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# Form **990**

Department of the Treasury Internal Revenue Service

A For the 2009 calendar year, or tax year beginning

## **Return of Organization Exempt From Income Tax**

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

and ending

2009

Open to Public Inspection

benefit trust or private foundation)

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

Check if applicable C Name of organization D Employer identification number Please use IRS label or Address change ILLINOIS MANUFACTURER'S ASSOCIATION print or Name change 36-1256610 Initial Number and street (or P 0 box if mail is not delivered to street address) Room/suite E Telephone number Specific Termin-220 EAST ADAMS 522-1240 (217)Instruc-Amended return tions City or town, state or country, and ZIP + 4 2,678,680. G Gross receipts \$ Applica-SPRINGFIELD, IL 62701 H(a) Is this a group return pending F Name and address of principal officer: GREGORY BAISE Yes X No for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? Yes Tax-exempt status: X 501(c) ( 6 ) ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: ► WWW.IMA-NET.ORG H(c) Group exemption number ▶ K Form of organization X Corporation Trust Association Year of formation 1893 M State of legal domicile II Part | Summary Briefly describe the organization's mission or most significant activities: THE ASSOCIATION WAS FORMED TO ReSEGANNEBendUH 25-8/e249 STRENGTHEN THE ECONOMIC, SOCIAL, ENVIRONMENTAL AND GOVERNMENTAL 2 Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the government of the government of the first the training to the second of the government of the 4 Total number of employees (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 0 ઝુ 6 7a Total gross unrelated business revenue from Pan VIII Wayuna & 2 2 2 14,369. 7a 88 Net unrelated business taxable income from Form 990-T, line 34 7h 0. **Current Year Prior Year** OGDEN, UT 1,652,742. 1,599,753. Contributions and grants (Part VIII, line 1h) 1,044,595 989,971. Program service revenue (Part VIII, line 2g) 31,276.59,953. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 81,141. 57,680. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,838,431. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,678,680. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,766,956. 1,787,034. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,513,637. 813,226. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 3,280,593.2,600,260. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -442,16278,420. Revenue less expenses. Subtract line 18 from line 12 Assets or Balances **Beginning of Current Year End of Year** 2,840,328. 2,800,029. 20 Total assets (Part X, line 16) 1,155,140. 1,416,033 21 Total liabilities (Part X, line 26) 1,424,295. 1,644,889. 22 Net assets or fund balances. Subtract line 21 from line 20 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 preparer (other than officer) is based on all information of which preparer has any knowledge 5/4/10 Date Sign Signatule of officer Here GREGORY BAISE, PRESIDENT AND CEO Type or print name and title Check if Preparer's identifying number (see instructions) Preparer's self-Paid 4-29-10 signature employed > Preparer's Firm's name (or & COMPANY LLP WOLF EIN ▶ yours if Use Only 2100 CLEARWATER DRIVE self-employed). address, and OAK BROOK, ILLINOIS 60523-1927 Phone no  $\triangleright$  (630)545-4500 No X Yes May the IRS discuss this return with the preparer shown above? (see instructions) Form 990 (2009)

## Part IV | Checklist of Required Schedules

	·			res	140		
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A				х		
2	Is the organization required to complete Schedule B, Schedule of Contributors?		1 2	-	X		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candida	ates for	-	_			
	public office? If "Yes," complete Schedule C, Part I						
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C	, Part II	3		Х		
5							
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the righ	it to					
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedul	e D, Part	/ 6		Х		
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," comp. Schedule D, Part III	lete	_8_		х		
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or pro	vide					
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Pai	rt IV	9		X		
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowmen	ts?			,,		
	If "Yes," complete Schedule D, Part V		10		Х		
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, III.	x, or x		х			
	as applicable  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Sche	dule D	11	Λ			
_	Part VI.	daie D,					
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its to	otal					
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII						
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its to	otal					
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII						
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported	ed in					
	Part X, line 16? If "Yes," complete Schedule D, Part IX.						
•	<ul> <li>Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.</li> </ul>						
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that address	ses					
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		i				
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				4,5		
	Schedule D, Parts XI, XII, and XIII.		12		Х		
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes No	<u>-</u>				
13	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		13		X		
	Did the organization maintain an office, employees, or agents outside of the United States?		14a		X		
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, but	isiness.	1-44				
-	and program service activities outside the United States? If "Yes," complete Schedule F, Part I		14b		х		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	on					
	or entity located outside the United States? If "Yes," complete Schedule F, Part II						
16							
	located outside the United States? If "Yes," complete Schedule F, Part III						
17	7 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,						
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I						
18							
	1c and 8a? If "Yes," complete Schedule G, Part II		18_		X		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"				3.7		
	complete Schedule G, Part III		19		X		
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		20	000			
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Part IV	Checklis	t of Required	Schedules	(continued)

