

## 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



Eorm.

### Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2009

benefit trust or private foundation) Open to Public Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection For the 2009 calendar year, or tax year beginning and ending Please ASSOCIATION OF ILLINOIS SOIL & Check if applicable C Name of organization Employer identification number use IRS WATER CONSERVATION DISTRICTS Address change label or 37-6048356 print or Doing Business As Name change type. Number and street (or P O box if mail is not delivered to street address) Room/suite Telephone number Initial return See 217-744-3414 4285 NORTH WALNUT STREET ROAD Specific Termination 757,955 City or town, state or country, and ZIP + 4 G Gross receipts \$ Instruc-SPRINGFIELD 62707 TT. Amended return tions. Name and address of principal officer H(a) Is this a group return for Application pending RICHARD NICHOLS Are all affiliates included? 4285 NORTH WALNUT STREET ROAD Yes IL 62707 SPRINGFIELD If "No," attach a list (see instructions) **X** 501(c) ( **5** \ Tax-exempt status ◀ (insert no ) 4947(a)(1) or 527 WWW.AISWCD.ORG Website: ▶ H(c) Group exemption number ▶ 1947 Trust X Association IL Corporation Other > Year of formation M State of legal domicile Type of organization Part I Summary Briefly describe the organization's mission or most significant activities PROMOTING THE INTEREST OF THE 98 LOCAL SOIL AND WATER DISTRICTS IN ILLINOIS Governance WHICH ARE SMALL GOVERNMENT ENTITIES. 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets 98 Number of voting members of the governing body (Part VI, line 1a) Activities & 98 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 5 Total number of employees (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year **Current Year** 1,817,155 652,649 Contributions and grants (Part VIII, line 1h) 765,426 45,650 Program service revenue (Part VIII, line 2g) 16,255 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11,052 40,279 48,604 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 757,955 2,639,115 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 246,998 263,204 13 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) 216,909 188,200 15 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 X conum (Q) Hine 25) ▶ 17 Other expenses (Part IX) column At mes 11a 11d, 11f (2) 2,128,707 248,987 592,614 700,391 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 46,501 Sectract line 18 From line 57,564 19 Revenue less expenses Beginning of Current Year End of Year 527,855 583,544 20 Total assets (Part X, line 16 21 Total liabilities (Part X, line 26) 122,889 121,014 462,530 966 22 Net assets or fund balances Subtract line 21 from line 20 404, 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 Sign ∂Here xecutive Directo Type or print name and Check if Preparer's ∠Paid sionature 05/04/10 employed Preparer's Estes, Bridgewater 37-0265152 EIN Firm's name (or yours

62704

May the IRS discuss this return with the preparer shown above? (see instructions) For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

901 S. Second St

Springfield,

Jse Only

if self-employed),

Yes Form 990 (2009)

**▶** 217-528-8473

₽d	Other program services (Describe in Schedule O)		
	(Expenses \$ 44,013 including grants of \$	) (Revenue \$	<b>45</b> ,650 )
le	Total program service expenses ▶ 551,777		

Forn	1 990 (2009) ASSOCIATION OF ILLINOIS SOIL & 37-6048356					F	age :
<u>P</u>	art 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	ļ	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?				2	<u> </u>	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to					1	l
	candidates for public office? If "Yes," complete Schedule C, Part I				3	<del> </del>	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete					Ì	
_	Schedule C, Part II				4_	├─-	<del></del>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)				_		3.7
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III				5	<del> </del>	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have						
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"				١.		
_	complete Schedule D, Part I				6_	-	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,				.		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II				7	ļ	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"						x
•	complete Schedule D, Part III				8		
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, directly or through a related organization, hold assets in term, permanent, or					-	<u> </u>
	quasi-endowments? If "Yes," complete Schedule D, Part V				10		x
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,					-	
••	VII, VIII, IX, or X as applicable				11	x	
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete				<del></del>		
•	Schedule D, Part VI						1
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more						1
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII						1
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more				ļ		1
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII						Ì
	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets						l
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX						
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X						1
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses						
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X						1
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete						
	Schedule D, Parts XI, XII, and XIII				12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?		Yes	No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A		X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E				13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?				14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,						1
	business, and program service activities outside the United States? 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	<b> </b>	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	<del>                                     </del>	X
17	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				17	ļ	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on				4.0		v
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II				18	<del>                                     </del>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?				1		1

