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

Extended to 8/15/10

Form **990**

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.

OMB No 1545 0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For the 2008 calendar year, or tax year beginning 10/01 , **2008, and ending** 9/30 , 2009

B Check if applicable
- [X] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Termination
- [ ] Amended return
- [ ] Application pending

Please use IRS label or print or type See specific instructions.

IOWA SOYBEAN ASSOCIATION
1255 SW PRAIRIE TRAIL PARKWAY
ANKENY, IA 50023

D Employer Identification Number: 42-6127197

E Telephone number: 515-251-8640

G Gross receipts $ 30,368,807.

F Name and address of principal officer: SAME AS C ABOVE

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If 'No,' attach a list (see instructions)

I Tax-exempt status [X] 501(c) (5) ◄ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ► WWW.IASOYBEANS.COM

H(c) Group exemption number ►

K Type of organization [X] Corporation [ ] Trust [ ] Association [ ] Other ►

L Year of Formation 1964

M State of legal domicile IA

Part I Summary

1 Briefly describe the organization's mission or most significant activities THE ASSOCIATION MISSION IS TO AID IN THE PROMOTION OF THE SOYBEAN INDUSTRY THROUGH PROJECTS AND PROGRAMS INCLUDING BUT NOT LIMITED TO RESEARCH, EDUCATION AND MARKET DEVELOPMENT. SEE SCHEDULE O FOR DETAILED MISSION STATEMENT.

2 Check this box ► [ ] if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5	Total number of employees (Part V, line 2a)	5	55
6	Total number of volunteers (estimate if necessary)	6	23
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	252,580.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	60,222.

RECEIVED
JUN 30 2010
IRS-OSC

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,200,000.	
9	Program service revenue (Part VIII, line 2g)	29,796,761.	30,033,861.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	189,952.	79,799.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	257,484.	255,147.
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	31,444,197.	30,368,807.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		12,000.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,053,403.	4,689,820.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ►		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	23,409,397.	22,720,336.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	27,462,800.	27,422,156.
19	Revenue less expenses Subtract line 18 from line 12	3,981,397.	2,946,651.

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	13,680,326.	17,538,067.
21	Total liabilities (Part X, line 26)	4,801,687.	5,380,449.
22	Net assets or fund balances Subtract line 21 from line 20	8,878,639.	12,157,618.

Part II Signature Block

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

Sign Here

► [signature] Signature of officer — Date 6/21/10

► Kirk A. Leeds CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ►	[signature] CPA	Date 6-15-10	Check if self-employed ► [ ] — Preparer's identifying number (see instructions) P00224025
Firm's name (or yours if self-employed), address, and ZIP + 4 ►	MERIWETHER, WILSON AND COMPANY, PLLC REGENCY W. 5, 4500 WESTOWN PKWY, STE 140 WEST DES MOINES, IA 50266-6717		EIN ► 42-0731256 Phone no ► 515-223-0002

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

SCANNED AUG 03 2010

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If 'Yes,' describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

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 501(c)(4) organizations and section 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 $ including grants of $) (Revenue $)

THE IOWA SOYBEAN ASSOCIATION CONDUCTS RESEARCH PROJECTS THROUGH THE STATE UNIVERSITIES TO STABILIZE AND INCREASE YIELD WHILE IMPROVING PRODUCTION EFFICIENCY AND THE ENVIRONMENT. PROJECTS FOCUS ON INCREASING GENETIC YIELD POTENTIAL OF SOYBEANS AND REDUCING STRESS-RELATED YIELD LOSSES.

4b (Code) (Expenses $ including grants of $) (Revenue $)

SEE SCHEDULE O

4c (Code) (Expenses $ including grants of $) (Revenue $)

INCREASE DEMAND OF IOWA SOYBEANS BY MEETING THE NEEDS OF OUR CUSTOMERS. THIS PROGRAM'S MAIN GOAL IS INCREASE AND MAINTAIN EXPORTS OF WHOLE SOYBEANS, SOYBEAN MEAL, PORK AND POULTRY PRODUCTS, THROUGH MARKET DEVELOPMENT AND PROMOTIONAL EFFORTS.