			1	
	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the	ا ما		X
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	_	Α_
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	22		х
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		-	21
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a				
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		Х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 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			х
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		^
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV	<u> </u>		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? 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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			۱
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	<b>.</b>		<sub>v</sub>
	If "Yes," complete Schedule N, Part I	31	<del> </del>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			х
	Schedule N, Part II	32		<u> </u>
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
24	Was the organization related to any tax-exempt or taxable entity?	33		<del></del> -
34	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	х	
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	Х	
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	<u> </u>	
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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			1
	Note. All Form 990 filers are required to complete Schedule O.	38	X	
		Form	<b>990</b> (	2009)

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12a

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent  1b 3	긱	:	
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		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	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?	6	Х	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	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:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
	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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
•	to conflicts?	12b	х	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
Ŭ	in Schedule O how this is done	12c	х	
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent	<u> </u>		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b	X	
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)	130		
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
ioa	·	16a		х
	taxable entity during the year?	104	-	
D	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	466	•	
	exempt status with respect to such arrangements?	16b		
	List the states with which a copy of this Form 990 is required to be filled NONE			
17				
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	e ior		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	and fina	incial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiz	ation:		
	PHILIP MCCALL - (217)522-1240			
	220 E. ADAMS STREET, SPRINGFIELD, IL 62701			
		Form	aan /	2009)

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Form 990 (2009)

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

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

Check this box if the organization did not co		y cu	irren			, dire	ecto			
(A)	(B)			((				(D)	(E)	(F)
Name and Title	Average hours	(c)		Pos all t			hal	Reportable compensation	Reportable compensation	Estimated amount of
	per		IECT	l all	liiai	app I	iy)	from	from related	other
	week	rector						the	organizations	compensation
		ordi	8			ated	İ	organization	(W-2/1099-MISC)	from the
		uste	trust		8	le Le		(W-2/1099-MISC)		organization
		dual to	itiona	_	ploy.	stcar	<u>,</u>			and related
		Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
GREGORY W. BAISE										
PRESIDENT AND CEO	40.00	X		X	Х	X	<u> </u>	360,020.	0.	14,700.
PHIL MCCALL									_	
VICE PRESIDENT	40.00	X		Х				119,847.	0.	4,794.
MARK FRECH	40.00				!			120 000	•	
VICE PRESIDENT	40.00	X		X	<u> </u>		<u> </u>	132,989.	0.	7,979.
JAMES NELSON VICE PRESIDENT	40.00	х		x				86,407.	0.	4,752.
MARK DENZLER	40.00	A		Λ		_	_	00,407.	0.	4,752.
VICE PRESIDENT	40.00	x		$ \mathbf{x} $	X	x		173,514.	0.	10,411.
GREGG DURHAM	·									
EXECUTIVE VICE PRESIDENT	40.00	Х		X				144,276.	0.	8,657.
SEE ATTACHED DIRECTOR LI										•
		Х			_	_		0.	0.	0.
•										
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	t VII   Section A. Officers, Directors, Tru (A)	(B)	<u>,,,,,</u>	-y-c		<u>:14 1</u> C)	911		(D)	(E)			(F)	
	Name and title				Pos	•	1		Reportable	Reportable	,	Es	timate	ed
		hours per week	Individual trustae or director	Institutional trustee	k all	Key employee	Highest compensated de employee		compensation from the organization (W-2/1099-MISC)	compensation from related organization (W-2/1099-MI	d is	com fi org an	nount other pensation th anization d relation	ition e ion ed
			-					_						
												_		
						_	_							_
					_					_				_
								_					_	
					_			_						
	Total	<u> </u>		<u></u>		<u> </u>		<u> </u>	1,017,053.		0.	5	1,2	93.
2	Total number of individuals (including but recompensation from the organization	ot limited to th	nose	liste	ed al	bove	e) wł	no re	<u> </u>	),000 in reportab			_,_	5
3	Did the organization list any former officer,	director or tru	stee	e, ke	y em	plo	yee,	or f	nighest compensated er	npioyee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si	um of reportab	le co						•	the organization		3	х	X
5	and related organizations greater than \$15 Did any person listed on line 1a receive or the organization? If "Yes," complete Scheol	accrue compe	nsat	ion 1						ices rendered to	,	5	Α	Х
	tion B. Independent Contractors									<b>A400.000.</b> f				
1 —	Complete this table for your five highest countries the organization.	mpensated in	аере	enae	ent c	onu	acto	ors t		\$100,000 of cor	npens			
	(A) Name and business	address							<b>(B)</b> Description of s	ervices	С	ompe		n
								-			-			
								_						
				_	_									
2	Total number of independent contractors (i \$100,000 in compensation from the organi	-	ot lii	mite	d to		se lis	l sted	above) who received n	nore than				
	4.55,555 in compensation from the organi	- COLO					-				-	Form	990 c	2009)