If "Yes," complete Schedule G, Part III

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

Part IV Checklist of Required Schedules (continued)

	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			!
	in the United States on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	]		
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>_X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		İ	
	\$100,000 as of the 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		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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	051		
26	990-EZ? If "Yes," complete Schedule L, Part !	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	26		x
27	disqualified 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?	1	1	
	If "Yes," complete Schedule L, Part III	27	i	x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	-21		
20	Part IV 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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		-	
	Schedule L, Part IV	28b		x
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		$\overline{\mathbf{x}}$
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		_ <b>X</b> _
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		_ <u>X</u> _
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		<u>X</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		<u> </u>
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		<u>_X</u> _
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete		Ì	
	Schedule R, Part V, line 2	35		<u>_X</u>
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,	,	ļ	v
38	Part VI	37		<u> </u>
JU	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	38		x
	19? Note. All Form 990 filers are required to complete Schedule O		000	

37-6048356 Page 5 Statements Regarding Other IRS Filings and Tax Compliance Yes No Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 3 U.S. Information Returns Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable X gaming (gambling) winnings to prize winners? 1c 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 X If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by X 3a If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 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 X account)? 4a 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 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? X 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as 7h required? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a 9Ь Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter 11 Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) 11b

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

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

12a

Form 990 (2009) ASSOCIATION OF ILLINOIS SOIL & Part VI

Governance Management and Disclosure For each "Yes" response to lines 2 through 7h below and n

Governance, management, and Di	soloculo i di cacii	1 C3 1 C3pondo to inici	a E unough to below, and
, for a "No" response to line 8a, 8b, o	or 10b below, descril	be the circumstances	, processes, or changes in
Schedule O See instructions			

		· ·	- <u>-</u> -		Yes	No
1a	Enter the number of voting members of the governing body	1a	98			
b	Enter the number of voting members that are independent	1b	98			
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	L.	<u> </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		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed	17		4		Х
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	X	<u> </u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members					
	of the governing body?			7a	X	<u> </u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			7b	X	<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during					
	the year by the following			~	_	1
а	The governing body?			8a		X
þ	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	L	X
	tion B. Policies (This Section B requests information about policies not required by the Inf	ernal				
Rev	venue Code.)					т—
					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a	-	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?			10b		<del> </del>
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			1	ĺ	- T
	form?			11	-	X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			40-	х	┼
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	^	┿
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			405	x	
	rise to conflicts?			12b		┼
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			12c	x	
40	describe in Schedule O how this is done			13	X	<del> </del>
13	Does the organization have a written whistleblower policy?					x
14	Does the organization have a written document retention and destruction policy?			14		<del>  ^</del>
15	Did the process for determining compensation of the following persons include a review and approval by					1
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official			15a		x
a b	Other officers or key employees of the organization			15b		X
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)			136		<del> </del>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
IVa	with a taxable entity during the year?			16a		X
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			100		<del> </del>
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			1		
	the organization's exempt status with respect to such arrangements?			16b	ĺ	
Sec	etion C. Disclosure			1,00		٠
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 on	lv)				
. •	available for 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 interes	it				
	policy, and financial 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	:				
	organization ▶ SHERRY FINN 4285 NORTH WALNUT					

IL 62707

SPRINGFIELD

(A)

COUNCIL 7

COUNCIL 8

COUNCIL 9

DAVID MCCORMICK

TERRY MONKE

0

0

0

0

0

0

0

n

Form 990 (2009)

(E)

(F)

# 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."

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

5.00

5.00

5.00

X

X

X

- 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

(C)