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ► $ *(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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If 'Yes,' complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations** Did the organization engage in lobbying activities? *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		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If 'Yes,' complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If 'Yes,' complete Schedule D, Part III*	8		X
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		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If 'Yes,' complete Schedule D, Part V*	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If 'Yes,' complete Schedule D, Parts XI, XII, and XIII*	12	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If 'Yes,' complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		X
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		X
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		X
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		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If 'Yes,' complete Schedule G, Part I*	17		X
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		X
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If 'Yes,' complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If 'Yes,' complete Schedule H*	20		X
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		X
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	X	
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? *If 'Yes,' complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, and that was issued after December 31, 2002? *If 'Yes,' answer questions 24b-24d and complete Schedule K If 'No,' go to question 25*	24a		X
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 from a prior year? *If 'Yes,' complete Schedule L, Part I*	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If 'Yes,' complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If 'Yes,' complete Schedule L, Part III*	27		X

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			
	a 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 IV*	28a		X
	b Have a family member who had a direct or indirect business relationship with the organization? *If 'Yes,' complete Schedule L, Part IV*	28b		X
	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		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If 'Yes,' complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If 'Yes,' complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If 'Yes,' complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If 'Yes,' complete Schedule R, Part I*	33		X
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	X	
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	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If 'Yes,' complete Schedule R, Part V, line 2*	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If 'Yes,' complete Schedule R, Part VI*	37		X

Part V Statements Regarding Other IRS 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 151		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 9		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 55		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a	X	
b	If 'Yes' has it filed a Form 990-T for this year? *If 'No,' provide an explanation in Schedule O*	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If 'Yes,' enter the name of the foreign country ►			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?	7a		
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	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 premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make any distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	**Section 501(c)(12) organizations.** Enter			
a	Gross income from other 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		
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b		

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

Section A. Governing Body and Management

			Yes	No
	For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O See instructions			
1a	Enter the number of voting members of the governing body 1a 21			
b	Enter the number of voting members that are independent 1b 16			
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? SEE SCH O	4	X	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders? SEE SCHEDULE O	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? SEE SCHEDULE O	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a	X	
b	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	X	
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 SEE SCHEDULE O	10	X	
11	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*	11		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If 'No,' go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If 'Yes,' describe in Schedule O how this is done* SEE SCHEDULE O	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers of key employees of the organization? SEE SCHEDULE O	15b	X	
	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If 'Yes,' 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		

Section C. Disclosures

17 List the states with which a copy of this Form 990 is required to be filed ► NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (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

19 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 SCHEDULE O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

► DONNA DONOVAN 1255 SW PRAIRIE TRAIL PARKWAY ANKENY IA 50023 515-251-8640

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.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), 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) or more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W 2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
RAY GAESSER DIRECTOR	1	X						1,030.	0.	72.
CURT SINDEGARD DIRECTOR	1	X						3,880.	0.	597.
JOHN HEISDORFFER PRESIDENT	1	X		X				2,900.	0.	1,296.
BRIAN KEMP SECRETARY	1	X		X				1,150.	0.	29.
DAN BEENKEN DIRECTOR	1	X						1,450.	0.	255.
DEAN COLEMAN AT LARGE	1	X		X				2,270.	0.	431.
LARRY MAREK DIRECTOR	1	X						1,500.	0.	166.
DELBERT CHRISTENSEN PRESIDENT ELECT	1	X		X				2,840.	0.	410.
BOB COLE DIRECTOR	1	X						780.	0.	34.
CINDI GROVER DIRECTOR	1	X						2,390.	0.	20.
SHEILA HEBENSTREIT DIRECTOR	1	X						1,550.	0.	30.
RANDY VANKOOTEN TREASURER	1	X		X				2,090.	0.	0.
A.J. BLAIR DIRECTOR	1	X						1,300.	0.	0.
ED ULCH DIRECTOR	1	X						2,100.	0.	351.
BENJAMIN SCHMIDT DIRECTOR	1	X						1,900.	0.	133.
JOHN SCHLORHOLTZ DIRECTOR	1	X						1,450.	0.	0.
CLIFF MULDER DIRECTOR	1	X						1,300.	0.	29.

Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(cont.)*

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
TOM OSWALD DIRECTOR	1	X						1,400.	0.	150.
ROY ARENDS DIRECTOR	1	X						2,200.	0.	132.
RON HECK DIRECTOR	1	X						2,100.	0.	172.
JIM ANDREW DIRECTOR	1	X						1,600.	0.	14.
KIRK LEEDS EXECUTIVE DIREC	46			X	X			228,678.	0.	24,082.
WAYNE FREDERICKS DIRECTOR	1	X						0.	0.	300.
MARK JACKSON DIRECTOR	1	X						0.	0.	118.
CAROL BALVANZ DIR. OF POLICY	42					X		110,851.	0.	7,828.
TRACY BLACKMER DIR. OF RESEARC	40					X		128,180.	0.	19,300.
LINDA FUNK DIR., FOOD MKTG	40					X		123,568.	0.	13,538.
DONNA DONOVAN CFO	42					X		113,099.	0.	14,873.
DAVID WRIGHT DIR., STR. INIT	46					X		118,894.	0.	19,746.
1b Total ►								862,450.	0.	104,106.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ► 6

		Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual . . .	3		X
4 For any individual listed on line 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	X	
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		X

Section B. Independent Contractors

1 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
THE WEITZ COMPANY LLC 5901 THORNTON AVENUE DES MOINES, IA 50321	CONSTRUCTION	1,885,605.
	SEE SCHEDULE O	

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ► 1

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contribns included in lns 1a-1f: $					
	h **Total.** Add lines 1a-1f	▶				
PROGRAM SERVICE REVENUE		Business Code				
	2a MEMBERSHIP DUES & ASSESSMENTS	900099	127,064.	127,064.		
	b NATIONAL CHECKOFF REVENUE	110000	26,244,515.	26,244,515.		
	c CONTRACT REVENUE	110000	2,699,703.	2,699,703.		
	d CORPORATE SPONSORSHIPS	900099	932,419.	932,419.		
	e REGISTRATIONS AND EX. FEE	900099	30,160.	30,160.		
	f All other program service revenue					
	g **Total.** Add lines 2a-2f	▶	30,033,861.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)	▶	79,799.			79,799.
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real / (ii) Personal				
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	▶				
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory					
	b Less. cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)	▶				
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events	▶				
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
	Miscellaneous Revenue	Business Code				
	11a MAGAZINE ADVERTISING	511120	252,580.		252,580.	
	b OTHER REVENUE	900099	2,567.	2,567.		
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d	▶	255,147.			
	12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	▶	30,368,807.	30,036,428.	252,580.	79,799.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do 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				
2 Grants and other assistance to individuals in the U S See Part IV, line 22	12,000.			
3 Grants and other assistance to governments, organizations, and individuals outside the U S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	296,994.			
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.			
7 Other salaries and wages	3,234,658.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	429,244.			
9 Other employee benefits	468,456.			
10 Payroll taxes	260,468.			
11 Fees for services (non-employees)				
a Management				
b Legal	21,827.			
c Accounting	27,307.			
d Lobbying	4,775.			
e Prof fundraising svcs See Part IV, ln 17				
f Investment management fees				
g Other	430,382.			
12 Advertising and promotion	575,060.			
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	271,560.			
17 Travel	722,462.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	39,247.			
20 Interest	7,313.			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	145,795.			
23 Insurance	31,989.			
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)				
a CHECKOFF ASSESSMENTS PD	14,094,360.			
b PRODUCTION RESEARCH	3,008,963.			
c MARKETING FUNDS	914,340.			
d CONTRACTED PERSONNEL	891,326.			
e PRINTING AND PUBLICATIONS	541,201.			
f All other expenses	992,429.			
25 Total functional expenses. Add lines 1 through 24f	27,422,156.			
26 **Joint Costs.** Check here ► ☐ 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				

Part X. Balance Sheet

				(A) Beginning of year		(B) End of year
ASSETS	1	Cash – non-interest-bearing		1,109,550.	1	1,512,131.
	2	Savings and temporary cash investments		7,721,613.	2	4,237,300.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1,925,526.	4	1,637,871.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		215,991.	9	292,392.
	10a	Land, buildings, and equipment cost basis	10a 10,470,213.			
	b	Less accumulated depreciation Complete Part VI of Schedule D	10b 1,000,080.	1,476,614.	10c	9,470,133.
	11	Investments – publicly-traded securities			11	
	12	Investments – other securities See Part IV, line 11			12	
	13	Investments – program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		1,231,032.	15	388,240.
	16	**Total assets** Add lines 1 through 15 (must equal line 34)		13,680,326.	16	17,538,067.
LIABILITIES	17	Accounts payable and accrued expenses		3,607,164.	17	4,053,433.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable			24	
	25	Other liabilities Complete Part X of Schedule D		1,194,523.	25	1,327,016.
	26	**Total liabilities.** Add lines 17 through 25		4,801,687.	26	5,380,449.
NET ASSETS OR FUND BALANCES		**Organizations that follow SFAS 117, check here ► [X] and complete lines 27 through 29 and lines 33 and 34.**				
	27	Unrestricted net assets		8,878,639.	27	12,157,618.
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ► [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, and equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	**Total net assets or fund balances.**		8,878,639.	33	12,157,618.
	34	Total liabilities and net assets/fund balances		13,680,326.	34	17,538,067.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990. [ ] Cash [X] Accrual [ ] Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant? SEE SCHEDULE O.		X
c	If 'Yes' to 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?		
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?	X	
b	If 'Yes,' did the organization undergo the required audit or audits?	X	

