133W St Louis St Nashville,IL 62263	37-0667511	501(c)(5)	8,500	0			
WAYNE County Farm Bureau301 E Court St Fairfield, IL 62837	37-0664133	501(c)(5)	52,716	0			
WHITE County Farm Bureau304 E Robinson Carmi, IL 62821	37-0667351	501(c)(5)	35,369	0			
WHITESIDE County Farm Bureau100 E Knox St Morrison,IL 61720	36-1962390	501(c)(5)	22,000	0			
WILLIAMSON County Farm Bureau1517 E DeYoung St Marion, IL 62959	37-0587960	501(c)(5)	38,500	0			

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493106005000

OMB No 1545-0047

2008

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Compensation Information

Open to Public Inspection

Name of the organization ILLINOIS AGRICULTURAL ASSOCIATION **Employer identification number**

37-0809856

Pa	Questions Regarding Compensation				
				Yes	Νο
1a	Check the appropiate box(es) if the organization provided a 990, Part VII, Section A, line 1a Complete Part III to pro-				
	First class or charter travel	Housing allowance or residence for personal use			
	▼ Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written poprovision of all the expenses described above? If "No," cor	, , ,	1b	Yes	
2	Did the organization require substantiation prior to reimbur officers, directors, trustees, and the CEO/Executive Direct	,	2	Yes	
3	Indicate which, if any, of the following the organization uses organization's CEO/Executive Director Check all that app	·			
	Compensation committee	Written employment contract			
		Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VI	I, Section A, line 1a			
а	Receive a severance payment or change of control paymen	nt?	4a		Νo
b	Participate in, or receive payment from, a supplemental noi	nqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based co	ompensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide t	he applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a compensation contingent on the revenues of	, did the organization pay or accrue any			
а	The organization?		5a		
b	Any related organization?		5b		
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, line 1a compensation contingent on the net earnings of	, did the organization pay or accrue any			
а	The organization?		6a		
b	Any related organization?		6b		
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in form 990, Part VII, Section A, line 1a payments not described in lines 5 and 6? If "Yes," described in lines 5.	,	7		
8	Were any amounts reported in Form 990, Part VII, paid or subject to the initial contract exception described in Regs in Part III		Ω		

Cat No 50053T

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MIS	C compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Philip Nelson	(ı) (ıı)		1	0 517	0	10,404	227,802 517	
Kathy Smith Whitman	(ı) (ıı)		0	l l	43,977 0	10,404	223,062	
Theresa Boyd	(ı) (ıı)		- 1	l I	30,564 0	3,717 0	154,454 0	
Jim Jacobs	(ı) (ıı)		0	0	61,568 0	3,468 0	302,562 0	
Mark Frels	(ı) (ıı)		0	l I	34,383 0	3,717 0	232,332 0	
Mark Gebhards	(ı) (ıı)		0	l I	21,291 0	10,404	205,423	
Chris Magnuson	(ı) (ıı)		- 1	0	19,935 0	10,404	192,424 0	
Jerry Quick	(ı) (ıı)			l l	0 0	0	177,246 0	
David Stumpf	(ı) (ıı)			0	0 0	0	164,136 0	
W Lyle Roberts	(1) (11)		0	0	0 0	0	164,002 0	
Robert Weldon	(1) (11)		I • • • • • • • • • • • • • • • • • • •	4,675 0	0 0	0	4,675 0	
Dale Wachtel	(ı) (ıı)		- 1	0	0	0	41,047 0	
Kurt Bock	(ı) (ıı)		I I	0	51,806 0	1,975 0	234,534 0	
	(ii)							
	(i) (ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
	Schedule J, Part I, Line 1a	The Board of Directors spouses attend the Association's and The National Annual Meeting
		A supplemental retirement plan is provided for individuals receiving annual wages over \$200,000. The individuals affected by the plan are Robert Weldon and Paul Harmon. Their compensation is reported in the former officer section of this schedule.