Position (check all that apply) Name and Title Reportable Average Reportable Estimated compensation hours per compensation amount of Individual nstitutional from from related week other ployee organizations the compensation employee (W-2/1099-MISC) organization from the compensated organization (W-2/1099-MISC) trustee trustee and related organizations JAMES TODD 5.00 X X 0 0 0 PRESIDENT AARON FERGUSON VICE PRESIDENT 5.00 X X 0 0 0 JOHN BECKHART X 0 0 0 5.00 X SECRETARY PHIL FOSSLER 5.00 X X 0 0 0 TREASURER JERRY SNODGRASS 0 5.00 X 0 0 AREA I VP DARRELL ROEGGE 5.00 X 0 0 0 AREA II VP ERIC SUITS X 0 0 5.00 0 AREA III VP NORBERT RIDER X 0 0 AREA IV VP 5.00 TIM KELLER COUNCIL 1 5.00 X 0 0 0 TERRY BOGNER X 0 0 0 5.00 COUNCIL 2 LEE BUNTING 5.00 X 0 0 0 COUNCIL 3 TERRY DAVIS 5.00 X 0 0 0 COUNCIL 4 VAN BITNER 5.00 X 0 0 0 COUNCIL 5 RANDY MOLITORIS 5.00 X 0 0 0 COUNCIL 6 JIM BELL

Part VII Section A. Officers	, Directors, Trus	tees	, Ke	y En	plo	yees	, and	d Highest Compensated E	mployees (continued)	
(A) Name and Title	(B) Average hours per			chec		hat ap		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
•	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
DANIEL DOEDTMAN COUNCIL 10	5.00	x						0	0	0
EMERY OESCH										
COUNCIL 11 DON BEISIEGEL	5.00	X						0	0	0
COUNCIL 12 TOM BEYERS	5.00	X						0	0	0
COUNCIL 13	5.00	x						0	0	0
TOM ANDERSON COUNCIL 14	5.00	x						o	0	0
KENNY VOSHOLLER COUNCIL 15	5.00	x						0	0	0
DON LLOYD										
COUNCIL 16	5.00	X	-					0	0	0
		_								
										'
									=	
	_									
		_								
1b Total		L					<b>&gt;</b>			
Total number of individuals (inc reportable compensation from t				ose I	isted	abo	ve) v	who received more than \$10	00,000 in	
				- 4	1					Yes No
Did the organization list any for employee on line 1a? If "Yes," of	complete Schedu	le J 1	or su	ıch II	ndıvı	duai			_	3 X
4 For any individual listed on line the organization and related organization										4 X
individual  5 Did any person listed on line 1a										
Services rendered to the organic Section B. Independent Contractor		comp	olete	Sche	eaule	9 J 10	rsu	cn person		5 X
Complete this table for your five compensation from the organiz		sate	d ind	leper	nden	t con	trac	tors that received more than	n \$100,000 of	
Name and	(A) business address							Descript	(B) ion of services	(C) Compensation
	· · · · · · · · · · · · · · · · · · ·									
	<del></del>									
								····		
Total number of independent co	ontractors (inclin	ına h	ut no	ot im	ıted	to the	ose	listed above) who received	·	
more than \$100,000 in compen		-						,		6 Form <b>990</b> (2009)