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

IOWA SOYBEAN ASSOCIATION

Employer identification number

42-6127197

Part I 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
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 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?? ☐ Yes ☐ No

Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of certified historic structure

2 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
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and 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 Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1a 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

b 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 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 ► $ _____

2 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

a Revenues included in Form 990, Part VIII, line 1 ► $ _____

b Assets included in Form 990, Part X ► $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table

		Amount
c 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 Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV

Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c 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 end balance held as

- a Board designated or quasi-endowment ► _____ %
- b Permanent endowment ► _____ %
- c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations (3a(i))		
(ii) related organizations (3a(ii))		
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? (3b)		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1a Land		1,200,000.		1,200,000.
b Buildings		7,598,396.	2,669.	7,595,727.
c Leasehold improvements		178,240.	166,183.	12,057.
d Equipment		1,493,577.	831,228.	662,349.
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)*			►	9,470,133.

Part VII Investments—Other Securities See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-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 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-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 X, line 15) N/A

(a) Description	(b) Book value
Total. *Column (b) Total (should equal Form 990, Part X, col (B), line 15)* ►	

Part X Other Liabilities (See Form 990, Part X, line 25)

(a) Description of Liability	(b) Amount
Federal Income Taxes	
ACCRUED PENSION LIABILITY	507,985.
CAPITAL LEASE	40,010.
DEFERRED COMPENSATION	65,812.
DEFERRED MARKETING REVENUE	25,000.
DEFERRED MEMBERSHIPS	224,560.
DEFERRED SPONSORSHIPS	463,649.
Total *Column (b) Total (should equal Form 990, Part X, col. (B) line 25)* ►	1,327,016.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII,column (A), line 12)	30,368,807.
2	Total expenses (Form 990, Part IX, column (A), line 25)	27,422,156.
3	Excess or (deficit) for the year Subtract line 2 from line 1	2,946,651.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV) SEE PART XIV	332,328.
9	Total adjustments (net). Add lines 4-8	332,328.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	3,278,979.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	30,221,459.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	30,221,459.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV) SEE PART XIV	4b	147,348.		
c	Add lines 4a and 4b			4c	147,348.
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)			5	30,368,807.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	27,274,808.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	27,274,808.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV) SEE PART XIV	4b	147,348.		
c	Add lines 4a and 4b			4c	147,348.
5	Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18)			5	27,422,156.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, 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

Part XIV Supplemental Information *(continued)*

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

► Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.
► Attatch to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

IOWA SOYBEAN ASSOCIATION

Employer identification number

42-6127197

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States SEE PART IV

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . ► [X]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations . . . . ►

3 Enter total number of other organizations . . ►

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' on Form 990, Part 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) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
AG SCHOLARSHIP PROGRAM	8	12,000.			

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

PART I, LINE 2 - GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED

STUDENTS SUBMIT APPLICATIONS TO THE ORGANIZATION FOR THE AG SCHOLARSHIP PROGRAM. THE ORGANIZATION SELECTS STUDENTS FOR THE AG SCHOLARSHIP PROGRAM BASED UPON PREDETERMINED CRITERIA. THE AMOUNT OF THE SCHOLARSHIP IS SENT DIRECTLY TO THE COLLEGE OR UNIVERSITY THAT THE STUDENT WILL BE ATTENDING. THE FIRST GROUP OF SCHOLARSHIP RECIPIENTS WOULD HAVE GRADUATED IN 2009. STARTING THIS YEAR, A QUESTIONNAIRE WILL BE SENT TO THE SCHOLARSHIP RECIPIENTS FROM THE SCHOLARSHIP COMMITTEE TO FOLLOW UP ON THEIR STATUS AND TO INQUIRE AS TO WHETHER THEY WERE SUCCESSFUL IN ACQUIRING A JOB IN THEIR CHOSEN FIELD (MAJOR).