Software ID: 08000095

Software Version: v1.00

EIN: 37-0809856

Name: ILLINOIS AGRICULTURAL ASSOCIATION

Form 990, Schedule J,	Part 1	II - Officers, Direc	tors, Trustees, Ke	y Employees, and	l Highest Compen	sated Employees	ı	
(A) Name			FW-2 and/or 1099-MIS		(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Philip Nelson	(1) (11)	217,398 0	0	0 517	0	10,404 0	227,802 517	0
Kathy Smith Whitman	(ı) (ıı)	168,681 0	0	o 0	43,977 0	10,404 0	223,062 0	0 0
Theresa Boyd	(1) (11)	120,173 0	0 0	0 0	30,564 0	3,717 0	154,454 0	0
Jim Jacobs	(1) (11)	237,526 0	0 0	0 0	61,568 0	3,468 0	302,562 0	0
Mark Frels	(ı) (ıı)	194,232 0	0 0	0 0	34,383 0	3,717 0	232,332 0	
Mark Gebhards	(ı) (ıı)	173,728 0	0	0 0	21,291 0	10,404 0	205,423 0	
Chris Magnuson	(ı) (ıı)	162,085 0	0 0	0 0	19,935 0	10,404 0	192,424 0	
Jerry Quick	(ı) (ıı)	177,246 0	0 0	0 0	0	0	177,246 0	
David Stumpf	(ı) (ıı)	164,136 0	0 0	0 0	0	0 0	164,136 0	
W Lyle Roberts	(ı) (ıı)	164,002 0	0	0 0	0	0 0	164,002 0	
Robert Weldon	(ı) (ıı)	0 0	0	4 ,675 0	0	0	4,675 0	
Dale Wachtel	(ı) (ıı)	41 ,0 47 0	0	o 0	0	0	41,047 0	
Kurt Bock	(ı) (ıı)	180,753 0	0 0	0 0	51,806 0	1,975 0		

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008

Open to Public Inspection

Name of the organization ILLINOIS AGRICULTURAL ASSOCIATION

Employer identification number

37-0809856

ldentifier	Return Reference	Explanation
F990_P06_S0A_L06	Form 990, Part VI, Section A, Line 6	The Association's membership consists of farming and non farming individuals. All members are interested in supporting agriculture in Illinois

ldentifier	Return Reference	Explanation
F990_P06_S0A_L07a	Form 990, Part VI, Section A, Line 7a	The Association hosts an annual meeting attended by members appointed as delegates and staff. The delegates are chosen on a county level and are based on the number of members in each. Directors have term limits of 10 years, but must reelected every two years.

ldentifier	Return Reference	Explanation
F990_P06_S0A_L10	Form 990, Part VI, Section A, Line 10	Form 990 is prepared and reviewed by the Auditors, General Counsel and Controller After the review is complete, the return is presented to the Board of Directors in the month prior to its due date

ldentifier	Return Reference	Explanation
F990_P06_S0B_L12c		Conflict of interest policies are reviewed and signed by the Board of Directors, Officers and Key Employees annually

ldentifier	Return Reference	Explanation
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	The Association's Human Resource staff annually compares independent national compensation surveys to staff's salaries. The pay range of the positions are adjusted to the comparible market value, review ed by Human Resources and approved by the Management Team. Officer and key employee compensation is also compared to the surveys, review ed by Human Resources and approved by the Board of Directors.

ldentifier	Return Reference	Explanation
F990_P06_S0C_L	Form 990, Part VI, Section C, Line 19	The Association makes its governing documents, conflict of interest policies and financial statements available to the public upon request

Identifier Return Reference		Explanation
F990_P11_S00_L01	Form 990, Part XI, Line 1	Income Tax basis

DLN: 93493106005000

OMB No 1545-0047

2008

Open to Public Inspection

Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service

(Form 990)

SCHEDULE R

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

Name of the organization ILLINOIS AGRICULTURAL ASSOCIATION				Employer identif	rication number
ACTION ACTIONAL ASSOCIATION				37-0809856	
Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income E	(E) End-of-year assets	(F) Direct controlling entity
Part II Identification of Related Tax-Exempt Orga	nizations				
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity statu (if section 501(c)(3	(F) Us Direct controlling entity
Agricultural Support Association					
1701 Towanda Avenue Bloomington, IL61701	Agricultural Member Association	IL	501(c)(5)		Illinois Agricultural Association