Part IX | Statement of Functional Expenses

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

	All other organizations must comp				
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and				<del></del>
	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				
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	1,068,346.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.05 0.05			
7	Other salaries and wages	297,907.			
8	Pension plan contributions (include section 401(k)	22 410			
	and section 403(b) employer contributions)	33,410.			
9	Other employee benefits	297,234.		_	
10	Payroll taxes	90,137.			
11	Fees for services (non-employees):				
	Management	35,431.			
þ	Legal	29,650.	···-		
	Accounting	32,629.			
d	Lobbying Professional fundraising services. See Part IV, line 17	32,023.			
e	-				
f	Investment management fees Other	85,874.	<del></del>		
9 12	Advertising and promotion	2,406.			
13	Office expenses	113,064.			
14	Information technology	22,916.			
15	Royalties				
16	Occupancy	98,782.	<del></del>		
17	Travel	106,592.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	:			
19	Conferences, conventions, and meetings	18,798.			
20	Interest	2,986.			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	67,604.			
23	Insurance	41,960.			
24	Other expenses. Itemize expenses not covered				
	above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
	expenses shown on line 25 below.)				
а	SPECIAL EVENT EXPENSE	69,573.			
b	OTHER CONTRIBUTIONS	36,500.	<u></u>		
С	CONTRIBUTION EXPENSE -	30,000.			
d	ASSOCIATION DUES & CONT	26,820.	- <b></b>		
е	YOUNG LEADERS EXPENSE	12,330.			
f	All other expenses	-20,689.			
25	Total functional expenses. Add lines 1 through 24f	2,600,260.	<del>_</del>		
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				

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Part X	Bala
	•

		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	180,674.	1	274,685
2	Savings and temporary cash investments	182,869.	2	7,975
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	525,857.	4	506,977
5	Receivables from current and former officers, directors, trustees, key	-		
İ	employees, and highest compensated employees. 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	72,883.	9	40,303
108	Land, buildings, and equipment: cost or other			
	basis Complete Part VI of Schedule D 10a 1,494,083.			
l t	Less. accumulated depreciation 10b 649,179.	892,894.	10c	844,904
11	Investments - publicly traded securities	983,151.	11	1,123,907
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	2,000.	15	1,278
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,840,328.	16	2,800,029
17	Accounts payable and accrued expenses	518,885.	17	298,177
18	Grants payable		18	
19	Deferred revenue	897,148.	19	856,963
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
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 to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	1,416,033.	26	1,155,140
ľ	Organizations that follow SFAS 117, check here   X and complete			
:	lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	1,424,295.	27	1,639,091 5,798
28	Temporarily restricted net assets	0.	28	5,798
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	
27 28 29 30 31 32	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
		1,424,295.	33	1,644,889
33	Total net assets or fund balances	2,840,328.	34	2,800,029

Pai	rt XI   Financial Statements and Reporting			
	•		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
đ	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both:		i 1	
	Separate basis X Consolidated basis Both consolidated and separate basis			
За	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?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	i I	

Form **990** (2009)