Part V	/III Statement of Revenu		NOIS SC	<u> </u>	37-6048356	<del></del>	Page
	. Statement of Revenu	<u>.                                    </u>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ilíar amoun p. o. g	Membership dues 1 Fundraising events 1 Related organizations 1	a b c d	195,552				
and other sin	All other contributions, grits, grants, and similar amounts not included above  Noncash contributions included in lines 1a-1f						
	Total. Add lines 1a–1f		<b>D</b>	652,649			
2a b c d e f			Busn. Code	45,650	45,650		
}					<del>-</del>	<del> </del>	
j	All other program service revenue					****	
<u> </u>	Total. Add lines 2a-2f		<b></b>	45,650			
3	Investment income (including divided other similar amounts) Income from investment of tax-exe		▶	11,052	11,052		
5	Royalties						
6a	(i) Real Gross Rents	(II) P	ersonal				
	Less rental exps						
d	Net rental income or (loss) Gross amount from (i) Securities sales of assets	(11)	Other				
Ь	other than inventory  Less cost or other  basis & sales exps						
i i	Gain or (loss)						
8a	Net gain or (loss) Gross income from fundraising events (not including \$						
b	of contributions reported on line 1c) See Part IV, line 18 Less direct expenses	a b					
c	Net income or (loss) from fundraisi	ng events	<b>•</b>				
	Gross income from gaming activities See Part IV, line 19	a					
	Less direct expenses  Net income or (loss) from gaming a	b [			_	<del></del>	
10a	Gross sales of inventory, less returns and allowances	a			_		
	Less cost of goods sold	b					
<del>-</del> -	Net income or (loss) from sales of  Miscellaneous Revenue	inventory	Busn Code	· · · · ·			
11a		 B		47,655 949	47,655 949		
C							
d	All other revenue						
е			<b>▶</b>	48,604			
12	Total Revenue. See instructions		<u> </u>	757,955	105,306	0	Form <b>990</b> (20

#### 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).

	All other organizations must o				
	not include amounts reported on lines 6b, , 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	263,204	263,204		
2	Grants and other assistance to individuals in				
-	the U S See Part IV, line 22				
3	Grants and other assistance to governments,				
3	-	]			
	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,		1	1	
_	trustees, and key employees	<del></del>	<del></del>	<del></del>	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		100 661	41 000	
7	Other salaries and wages	164,881	123,661	41,220	
8	Pension plan contributions (include section 401(k)			1	
	and section 403(b) employer contributions)				
9	Other employee benefits	10,041	7,531	2,510	
10	Payroll taxes	13,278	9,959	3,319	
11	Fees for services (non-employees)				
а	Management				
b	Legal				
C	Accounting	7,769		7,769	
d	Lobbying				····
0	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	24,000		24,000	
12	Advertising and promotion				
13	Office expenses	15,227		15,227	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	3,994	1,997	1,997	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	64,082	52,911	11,171	<u> </u>
20	Interest	8,831		8,831	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	14,226		14,226	
23	Insurance	18,497	18,497		
		}			
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed		1		
	5% of total expenses shown on line 25 below)				· · · · · · · · · · · · · · · · · · ·
а	GRANTS	24,847	24,847	_	
b	ENVIROTHON	15,539	15,539		
C	BUILDING MAINTENANCE	8,993		8,993	
d	ICCI EXPENSE	7,667	7,667		
8	LEGISLATIVE EXPENSE	6,884		6,884	
f	All other expenses	28,431	25,964	2,467	
25	Total functional expenses. Add lines 1 through 24f	700,391	551,777	148,614	
26	Joint costs. Check here I if following				
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and	ļ			
	fundraising solicitation				Form 990 (200