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country) (D) Direct controlling entity		(E) Predominant income(related, investment, unrelated) (F) Share of total income		(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate :ions?	(I) Code V—UBI amount on Box 20 of K-1	(J) General of managin partner?	
								Yes	No		Yes	No
												<u> </u>
												<u> </u>
Part IV Identification of F	Related	l Organizations	Taxable as	a Corporation	or Trust							
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile	(D)	olling (E) (C corp, S co	(F) Share of total		(G) hare of	(H) Percentage		
				(state or foreign country)	entity	(C corp, S co or trust)	p, income		l-of-yea assets	r ownership		
Soo Additional Data Table				foreign		(C corp, S co or trust)	p, income					
See Additional Data Table				foreign		(C corp, S co or trust)	p, lincome					
See Additional Data Table				foreign		(C corp, S co or trust)	p, lincome					
See Addıtıonal Data Table				foreign		(C corp, S co or trust)	p, lincome					
See Addıtıonal Data Table				foreign		(C corp, S co or trust)	p, lincome					
See Additional Data Table				foreign		(C corp, S co or trust)	p, income					
See Additional Data Table				foreign		(C corp, S co or trust)	p, lincome					

(4)

(5)

(6)

Part V Transactions with Related Organization	ns
-----------------------------------------------	----

Par	rt V Transactions with Related Organizations					
	Note. Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No	
LDu	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?					
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1	La	Yes		
b	Gift, grant, or capital contribution to other organization(s)	1	Lb		No	
c	Gift, grant, or capital contribution from other organization(s)	1	Lc		No	
d	Loans or loan guarantees to or for other organization(s)	1	Ld		No	
e	Loans or loan guarantees by other organization(s)	1	Le		No	
f	Sale of assets to other organization(s)	1	Lf		No	
g Purchase of assets from other organization(s)						
h	Exchange of assets	1	Lh		No	
i I	Lease of facilities, equipment, or other assets to other organization(s)	1	1i		No	
j	Lease of facilities, equipment, or other assets from other organization(s)	1	1j	Yes		
k	Performance of services or membership or fundraising solicitations for other organization(s)	1	Lk	Yes		
I Performance of services or membership or fundraising solicitations by other organization(s)						
m	Sharing of facilities, equipment, mailing lists, or other assets	1	Lm		No	
n	Sharing of paid employees	1	Ln		No	
0	Reimbursement paid to other organization for expenses	1	Lo	Yes		
р	Reimbursement paid by other organization for expenses	1	Lр	Yes		
q	O ther transfer of cash or property to other organization(s)	1	Lq		No	
r	O ther transfer of cash or property from other organization(s)	1	1r		No	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thres	holds				
	(A) (B) (C)					
	Name of other organization(s) Transaction type(a-r) Amount In					
1)						
ee						
Addi: Data	itional a					
able	e e					
2)						
21						
3)						

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

									_				
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations	57	(E) Share of end-of-year assets	(F) Disproprtionate allocations?				(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?		
			Yes	No		Yes	No		Yes	No			
			•			•	•	Sabadula	D / Form	000) 2000			

13,765

Software ID: 08000095 **Software Version:** v1.00

EIN: 37-0809856

Name: ILLINOIS AGRICULTURAL ASSOCIATION

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) Direct Controlling Entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income (\$)	(G) Share of end-of-year assets (\$)	(H) Percentage ownership
Country Life Insurance Company 1701 Towanda Avenue Bloomington, IL61701	Life Insurance	IL	Illinois Agricultural Holding Co	С	100	100	1 00 %
Country Investors Life Assurance Company 1701 Towanda Avenue Bloomington, IL61701	Stock Insurance Company	IL	Country Life Insurance Company	С	100	100	1 00 %
Country Mutual Insurance Company 1701 Towanda Avenue Bloomington, IL61701 37-0807507	Mutual Insurance Company	IL	Illinois Agricultural Holding Company	С	100	100	1 00 %
Country Casualty Insurance Company 1701 Towanda Avenue Bloomington, IL61701	Stock Insurance	IL	Country Mutual Insurance Company	С	100	100	1 00 %
CC Services Inc 1701 Towanda Avenue Bloomington, IL61701	Service Company	IL	Illinois Agricultural Holding Co	С	100	100	1 00 %
Illinois Agricultural Holding Co 1701 Towanda Avenue Bloomington, IL61701 36-1252720	Holding Company	IL	Illinois Agricultural Association	С	100	100	1 00 %
Country Trust Bank 1701 Towanda Avenue Bloomington, IL61701	Ferderal Thrift	IL	Country Life Insurance Company	С	100	100	1 00 %
Country Preferred Insurance Company 1701 Towanda Avenue	Stock Insurance	IL	Country Mutual Insurance Company	С	100	100	1 00 %