### SCHEDULE C

(Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

•		ense Complete Bart III	y rax), trien			
Name of orga	501(c)(4), (5), or (6) organizat	ions complete Fait III.		i i	Emplo	yer identification number
		S MANUFACTURER'S	ASSOCTATIO	i		36-1256610
Part I-A		anization is exempt und			27 or	
L		ation's direct and indirect politic	<del></del> -			<u> </u>
	expenditures	ation's direct and indirect politic	ai campaign activities	S III F CIL IV	<b>▶</b> \$	
3 Volunte	•				Φ_	
3 volunte	er nours				-	
Part I-B	Complete if the org	anization is exempt und	ler section 501(c	(3).		
1 Enter th	e amount of any excise tax	incurred by the organization und	der section 4955		▶\$	
2 Enter th	e amount of any excise tax	incurred by organization manag	ers under section 495	55	<b>▶</b> \$	
3 If the or	ganization incurred a section	n 4955 tax, did it file Form 4720	for this year?		_	Yes No
	correction made?		•			Yes No
b If "Yes,	describe in Part IV					
Part I-C	Complete if the org	anization is exempt und	ler section 501(c	), except section	501(c	)(3).
1 Enter th	e amount directly expended	by the filing organization for se	ction 527 exempt fun-	ction activities	▶\$	
		zation's funds contributed to ot			_	
exempt	function activities		_		▶\$	
3 Total ex	empt function expenditures	. Add lines 1 and 2. Enter here a	and on Form 1120-PO	L,	_	
line 17b	•				▶\$	
4 Did the	filing organization file Form	1120-POL for this year?			-	Yes No
5 Enter th	e names, addresses and en	nployer identification number (El	N) of all section 527 p	olitical organizations to	which	payments were made.
		he amount paid from the filing o				
that we	re promptly and directly deli	vered to a separate political orga	anization, such as a s	eparate segregated fun	id or a j	political action committee
(PAC)	f additional space is needed	, provide information in Part IV.				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fr	rom	(e) Amount of political
				filing organization	-	contributions received and
				funds If none, ente	er -0-	promptly and directly delivered to a separate
						political organization.
						If none, enter -0
	<del></del>					
For Privacy	Act and Paperwork Reduc	tion Act Notice, see the Instru	ctions for Form 990 (	or 990-EZ.        Schedu	ule C (F	Form 990 or 990-EZ) 2009

932041 02-04-10

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Schedule C (Form 990 or 990-EZ) 2009	ILLIN	OIS M	ANUFACTURER	'S ASSOCIAT	ION 36-1	.256610 Page 2
Part II-A   Complete if the org					led Form 5768	
· (election under sec	ction 501(h	1)).				
A Check ► ☐ If the filing organiza	ation belongs	to an aff	liated group.			
	-		nd "limited control" pro	ovisions apply.		
Lim	its on Lobbyi	ing Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infi	luence public	opinion (	grass roots lobbying)	<del></del>		
b Total lobbying expenditures to infl	=					
c Total lobbying expenditures (add	•		-, (,,			
d Other exempt purpose expenditur		,				
e Total exempt purpose expenditure		1c and 1c	i)			
f Lobbying nontaxable amount Ent	•		•	h columns.		<u> </u>
If the amount on line 1e, column (a)			bying nontaxable am			
Not over \$500,000	`		the amount on line 1e.			
Over \$500,000 but not over \$1,00	0.000		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5			00 plus 10% of the exc			
Over \$1,500,000 but not over \$17	,000,000		00 plus 5% of the exce	<del> </del>		
Over \$17,000,000		\$1,000,				
g Grassroots nontaxable amount (er	nter 25% of li	ne 1f)			Ì	
h Subtract line 1g from line 1a If zei	ro or less, ent	er -0-				
i Subtract line 1f from line 1c If zer	o or less, ente	er -0-				
j If there is an amount other than ze	ero on either l	ine 1h or	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this	year?				[	Yes No
	4-	Year Ave	eraging Period Under	Section 501(h)		
, ,			ection 501(h) election		•	
Co			e instructions for line	• •	age 4.)	
	Lobbyi	ng Expe	nditures During 4-Yea	ar Averaging Period		_
Calendar year (or fiscal year beginning in)	(a) 20	06	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
	1		ĺ		1	

f Grassroots lobbying expenditures

(election under section 501(h)).