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
IOWA SOYBEAN ASSOCIATION

Employer identification number
42-6127197

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification 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 policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain — **1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? — **2**		
3	Indicate which, if any, of the following organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☒ Compensation committee ☒ Written employment contract ☐ Independent compensation consultant ☒ 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 VII, Section A, line 1a		
a	Receive a severance payment or change of control payment? — **4a**		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan? — **4b**		X
c	Participate in, or receive payment from, an equity-based compensation arrangement? — **4c**		X
	If 'Yes' to any of 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	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, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization? — **6a**		
b	Any related organization? — **6b**		
	If 'Yes' to line 6a or 6b, describe in Part III		
7	For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III — **7**		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If 'Yes,' describe in Part III — **8**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is 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 W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other compensation				
KIRK LEEDS	(i)	181,637.	40,000.	7,041.	12,914.	11,168.	252,760.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(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.

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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
IOWA SOYBEAN ASSOCIATION

Employer identification number
42-6127197

FORM 990, PART VII, SECTION B, LINE 1

COMPENSATION PAID TO THE WEITZ COMPANY IN THE AMOUNT OF $1,885,605 INCLUDES BOTH LABOR AND MATERIALS FOR THE CONSTRUCTION OF A NEW BUILDING.

FORM 990, PART XI, LINE 2B AND 2C

THE ORGANIZATION'S FINANCIAL STATEMENTS WERE AUDITED AS PART OF A CONSOLIDATED AUDIT. THE ORGANIZATION'S FINANCIAL STATEMENTS ARE CONSOLIDATED AND INCLUDE THE ORGANIZATION'S WHOLLY OWNED SUBSIDIARY AGINSIGHT, INC., AS WELL AS AG TECHNOLOGY AND ENVIRONMENTAL STEWARDSHIP FOUNDATION, INC., THE SOYFOODS COUNCIL, AND SOY FOR LIFE FOUNDATION, INC. THE CONSOLIDATED FINANCIAL STATEMENTS HAVE BEEN AUDITED BY AN INDEPENDENT ACCOUNTANT. THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT AND THE SELECTION OF THE INDEPENDENT ACCOUNTANT.

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THE CORPORATION IS ORGANIZED FOR THE BETTERMENT OF THE CONDITIONS OF THOSE ENGAGED IN THE PRODUCTION OF SOYBEANS, THE IMPROVEMENT OF THE GRADE OF THEIR PRODUCTS, THE DEVELOPMENT OF A HIGHER DEGREE OF EFFICIENCY IN AND A GREATER FINANCIAL RETURN FROM, THEIR OCCUPATIONS. TO ACHIEVE THESE PURPOSES, THE ASSOCIATION'S MISSION IS TO AID IN THE PROMOTION OF THE SOYBEAN INDUSTRY THROUGH PROJECTS AND PROGRAMS INCLUDING BUT NOT LIMITED TO RESEARCH, EDUCATION, PROMOTION AND MARKET DEVELOPMENT.

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

CONDUCT ON-FARM RESEARCH TO STABILIZE AND INCREASE YIELD WHILE IMPROVING PRODUCTION EFFICIENCY AND THE ENVIRONMENT. THE PRIMARY FOCUS OF THIS OBJECTIVE IS TO HELP GROWERS BECOME MORE PROFITABLE BY COLLECTING SCIENCE-BASED INFORMATION RELATING TO CROP PRODUCTION. A NETWORK OF FARMERS, SUPPORTED BY AGRONOMISTS, SERVICE PROVIDERS, GRADUATE STUDENTS, AND ISA STAFF, FORM THE INFRASTRUCTURE AND SERVE AS A MODEL TO ACHIEVE THIS OBJECTIVE. REMOTE SENSING USING AERIAL IMAGERY, AND DATA COLLECTION

Name of the organization: IOWA SOYBEAN ASSOCIATION

Employer identification number: 42-6127197

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)

USING YIELD MONITORS, GPS, GIS, AND THE INTERNET ARE SOME OF THE KEY TOOLS USED BY THE NETWORK IN PLANNING, IMPLEMENTING, EVALUATING, AND ADJUSTING CROP PRODUCTION PRACTICES. PLANNING INVOLVES IDENTIFYING RESEARCH NEEDS AN DEVELOPING PROTOCOLS TO COLLECT DATA FROM ON-FARM RESEARCH. IMPLEMENTATION IS ACHIEVED BY PROVIDING TRAINING TO INDIVIDUALS AND GROUPS WITHIN THE NETWORK AS WELL AS ORGANIZING THE MANY ACTIVITIES INVOLVED IN SETTING UP AND COLLECTING THIS SCIENCE-BASED INFORMATION. EVALUATION REQUIRES THAT LAYERS OF ON-FARM DATA BE PROCESSED, SUMMARIZED, AND PRESENTED BACK TO GROWERS. THE BENEFITS TO GROWERS INCLUDE DIRECT COMMUNICATIONS FOR VOLUNTARY MANAGEMENT CHANGES AS WELL AS PROVIDING INPUT FOR GOVERNMENT PROGRAMS OR REGULATIONS.

FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS

CLASSES OF MEMBERSHIP WERE CHANGED TO INCLUDE A FREE MEMBERSHIP TO ANY INDIVIDUAL OR LEGAL ENTITY WHICH IS AN ACTUAL PRODUCER OF SOYBEANS IN IOWA AND WHICH HAS CONSENTED TO MEMBERSHIP. PROCEDURES FOR THE ELECTION AND REMOVAL OF BOARD MEMBERS TO NATIONAL BOARDS WERE ADDED. DISTRICT ADVISORY COUNCILS SHALL BE APPOINTED, AND THE VOTING DELEGATE PROCESS WAS CHANGED.

FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER

REGULAR MEMBERS - ANY ACTUAL PRODUCER OF SOYBEANS IN IOWA WHO CONSENTS TO MEMBERSHIP. REGULAR MEMBERS PAY NO DUES. POLICY MEMBERS - ANY REGULAR MEMBER WHO PAYS DUES AS FIXED BY THE BOARD SHALL BE A POLICY MEMBER AND MAY VOTE ON POLICY RESOLUTIONS AND SERVE AS A VOTING DELEGATE. ASSOCIATE MEMBER - NONVOTING MEMBER WHO IS NOT AN ACTUAL PRODUCER OF SOYBEANS.

FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY

ALL SOYBEAN PRODUCERS, WHETHER OR NOT A MEMBER OF THE IOWA SOYBEAN ASSOCIATION SHALL BE ENTITLED TO VOTE IN THE ELECTION OF DIRECTORS.

Name of the organization: IOWA SOYBEAN ASSOCIATION

Employer identification number: 42-6127197

FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS

FORM 990 WILL BE REVIEWED IN DETAIL WITH THE EXECUTIVE COMMITTEE. ALL MEMBERS OF THE BOARD WILL RECEIVE A COPY OF THE RETURN.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS OF INTERESTS

ON AN ANNUAL BASIS THE BOARD IS REQUIRED TO COMPLETE A FORM LISTING ALL POTENTIAL CONFLICTS. FOR THE PURPOSES OF THIS STATEMENT, A DIRECTOR SHALL HAVE A PERSONAL INTEREST IN A CONTRACT OR OTHER ACTION OF THE BOARD IF ANY OF THE FOLLOWING CLASS OF PERSONS WOULD DERIVE FROM THE PROPOSED ACTION A DIRECT OR INDIRECT BUSINESS ADVANTAGE OR PECUNIARY BENEFIT NOT AVAILABLE TO OTHER IOWA SOYBEAN ASSOCIATION MEMBERS, IN AN AMOUNT DIFFERENT FROM THAT ACCRUING TO PRODUCERS GENERALLY: A) THE DIRECTOR, B) THE ENTITY IN WHICH THE DIRECTOR IS A SHAREHOLDER, C) AN ENTITY IN WHICH THE DIRECTOR IS A BOARD MEMBER, D) A MEMBER OF THE DIRECTOR'S IMMEDIATE FAMILY. IMMEDIATE FAMILY SHALL MEAN THE DIRECTOR'S SPOUSE, CHILD, OR CHILD'S SPOUSE, SIBLINGS AND PARENTS.

IF THE BOARD WISHES TO DISCUSS A CONTRACT OR OTHER PROPOSED ACTION INVOLVING A DIRECTOR OR ENTITY IN WHICH THE DIRECTOR HAS A PERSONAL INTEREST, THE BOARD SHALL STRICTLY ADHERE TO THE FOLLOWING POLICY: A) THE INTERESTED DIRECTOR MUST FULLY DISCLOSE TO THE BOARD THE DIRECTOR'S PERSONAL INTEREST IN THE PROPOSAL, B) THE INTERESTED DIRECTOR MAY EXPLAIN THE BENEFITS OF THE PROPOSAL TO THE BOARD AND PARTICIPATE IN SOME DISCUSSION OF THE PROPOSAL. HOWEVER, THE DIRECTOR MUST THEN LEAVE THE MEETING TO ALLOW THE REMAINING DIRECTORS TO DISCUSS THE PROPOSAL WITHOUT THE PRESENCE OF THE INTERESTED DIRECTOR, C) THE INTERESTED DIRECTOR SHALL NOT BE ELIGIBLE TO VOTE IN REGARD TO ANY ASPECT OF THE PROPOSAL, D) THE BOARD MUST CONSIDER WHETHER THE PROPOSAL IS FAIR AND REASONABLE TO THE IOWA SOYBEAN ASSOCIATION, AND MUST CONSIDER THE PROPOSED RELATIONSHIP OBJECTIVE, AS IF THE INTERESTED DIRECTOR WOULD NOT BENEFIT FROM THE RELATIONSHIP. THE BOARD SHALL AVOID ALL APPEARANCES OF IMPROPRIETY. EX OFFICIOS MUST ABIDE BY THIS SAME POLICY.