Country Preferred Insurance Company

Bloom	ington, IL61701	·			
Form	990, Schedule R, Part V - Transactions with Related Organization (A) Name of other organization	ons	(B) Transaction type(a-r)	A mot	(C) unt Involved (\$)
(1)	Country Life Insurance Company		p		48,336
(2)	Country Life Insurance Company		1		425,568
(3)	Country Investors Life Assurance Company		р		5,250
(4)	Country Mutual Insurance Company		1		2,491
(5)	Country Mutual Insurance Company		р		109,199
(6)	Country Casualty Insurance Company		р		5,392
(7)	CC Services Inc		a-ıv		2,298,252
(8)	CC Services Inc		g		7,482,275
(9)	CC Services Inc		J		528,775
(10)	CC Services Inc		k		310,337
(11)	CC Services Inc		1		1,074,914
(12)	CC Services Inc		р		4,334,478
(13)	Illinois Agricultural Holding Co		a-ı		10,405,945
(14)	Illinois Agricultural Holding Co		k		238
(15)	Country Trust Bank		a-ı		750,516
(16)	Country Trust Bank		1		33,673
(17)	Country Trust Bank		0		25,141

Software ID: Software Version:

EIN: 37-0809856

Name: ILLINOIS AGRICULTURAL ASSOCIATION

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Add		(C) Position (check all								
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	a Institutional Trustee	Office		Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Richard Guebert , Vice President	20 00	Х						65,717	0	0
Jim Anderson , Board Member	6 00	Х						41,240	0	0
Wayne Anderson , Board Member	6 00	Х						33,148	0	0
Darryl Brinkman , Board Member	6 00	Х						46,468	0	0
Chuck Cawley , Board Member	6 00	Х						37,611	0	0
Scott Halpın , Board Member	6 00	Х						35,956	0	0
Dale Hadden , Board Member	6 0 0	Х						34,004	0	0
Henry Kallal , Board Member	6 00	Х						40,355	0	0
Mike Kenyon , Board Member	6 0 0	Х						40,889	0	0
Richard Ochs , Board Member	6 0 0	Х						43,436	0	0
William Olthoff , Board Member	6 0 0	Х						47,573	0	0
Elaine Thacker , Secretary	40 00	Х						59,196	0	20,731
Chris Hausman , Board Member	6 00	Х						32,766	0	0
James Schielein , Board Member	6 00	Х						41,291	0	0
Gerald Thompson , Board Member	6 00	Х						35,768	0	0
JC Pool , Board Member	6 00	Х						46,308	0	0
Kent Schleich , Board Member	6 00	Х						38,336	0	0
Terrance Pope , Board Member	6 00	Х						40,231	0	0
Tryo Uphoff , Board Member	6 00	Х						35,926	0	0
Steve Hosselton , Board Member	6 00	Х						0	0	0
Jim Jacobs , General Counsel	40 00			Х				237,526	0	65,036
Kathy Smith Whitman , Secretary	40 00			Х				168,681	0	54,381
Laura Reynolds , Ass't Controller	40 00			Х				82,744	0	33,080
Philip Nelson , President	40 00			Х				217,398	517	10,404
Theresa Boyd , Controller	40 00			Х				120,173	0	34,281
Alan Dodds , Vice President of Finance	40 00			Х				0	0	0
Mark Frels , Executive Director of Member Services	40 00				х			194,232	0	38,100
Mark Gebhards , Executive Director of Gov't Affairs	40 00				х			173,728	0	31,695
Chris Magnuson , Executive Director of Operations	40 00				х			162,085	0	30,339
Jerry Quick , Senior General Counsel	40 00					Х		177,246	0	0

Form 990, Part VII - Section Aaa

Torm 550, Fart VII Section Add										
(A) Name and Title	(B) A verage hours per week		on a Institutional Trustee	chec pply)	Highest compensat	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		1	"			<u> 6</u>				
David Stumpf , Senior General Counsel	40 00					Х		164,136	0	0
W Lyle Roberts , Director of Illinois Soybean	40 00					х		164,002	0	0
Dennis Vercler , Director of News & Comm	40 00					х		125,374	0	0
Wendy Schaefer , Ass't General Counsel	40 00					х		121,731	0	0
Kurt Bock , Treasurer	40 00						Х	180,753	0	53,781
Dale Wachtel , Board Member	6 00						Χ	41,047	0	0
Robert Weldon , Vice President of Finance	40 00						х	4,675	0	0
Paul Harmon , General Cousel	40 00						Х	59,883	0	0