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Form 990-EZ

Short Form
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)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other org- anizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form

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

Department of the Treasury
Internal Revenue Service

OMB No 1545 1150

2008

Open to Public Inspection

A **For the 2008 calendar year, or tax year beginning** 9/01 , **2008, and ending** 8/31 , 2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C
Agricultural Support Association
1701 Towanda Avenue
Bloomington, IL 61702-2901

D Employer identification number
37-1401256

E Telephone number
309-557-2218

F Group Exemption Number. ►

• ***Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).***

G Accounting method. ☐ Cash ☐ Accrual
Other (specify) ► Income Tax

I **Website:** ► N/A

H Check ► [X] if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J **Organization type** (check only one) — [X] 501(c) (5) ◄ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ► ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $1,000,000 or more, file Form 990 instead of Form 990-EZ ► $ 33,523.

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	26,000.
	3	Membership dues and assessments	3	
	4	Investment income	4	7,523.
	5a	Gross amount from sale of assets other than inventory — 5a		
	b	Less. cost or other basis and sales expenses — 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract ln 5b from ln 5a) (att sch)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► ☐		
	a	Gross revenue (not including $ _____ of contributions reported on line 1) — 6a		
	b	Less. direct expenses other than fundraising expenses — 6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a	Gross sales of inventory, less returns and allowances — 7a		
	b	Less. cost of goods sold — 7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ►)	8	
	9	**Total revenue** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ►	9	33,523.
EXPENSES	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	3,270.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	485.
	16	Other expenses (describe ► See Statement 1)	16	61,758.
	17	**Total expenses** (add lines 10 through 16) ►	17	65,513.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-31,990.
	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	579,654.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21	547,664.

Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	560,047.	22	551,664.
23	Land and buildings		23	
24	Other assets (describe ► See Statement 2)	47,000.	24	11,000.
25	**Total assets**	607,047.	25	562,664.
26	**Total liabilities** (describe ► See Statement 3)	27,393.	26	15,000.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	579,654.	27	547,664.

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

What is the organization's primary exempt purpose? See Statement 4

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)

28	To encourage projects which improve the economic well being of agriculture.	28a	22,140.
	(Grants $) If this amount includes foreign grants, check here ► ☐		
29	To enrich the quality of farm family life.	29a	
	(Grants $) If this amount includes foreign grants, check here ► ☐		
30	To encourage the development of better agricultural products and services.	30a	20,867.
	(Grants $) If this amount includes foreign grants, check here ► ☐		
31	Other program services (attach schedule) See Statement 5	31a	17,000.
	(Grants $) If this amount includes foreign grants, check here ► ☐		
32	**Total program service expenses** (add lines 28a through 31a) ►	32	60,007.

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
See Statement 6		0.	0.	0.

Part V Other Information (Note the statement requirement in General Instruction V.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	501(c)(7) organizations. Enter.			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 4911 ► N/A, section 4912 ► N/A, section 4955 ► N/A			
b	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I	40b		
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0.			
d	Enter amount of tax on line 40c reimbursed by the organization ► 0.			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ► None			

42a The books are in care of ► Alan Dodds Telephone no ► 309-557-2218

Located at ► 1701 Towanda Avenue Bloomington IL ZIP + 4 ► 61702-2901

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes ' enter the name of the foreign country ►	42b		X
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country ►	42c		X

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

			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

			Yes	No
46	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	46		
47	Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47		
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48		
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49 a		
b	If 'Yes,' was the related organization(s) a section 527 organization?	49 b		

50 Complete this table for the 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 address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over $100,000 ►				

51 Complete this table for the 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 address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors receiving over $100,000 ►		

Sign Here

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

► Alan Dodds — Signature of officer — Date 1/14/10

► Alan Dodds — Type or print name and title — Treasurer

Paid Preparer's Use Only

Preparer's signature ► Non-Paid Preparer	Date	Check if self-employed ► ☐	Preparer's Identifying Number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ►		EIN ►	
		Phone no ►	

May the IRS discuss this return with the preparer shown above? See instructions ► ☐ Yes ☒ No