	n 990 art )	0 (2009) ASSOCIATION OF ILLINOIS  ( Balance Sheet	S	<u> 37-</u>	-6048356		Page <b>11</b>
	<u> </u>	, Dalance Officer			(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing			255,964	_1_	310,915
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net			_3		
	4	Accounts receivable, net		_4			
	5	Receivables from current and former officers, directors, tru					
		employees, and highest compensated employees Comple	ete Par	t II of			
		Schedule L		5			
	6	Receivables from other disqualified persons (as defined u	nder se	ection			
		4958(f)(1)) and persons described in section 4958(c)(3)(B	) Com	plete			
		Part II of Schedule L				6	
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
۷	9	Prepaid expenses and deferred charges	_			9	
l	10a	Land, buildings, and equipment, cost or	[				
		other basis Complete Part VI of Schedule D	10a	315,919			
	b	Less accumulated depreciation	10b	43,290	271,891	10c	272,629
	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				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			527,855	16	583,544
	17	Accounts payable and accrued expenses			5,562	17	83
	18	Grants payable				18	
	19	Deferred revenue		L		19	
	20	Tax-exempt bond liabilities				20	
es l	21	Escrow or custodial account liability Complete Part IV of S	Schedu	le D		21	
Liabilities	22	Payables to current and former officers, directors, trustees	, key				• 1
ğ		employees, highest compensated employees, and disqual	ıfied				
<u>"</u>		persons Complete Part II of Schedule L		Ĺ		22	
	23	Secured mortgages and notes payable to unrelated third p	arties		117,327	23	120,931
	24	Unsecured notes and loans payable to unrelated third part	ies			24	
	25	Other liabilities Complete Part X of Schedule D				25	
$\Box$	26_	Total liabilities. Add lines 17 through 25			122,889	26	121,014
es		Organizations that follow SFAS 117, check here ▶ 🔀	and		ĺ		i I
Balances		complete lines 27 through 29, and lines 33 and 34.					
<u>=</u>	27	Unrestricted net assets			327,999	27	301,621
	28	Temporarily restricted net assets	76,967	28	160,909		
2	29	Permanently restricted net assets	_		· · —	29	
교		Organizations that do not follow SFAS 117, check here	∍► L				i
6		and complete lines 30 through 34.		_		~	
ţ	30	Capital stock or trust principal, or current funds		L		30	
šše	31	Paid-in or capital surplus, or land, building, or equipment for		L		31	
¥	32	Retained earnings, endowment, accumulated income, or o	ther fu	nds		32	
Net Assets or Fund	33	Total net assets or fund balances		<u> </u>	404,966		462,530
_	34	Total liabilities and net assets/fund balances			527,855	34	<u>583,544</u>

Form **990** (2009)

form 990 (2009) ASSOCIATION C	OF ILLINOIS SOIL &	37-6048356		Pa	ge <b>1</b> 2
Part XI Financial Statements	and Reporting				
•				Yes	No
1 Accounting method used to prepare the	e Form 990 🔀 Cash 🗌 Accrual	Other			
If the organization changed its method of	of accounting from a prior year or checked "(	Other," explain in			
Schedule O			_		
2a Were the organization's financial statem	nents compiled or reviewed by an independe	nt accountant?	2a		X
<b>b</b> Were the organization's financial statem	nents audited by an independent accountant	?	2b	X	
c If "Yes" to line 2a or 2b, does the organi	ization have a committee that assumes resp	onsibility for oversight of			
the audit, review, or compilation of its fil	inancial statements and selection of an indep	pendent accountant?	2c	X	
If the organization changed either its over	versight process or selection process during	he tax year, explain in			
Schedule O					
d If "Yes" to line 2a or 2b, check a box bel	elow to indicate whether the financial stateme	nts for the year were	}	l	l
issued on a consolidated basis, separati	te basis, or both		1		
Separate basis X Consolidated	d basis	ate basis			
3a As a result of a federal award, was the o	organization required to undergo an audit or	audits as set forth in			
the Single Audit Act and OMB Circular A	A-133?		3a	1	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

Form **990** (2009)

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.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number ASSOCIATION OF ILLINOIS SOIL & 37-6048356 WATER CONSERVATION DISTRICTS Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV. line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 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 Tax Year 2a Total number of conservation easements 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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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 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, 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 Assets included in Form 990, Part X

