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Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

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

OMB No 1545-1150

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending.

C Name of organization
ILLINOIS TRACTOR PULLING ASSOCIATION

D Employer identification number
37-1018689

E Telephone number
217-923-3949

F Group Exemption Number ▶

G Accounting method Cash Accrual
Other (specify) ▶

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

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

I Website: ▶ **N/A**

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

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **141,434**

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

1	Contributions, gifts, grants, and similar amounts received	1	
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	124,410
4	Investment income	4	1,084
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less cost or other basis and sales expenses	5b	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
6a	Gross revenue (not including \$ _____ of contributions reported on line 3)	6a	
6b	Less direct expenses other than fundraising expenses	6b	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
7a	Gross sales of inventory, less returns and allowances	7a	
7b	Less cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe ▶ SEE STATEMENT 2)	8	15,940
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	141,434
10	Grants and similar amounts paid (attach schedule)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	48,367
13	Professional fees and other payments to independent contractors	13	9,635
14	Occupancy, rent, utilities, and maintenance	14	1,735
15	Printing, publications, postage, and shipping	15	18,774
16	Other expenses (describe ▶ SEE STATEMENT 3)	16	60,303
17	Total expenses. Add lines 10 through 16	17	138,814
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,620
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	54,718
20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4	20	3
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	57,341

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

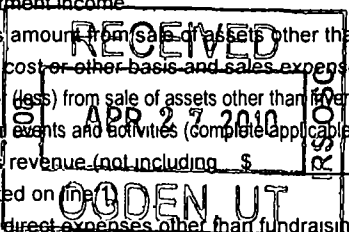
(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	55,381	58,003
23 Land and buildings		
24 Other assets (describe ▶ _____)		
25 Total assets	55,381	58,003
26 Total liabilities (describe ▶ SEE STATEMENT 5)	663	662
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	54,718	57,341

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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SCANNED MAY 25 2010



Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<input checked="" type="checkbox"/>
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		<input checked="" type="checkbox"/>
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instr ▶ 37a 0		
b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 39a 0		
b	Gross receipts, included on line 9, for public use of club facilities 39b 0		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ , section 4912 ▶ _____ , section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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		
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed ▶ NONE		
42a	The organization's books are in care of ▶ MIKE MILLER 849 CO RD 1850 E Located at ▶ GREENUP, IL	Telephone no ▶ 217-923-3949	ZIP + 4 ▶ 62428-9746
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		<input checked="" type="checkbox"/>
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____		<input checked="" type="checkbox"/>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 		<input type="checkbox"/>
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

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

Signature of officer: Mike Miller Date: 4-23-10
 Type or print name and title: MIKE MILLER, PRESIDENT

Paid Preparer's Use Only

Preparer's signature: Charles D. Winders Date: 4/20/10 Check if self-employed: Preparer's Identifying Number (See instr.): P00066315
 Firm's name (or yours if self-employed), address, and ZIP + 4: DOHRING, WINDERS & CO. LLP
1601 LAFAYETTE AVE
MATTOON, IL 61938-3925
 EIN: 37-1206717
 Phone no: 217-235-0377

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

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	Amount
MEMBERSHIP DUES & ASSESSMENTS	\$ 124,410
TOTAL	\$ 124,410

Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount
BOOKS, MERCHANDISE	\$ 11,743
ADVERTISING	9,330
SUNDRY	535
LESS: MERCHANDISE PURCHASED	-5,668
TOTAL	\$ 15,940

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
EXPENSES	\$
ADVERTISING AND PROMOTION	1,216
OFFICE	1,562
CONFERENCES/MEETINGS	37,107
MEMBERSHIP DUES	1,320
SUNDRY	19,098
TOTAL	\$ 60,303

Statement 4 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
DECREASE IN PAYROLL LIABILITIES AT 12/31/09	\$ 3
TOTAL	\$ 3

Statement 5 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 663	\$ 662
	663	662

Federal Statements

Statement 6 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

THE ORGANIZATION IS ENGAGED IN THE PROMOTION OF TRACTOR PULLING IN THE STATE OF ILLINOIS AND STAGES VARIOUS TRACTOR PULLING EVENTS TRHOUGHTOUT THE STATE. A VERY LARGE NUMBER OF PERSONS BENEFIT FROM THESE EVENTS INCLUDING PARTICIPANTS IN THE PULLING EVENTS, AS WELL AS, SPECTATORS WATCHING THE EVENTS.

Statement 7 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments

Description

N/A