		(6	a)	(t	)
		Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?		_		
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities? If "Yes," describe in Part IV				
i	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)	(5), or se	ection	· · · ·
	33.44)			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		<u></u>
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		3		<u>X</u>
Par	t III-B   Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ction	
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes."	rt III-A, li	ne 3 is a	nswered	
1	Dues, assessments and similar amounts from members		1	1,599	753.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a	116	,424.
b	Carryover from last year		2b	17	7,837.
	Total		2c	134	,261.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	139	7,179.
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5	- 4	,918.
Par	t IV Supplemental Information		•		
	olete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; ar iy additional information	d Part II-B,	line 1ı. Also	o. complete	this part
					<del></del>
			-		
			<del></del>	<del></del>	

### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2009
Open to Public Inspection

Name of the organization

ILLINOIS MANUFACTURER'S ASSOCIATION

Employer identification number 36-1256610

Par	t I Organizations Maintaining Donor Advise		s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 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 (dunng 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 advi	sed 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 a		e used only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the org	anization answered "Yes" to Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or p		storically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic stri	icture included in (a)	2c
	Number of conservation easements included in (c) acquired a	' '	2d
3	Number of conservation easements modified, transferred, rel		L== 1
Ū	year >	casea, extinguished, or terminated by tr	ic organization dailing the tax
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	•	:
•	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abov		
0	and section 170(h)(4)(B)(ii)?	e satisfy the requirements of section 17	Yes No
9	In Part XIV, describe how the organization reports conservati	on agreements in its revenue and expens	
9		·	
	include, if applicable, the text of the footnote to the organization	ion's imancial statements that describes	s the organization's accounting for
Pai	conservation easements.  † III   Organizations Maintaining Collections of	Art Historical Treasures or C	Other Similar Assets
<u> </u>	Complete if the organization answered "Yes" to Form		7.10.0
	Complete in the organization answered Test to Form	000,1 arc 11, iii 00.	
4.	If the experimental placeted as permitted under SEAS 116, no	t to report in its revenue statement and h	palance cheet works of art, historical
ıa	If the organization elected, as permitted under SFAS 116, no		
	treasures, or other similar assets held for public exhibition, ed	·	ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these i		
b	If the organization elected, as permitted under SFAS 116, to		
	or other similar assets held for public exhibition, education, o	r research in furtherance of public service	e, 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		<b>▶</b> \$
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financi	
	the following amounts required to be reported under SFAS 1	16 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
b	Assets included in Form 990, Part X		► \$ ► \$

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

(a) Description of security or category (including name of security)	(b) Book value	e	(c) Method of value Cost or end-of-year m	
Financial derivatives				
Closely-held equity interests				
Other			<u> </u>	
	<del></del>		<u></u>	
				<del> </del>
	<del></del>			<del></del>
	<del>- </del>			
				<u> </u>
Tatal (Cal (b) must as val Form COO Bort V and (D) line 10.)	<del></del>		<del></del>	
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)			<del></del>	
Part VIII Investments - Program Related.	See Form 990, Part X	i, line 13.	(a) Method of val	untion
(a) Description of investment type	(b) Book value	e	(c) Method of val Cost or end-of-year m	
		<del></del>	·- · · · · · · · · · · · · · · · · · ·	
	_		· · · · · · · · · · · · · · · · · · ·	
	<del></del>			
	<del>-</del>	<del></del>		
		<del></del>		
Table (0-1/h)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ Part IX   Other Assets. See Form 990, Part X, II				
	(a) Description	<del> </del>		(b) Book value
- · · · · · · · · · · · · · · · · · · ·	, <b>a</b> , bosonphon			(0)000
		<del></del>		<u></u>
	<del></del>			
		<del></del>		<u> </u>
	· · · · · · · · · · · · · · · · · · ·		··· · · · · · · · · · · · · · · · · ·	<del> </del>
		<del></del>	<del></del>	
			<del></del>	<del>-</del>
			<u> </u>	-
Total. (Column (b) must equal Form 990, Part X, col (B)	line 15 )			
Part X Other Liabilities. See Form 990, Part				<u> </u>
1. (a) Description of liability	74 1110 20	(b) Amount		
Federal income taxes				
T cacrat intoothe taxes				
			į	

uncertain tax positions under FIN 48. 932053 02-01-10

### SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

# **Compensation Information**

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

2009

Open to Public Inspection

Name of the organization

➤ Attach to Form 990. ➤ See separate instructions.