Statement 6
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to EBP & DC	Expense Account/ Other
Philip Nelson 2975 N. 35th Road Seneca, IL 61360	President 1.00	$ 0.	$ 0.	$ 0.
Rich Guebert 7740 Robinson Road Ellis Grove, IL 62241	Vice President 0.50	0.	0.	0.
Jim Jacobs 1701 Towanda Ave. Bloomington, IL 61702	General Counsel 0.50	0.	0.	0.
Theresa Boyd 1701 Towanda Ave Bloomington, IL 61702	Controller 0.50	0.	0.	0.
Elaine Thacker 1701 Towanda Ave. Bloomington, IL 61702	Ass't Secretary 0.50	0.	0.	0.
Terry Pope 1751 E. County Rd 2300 Burnside, IL 62330	Director 0.20	0.	0.	0.
Chris Hausman 948 CR 100 N Pesotum, IL 61863	Director 0.20	0.	0.	0.
Kent Schleich 34441 N IL 97 Fairview, IL 61432	Director 0.20	0.	0.	0.
Dale Hadden 1295 State Highway 78W Jacksonville, IL 62650	Director 0.50	0.	0.	0.
William Olthoff 4503 A E 3000 N Road Bourbonnais, IL 60914	Director 0.20	0.	0.	0.
Gerald Thompson 31784 E. 1400 North Road Colfax, IL 61728	0.20	0.	0.	0.
James Schielein 1381 Dutch Road Dixon, IL 61021	Director 0.20	0.	0.	0.

Statement 6 (continued)
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen-sation	Contri-bution to EBP & DC	Expense Account/ Other
JC Pool RR 1 Box 164 Broughton, IL 62817	Director 0.20	$ 0.	$ 0.	$ 0.
Richard Ochs 329 N. 1800th Street West Liberty, IL 62475	Director 0.20	0.	0.	0.
Steve Hosselton 2794 Silver Bell Lane Louisville, IL 62858	Director 0	0.	0.	0.
Henry Kallal RR 4 Box 171 K Jerseyville, IL 62052	Director 0.20	0.	0.	0.
Michael Kenyon 1250 E. Main St. South Elgin, IL 60177	Director 0.20	0.	0.	0.
Charles Cawley 17157 Hwy 38E Rochelle, IL 61068	Director 0.20	0.	0.	0.
Darryl Brinkmann 11302 Brinkmann Road Carlyle, IL 62231	Director 0.20	0.	0.	0.
James Anderson 21229 Grant Brick Road Thompsonville, IL 62890	Director 0.20	0.	0.	0.
Laura Reynolds 1701 Towanda Ave. Bloomington, IL 61702	Controller 0.50	0.	0.	0.
Troy Uphoff RR 10 Box 169 Findlay, IL 62534	Director 0.20	0.	0.	0.
Wayne Anderson 17646 Liken Rd Geneseo, IL 61254	Director 0.20	0.	0.	0.
Scott Halpin 8675 S. Halpin Rd Gardner, IL 60424	Director 0.20	0.	0.	0.

Statement 1
Form 990-EZ, Part I, Line 16
Other Expenses

Insurance	$ 742.
Other	1,009.
Rural-Urban Policy Exchange	22,140.
Special Projects	17,000.
Vision for IL Agriculture.	20,867.
Total	$ 61,758.

Statement 2
Form 990-EZ, Part II, Line 24
Other Assets

	Beginning	Ending
Accounts Receivable	$ 47,000.	$ 11,000.
Total	$ 47,000.	$ 11,000.

Statement 3
Form 990-EZ, Part II, Line 26
Total Liabilities

	Beginning	Ending
Accounts Payable and Accrued Expenses	$ 27,393.	$ 15,000.
Total	$ 27,393.	$ 15,000.

Statement 4
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

To encourage the development of better agricultural products and services and enrich the quality of farm family life.

Statement 5
Form 990-EZ, Part III, Line 31
Statement of Program Service Accomplishments

Description	0. Grants	Program Service Expenses
To support farm interests and farming in general.		17,000.
Includes Foreign Grants: No		
Total	$ 0.	$ 17,000.

Statement 6 (continued)
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen-sation	Contri-bution to EBP & DC	Expense Account/ Other
Kathy Smith Whitman 1701 Towanda Ave Bloomington, IL 61702	Asst. Secretary 0.50	$ 0.	$ 0.	$ 0.
Kurt Bock 1701 Towanda Avenue Bloomington, IL 61701	Treasurer 1.00	0.	0.	0.
Alan Dodds 1701 Towanda Avenue Bloomington, IL 61702	Treasurer 1.00	0.	0.	0.
Dale Wachtel 1701 Towanda Avenue Bloomington, IL 61701	Director 0.20	0.	0.	0.
	Total	$ 0.	$ 0.	$ 0.

Statement 7
Form 990-EZ, Part VI
Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No