Name of the organization: IOWA SOYBEAN ASSOCIATION

Employer identification number: 42-6127197

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF C

AN ANNUAL REVIEW IS CONDUCTED BY 3 DISINTERESTED PERSONS WHO ARE FAMILIAR WITH THE ON-FARM PROJECTS TO DETERMINE WHETHER THERE IS ANY CONFLICT OF INTEREST WITH ANY DIRECTOR PARTICIPATING IN THE IOWA SOYBEAN ASSOCIATION ON-FARM DEMONSTRATIONS OR RESEARCH PROJECTS.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEE

IN SETTING THE COMPENSATION OF THE EXECUTIVE OFFICER OR ANY KEY EMPLOYEE, THE IOWA SOYBEAN ASSOCIATION WILL OPERATE PURSUANT TO THE FOLLOWING PROCEDURE:

THE COMPENSATION PACKAGE WILL BE DETERMINED BY THE FULL IOWA SOYBEAN ASSOCIATION EXECUTIVE COMMITTEE AND REPORTED TO THE ENTIRE BOARD IN EXECUTIVE SESSION. THE COMPENSATION PACKAGE WILL INCLUDE ALL CASH AND NON-CASH COMPENSATION OF ALL KINDS.

EITHER THE FULL BOARD OR A COMMITTEE THEREOF WILL FIRST CONDUCT A THOROUGH EVALUATION OF THE EMPLOYEE'S PERFORMANCE. THE EXECUTIVE COMMITTEE WILL OBTAIN COMPARABILITY DATA DATA BEFORE FIXING THE COMPENSATION. COMPARABILITY DATE INCLUDES COMPENSATION LEVELS PAID BY SIMILARLY SITUATED ORGANIZATIONS FOR FUNCTIONALLY COMPARABLE POSITIONS. RELEVANT DATA WILL INCLUDE SIMILAR POSITIONS IN THE UNITED STATES; INDEPENDENT SURVEYS BY NATIONALLY RECOGNIZED FIRMS AND WRITTEN OFFERS COMPETING FOR THE SERVICES OF THE STAFFER IN QUESTION.

THE EXECUTIVE COMMITTEE WILL DOCUMENT THE DECISION REACHED AND THE RATIONALE FOR IT; AND MAINTAIN THOSE RECORDS FOR 5 YEARS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
IOWA SOYBEAN ASSOCIATION

Employer identification number
42-6127197

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) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(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 status (if section 501(c)(3))	(F) Direct controlling entity
AG TECH & ENVIRONMENTAL STWEARDSHIP FDN 1255 SW PRAIRIE TRAIL PARKWAY					
ANKENY, IA 50023 42-1510504	PROMOTION/RESEARCH AG TECHNOLOGY	IA	501(C)(3)	PF	N/A
SOY FOR LIFE FOUNDATION 1255 SW PRAIRIE TRAIL PARKWAY	PROMOTION/DEVELOPMENT OF SOYBEAN				
ANKENY, IA 50023 20-3785882	FOODS/INGREDIENTS	IA	501(C)(3)	PF	N/A
THE SOYFOODS COUNCIL 1255 SW PRAIRIE TRAIL PARKWAY	PROMOTION OF				
ANKENY, IA 50023 69-0004405	SOYBEAN FOODS & FOOD INGREDIENTS	IA	501(C)(6)		N/A

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary 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) Disproportionate allocations? Yes	(H) No	(I) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner? Yes	(J) No

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
ISA MANAGEMENT SERVICES, INC 1255 SW PRAIRIE TRAIL PARKWAY ANKENY, IA 50023 42-1503605	PROMOTE AG	IA	N/A	C CORP	74,522.	413,900.	100.00