ILLINOIS MANUFACTURER'S ASSOCIATION

Employer identification number 36-1256610

Pa	art I Questions Regarding Compensation			
			Yes	No
ta	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 any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	1		
	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 the organization uses to establish the compensation of the organization's			1
	CEO/Executive Director. Check all that apply.			
	X Compensation committee			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
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 lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			i
	contingent on the revenues of:			
а	The organization?	5a		
b	Any related organization?	5b		
	if "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, 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		<u> </u>
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		
LHA	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule	J (Form	990)	2009

36-1256610

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed Schedule J (Form 990) 2009

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(0)	(Q)	(E)	(F)
		9900	9 Strange (iii)	24PO (!!!)	Retirement and	Nontaxable	Total of columns	Compensation
(A) Name		(I) Base compensation	(II) bonus & incentive compensation	(III) Orner reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ
	(3)	360,020.				14,700.	374,720.	379,278.
GREGORY W. BAISE	€							
	Ξ	173,514.				10,411.	183,925.	196,600.
MARK DENZLER	(ii)							
	Θ	144,276.				8,657.	152,933.	150,072.
GREGG DURHAM	(!!)							
	(i)							
	(II)							
	Ξ							
	(ii)							
	(:)							
	(ii)							
	(:)							
	(ii)							
	(1)		_					
	(ii)							
	(i)							
	(11)							
	(i)							
	(ii)							
	Ξ							
	(ii)							
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	₽							

Schedule J (Form 990) 2009

### **SCHEDULE O**

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Information to Form 990 Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information. Attach to Form 990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

ILLINOIS MANUFACTURER'S ASSOCIATION

**Employer identification number** 36-1256610

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CONDITIONS FOR MANUFACTURING AND ALLIED ENTERPRISES IN THE STATE OF ILLINOIS, RESULTING IN AN ENLARGED BUSINESS BASE AND INCREASED EMPLOYMENT. FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS MEMBERS. FORM 990, PART VI, SECTION A, LINE 7A: THE BOARD SERVES TWO-YEAR TERMS SO THAT EACH YEAR ONE-HALF OF THE BOARD IS ELECTED. BALLOTS ARE SENT TO ALL ACTIVE MEMBERS IN THE FALL FOR THEM TO VOTE ON THE DIRECTORS WHOSE TERM WOULD EXPIRE. FORM 990, PART VI, SECTION A, LINE 8B: MINUTES ARE ON FILE FOR EACH BOARD MEETING, BUT NOT EACH COMMITTEE MEETING. IN MOST CASES, MAJOR DECISIONS MADE IN COMMITTEE WOULD BE REPORTED AT BOARD MEETINGS AND RECORDED IN THE MINUTES. FORM 990, PART VI, SECTION B, LINE 11: THE COMPLETED FORM 990 IS SHARED WITH THE FINANCE COMMITTEE PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST SHEETS ARE SIGNED ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15: DATA FROM TWO RELEVANT SURVEYS IS PRESENTED BY THE HUMAN RESOURCES COMMITTEE AT THE BOARD MEETING EACH FALL

IN DETERMINING FAIR AND ADEQUATE COMPENSATION ACROSS ALL JOB TITLES. THE LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2009

932211 02-03-10

### **SCHEDULE O**

(Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on

OMB No 1545-0047

2009
Open to Public Inspection

**Employer identification number** 

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

ILLINOIS MANUFACTURER'S ASSOCIATION	36-1256610
PRESIDENT MAY ALSO MAKE RECOMMENDATIONS.	
FORM 990, PART VI, SECTION C, LINE 18: ALL ARE AVAILABLE U	JPON REQUEST.
FORM 990, PART VI, SECTION C, LINE 19: ALL ARE AVAILABLE O	JPON REQUEST.
FORM 990, PART XI, LINE 2C	
FINANCIAL STATEMENTS AND REPORTING	
THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILE	ITY FOR
OVERSIGHT OF THE AUDIT.	
	<del></del>

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2009 Open to Public Inspection

OMB No 1545-0047

Employer identification number 36-1256610 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) ILLINOIS MANUFACTURER'S ASSOCIATION Name of the organization Part 1

(f) Ome End-of-year assets Direct controlling entity			because it had one or more related tax-exempt	Code Public charity Direct controlling and status (if section 501(c)(3))	LINE 11A, I N/A	N/A		Schedule B (Form 990) 2009
(d) Total income			Part IV, line 34 l	(d) Exempt Code section	501(C)(3)	527		
(c) Legal domicile (state or foreign country)			swered "Yes" to Form 990, I	(c) Legal domicile (state or foreign country)	ILLINOIS	ILLINOIS		
<b>(b)</b> Primary activity			tions (Complete if the organization an	(b) Primary activity	TO FOSTER & PROMOTE VOCATIONAL, EDUC, CHARITABLE & SCIENTIFIC	TO CONTRIBUTE TO CANDIDATES WHO SUPPORT MANUFACTURING & PRIVATE ENTERPRISE		on one the last initial of the one of
(a) Name, address, and EIN of disregarded entity			Part II organizations during the tax year.)	(a) Name, address, and EIN of related organization	IMA EDUCATION FOUNDATION - 36-3686904 1301 W 22ND ST., NO. 610 OAK BROOK, IL 60523	MANUFACTURERS' POLITICAL ACTION COMMITTEE - 36-2853013, 222 E ADAMS ST., SPRINGFIELD, IL 62701-1123		1 HA For Brivacy And and Bandward Badwellan And Motion and the Institutions for Form 000

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ILLINOIS MANUFACTURER'S ASSOCIATION Schedule R (Form 990) 2009 Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year) Part III

managing partner? Yes No Percentage ownership 1008 seneral or Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) 128,159 Share of end-of-year assets ite allocations? Disproportion-Yes No  $\Xi$ 970,685, Share of total income Share of end-of-year assets Type of entity (C corp, S corp, or trust) € CORP Share of total Income Direct controlling entity MANUFACTURERS' ASSOCIATION Predominant income (related, unrelated, excluded from tax under sections 512-514) Trinois Legal domicile (state or foreign country) H <u>ပ</u> Direct controlling entity CUSTOMERS IN ILLINOIS AND TELEMARKETING TO SERVICES FOR MAILING Prinary activity € Legal domicile (state or foreign country) Ö SERVICES, INC. - 36-408379, 1301 W 22ND ST., NO. 610, IMA SERVICE CORPORATION D/B/A XPRESS PROFESSIONAL Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization 60523 ΙΓ OAK BROOK, Part IV

Schedule R (Form 990) 2009

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# Schedule R (Form 990) 2009 ILLINOIS MANUFACTURER'S ASSOCIATION

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Part V

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes	ટ
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) annutites (iii) royalties or (iv) rent from a controlled entity		1a		×
<b>b</b> Gift, grant, or capital contribution to other organization(s)		4	_	×
c Gift, grant, or capital contribution from other organization(s)		ဍ		×
d Loans or loan quarantees to or for other organization(s)		₽		×
Loans or loan quarantees by other organization(s)		<u>a</u>		×
			$\vdash$	
f Sale of assets to other organization(s)		<b>=</b>		×
g Purchase of assets from other organization(s)		5		×
		Ę		×
i Lease of facilities, equipment, or other assets to other organization(s)		Ę		×
j Lease of facilities, equipment, or other assets from other organization(s)		1)	$\vdash$	×
k Performance of services or membership or fundraising solicitations for other organization(s)		¥	×	
l Performance of services or membership or fundraising solicitations by other organization(s)		=	$\dashv$	×
m Sharing of facilities, equipment, mailing lists, or other assets		Ę	×	
n Sharing of paid employees		Ę		×
			7	
<ul> <li>Reimbursement paid to other organization for expenses</li> </ul>		٩	┥	×
p Reimbursement paid by other organization for expenses		9	×	
<b>q</b> Other transfer of cash or property to other organization(s)		19		×
r Other transfer of cash or property from other organization(s)		11		×
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	insaction thresholds.			
(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved	volved	
(1) MANUFACTURER'S POLITICAL ACTION COMMITTEE	P	13	13,791	1.
(2) MANUFACTURER'S POLITICAL ACTION COMMITTEE	Ж	39	9,220	ં
(3) MANUFACTURER'S POLITICAL ACTION COMMITTEE	М	7	4,060	0
(4)				
(5)				
(9)				l
932163 02-04-10	Schedul	Schedule R (Form 990) 2009	990) 20	8

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Schedule R (Form 990) 2009 ILLINOIS MANUFACTURER'S ASSOCIATION

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37) Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(q)	(0)	(p)	(e)	€	(6)	Ξ
INID Prop Contractor Constant	thurton special	oliomob loco l	Are all partners	Chara of and of		101 / opo	
of entity	Fillialy activity	(state or foreign	section 501(c)(3)	year assets	tionate	amount in box 20	managing partner?
		country)	Yes No			Of Schedule K-1 (Form 1065)	1.
						-	
							_
							<del></del>

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Schedule R (Form 990) 2009