Part V Transactions With Related Organizations

			Yes	No
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV			
1	During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV			
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to other organization(s)	1b		X
c	Gift, grant, or capital contribution from other organization(s)	1c		X
d	Loans or loan guarantees to or for other organization(s)	1d		X
e	Loans or loan guarantees by other organization(s)	1e		X
f	Sale of assets to other organization(s)	1f		X
g	Purchase of assets from other organization(s)	1g		X
h	Exchange of assets	1h		X
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m	Sharing of facilities, equipment, mailing lists, or other assets	1m	X	
n	Sharing of paid employees	1n	X	
o	Reimbursement paid to other organization for expenses	1o	X	
p	Reimbursement paid by other organization for expenses	1p	X	
q	Other transfer of cash or property to other organization(s)	1q		X
r	Other transfer of cash or property from other organization(s)	1r		X

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 thresholds.

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(1) AG TECH & ENVIRONMENTAL STWEARDSHIP FDN	N	343.
(2) AG TECH & ENVIRONMENTAL STWEARDSHIP FDN	O	162.
(3) THE SOYFOODS COUNCIL	N	27,115.
(4) THE SOYFOODS COUNCIL	O	15,510.
(5) ISA MANAGEMENT SERVICES, INC	N	145,425.
(6) ISA MANAGEMENT SERVICES, INC	O	228,182.

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 asset 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?		(E) Share of end-of-year assets	(F) Disproportionate allocations?		(G) Code V-UBI amount in Box 20 of Schedule K-1 Form (1065)	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

SCHEDULE D, PART XI, LINE 8
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

EQUITY IN NET INC. OF SUBSIDIARY	$ 74,521.
PENSION ADJUSTMENT	257,807.
TOTAL	$ 332,328.

SCHEDULE D, PART XII, LINE 4B
OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S

REVENUE NETTED WITH EXPENSE ON FIN. STMT	$ 147,348.
TOTAL	$ 147,348.

SCHEDULE D, PART XIII, LINE 4C
OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S

REVENUE NETTED WITH EXPENSE ON FIN. STMT	$ 147,348.
TOTAL	$ 147,348.

Form **8868**
(Rev April 2009)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ► [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only ► [ ]

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing *(e-file).* Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit *www irs gov/efile* and click on *e-file for Charities & Nonprofits*

Type or print

File by the due date for filing your return See instructions

Name of Exempt Organization	Employer identification number
IOWA SOYBEAN ASSOCIATION	42-6127197

Number, street, and room or suite number If a P O box, see instructions
1255 SW PRAIRIE TRAIL PARKWAY

City, town or post office, state, and ZIP code For a foreign address, see instructions
ANKENY, IA 50023

Check type of return to be filed (file a separate application for each return)

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (section 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ► DONNA DONOVAN

Telephone No. ► 515-251-8640 FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ► [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ► [ ]. If it is for part of the group, check this box ► [ ] and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 5/15, 20 10, to file the exempt organization return for the organization named above The extension is for the organization's return for

► [ ] calendar year 20 ___ or

► [X] tax year beginning 10/01, 20 08, and ending 9/30, 20 09

2 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	**3a**	$ 0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	**3b**	$ 0.
c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	**3c**	$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box. ► [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print

File by the extended due date for filing the return See instructions

Name of Exempt Organization	Employer identification number
IOWA SOYBEAN ASSOCIATION	42-6127197
Number, street, and room or suite number If a P O box, see instructions MERIWETHER, WILSON AND COMPANY, PLLC REGENCY W. 5, 4500 WESTOWN PKWY, STE 140	For IRS use only
City, town or post office, state, and ZIP code For a foreign address, see instructions WEST DES MOINES, IA 50266-6717	

Check type of return to be filed (File a separate application for each return)

[X] Form 990	[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 6069
[ ] Form 990-BL	[ ] Form 990-T (section 401(a) or 408(a) trust)	[ ] Form 4720	[ ] Form 8870
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of ► DONNA DONOVAN
  Telephone No ► 515-251-8640 FAX No ►
- If the organization does not have an office or place of business in the United States, check this box ► [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ► [ ] If it is for part of the group, check this box ► [ ] and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 8/15, 20 10

5 For calendar year ____, or other tax year beginning 10/01, 20 08, and ending 9/30, 20 09.

6 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO COMPLETE THE FINANCIAL AUDIT AND TO GATHER INFORMATION TO FILE A COMPETE AND ACCURATE TAX RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a	$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	$
c **Balance Due.** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instrs.	8c	$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ► Kelly Meiners Title ► CPA Date ► 5/7/10