<u>Sche</u>		N OF ITTINOT			37-60		Page <b>2</b>
Pa	art III  Organizations Maintaining (	Collections of Art, I	Historical Treas	ures, or	Other S	imilar Asse	ets (continued)
3	Using the organization's acquisition, accession, collection items (check all that apply)	and other records, check	any of the following	that are a s	significant u	ise of its	
а	Public exhibition	d Loan o	or exchange program	ıs			
b	Scholarly research	e Other					
c	Preservation for future generations						_
4	Provide a description of the organization's collect Part XIV	ctions and explain how the	y further the organiz	ation's exe	empt purpos	se in	
5	During the year, did the organization solicit or re assets to be sold to raise funds rather than to be	ceive donations of art, his	torical treasures, or	other simila	ar		Yes No
Do	art IV Escrow and Custodial Arran				wored "\	/os" to Forr	
. 6	IV, line 9, or reported an amo			illon and	Weieu	163 10 1 011	11 990, 1 an
4-				acceta no			<del></del>
та	Is the organization an agent, trustee, custodian	or other intermediary for c	ontributions of other	assets no	l.		□ vaa □ Na
	included on Form 990, Part X?	ddate the fellower to	-61-				Yes No
D	If "Yes," explain the arrangement in Part XIV and	complete the following to	able				Amount
							Amount
						1c	<del></del>
d	Additions during the year					1d	
е	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						
Pa	art V Endowment Funds. Comple	te if organization an	swered "Yes" to	Form 9	<u>90, Part</u>	IV, line 10.	·
		(a) Current year	(b) Prior year	(c) Two y	ears back	(d) Three years	back (e) Four years back
1a	Beginning of year balance						
b	Contributions				Ī		
С	Net investment earnings, gains,						
	and losses			1	ſ	•	ĺ
d	Grants or scholarships						
	Other expenditures for facilities		<del></del>			<del></del>	
·	and programs						
£	• =						* .
	Administrative expenses						
	End of year balance	45-1 1-11				··-	
2	Provide the estimated percentage of the year en						
	Board designated or quasi-endowment	%					
	Permanent endowment %						
	Term endowment ▶ %						
3a	Are there endowment funds not in the possession	on of the organization that	are held and admini	stered for t	he		
	organization by						Yes No
	(i) unrelated organizations						3a(i)
	(ii) related organizations						3a(ii)
	If "Yes" to 3a(II), are the related organizations lis	•					3b
4	Describe in Part XIV the intended uses of the organization						
Pa	art VI   Investments—Land, Buildin	gs, and Equipment	. See Form 990	<u>, Part X</u>	, line 10.		
	Description of investment	(a) Cost or other basis	(b) Cost or oth	ner	(c) Accı	umulated	(d) Book value
		(investment)	basis (other	)	depre	ciation	
1a	Land		23	, 683			23,683
	Buildings			,733		18,659	231,074
	Leasehold improvements						
	Equipment		31	,228		23,879	7,349
	Other			,275		752	10,523
	I. Add lines 1a through 1e (Column (d) must equa	al Form 990, Part X, colum		1		<b></b>	272,629
	. , , , , , , , , , , , , , , , , , , ,						<del>,</del>

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 ASSOCIATION OF ILLING	DIS SOIL &	37-6048356	Page 3
Part VII Investments—Other Securities. See Form 99	90, Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of valuation	n
(including name of security)		Cost or end-of-year market	value
Financial derivatives			
Closely-held equity interests			
Other			
	-		
	-		
	-	<u> </u>	
~ _ ~ - ~ <del>-</del> - ~ - ~ - ~ - ~ - ~ -		<del></del>	
~	-	<del></del>	
	-	<del>                                     </del>	·
~	- <del> </del>	<del></del>	·
	<del></del>	<del></del>	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		<del></del>	<del></del> -
Part VIII Investments—Program Related. See Form 9		(a) Manhad of valuation	
(a) Description of investment type	(b) Book value	(c) Method of valuation  Cost or end-of-year market	
<del></del>		Cost of Cha-of-year market	
<del></del>	<del> </del>	<del> </del>	
<del></del>		<del>                                     </del>	
	<del></del>	<del></del>	
<del></del>		<del></del>	
		<del></del>	
<del> </del>	<del></del>	<del></del>	
	<del>                                     </del>	<del> </del>	
· · · · · · · · · · · · · · · · · · ·	<del></del>	<del> </del>	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		<del> </del>	
Part IX Other Assets. See Form 990, Part X, line 15.		<u> </u>	·
(a) Description	<del></del>		b) Book value
			· <u>·</u>
<del></del>	······································		·
<del> </del>			
<del></del>			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		<b>&gt;</b>	···-
Part X Other Liabilities. See Form 990, Part X, line 2	25		
1 (a) Description of liability	(b) Amount	<b>」</b>	
Federal income taxes		_	
·		_	
		_	
·			
		4	
		-	
		-	
		4	
		4	
		-	
		İ	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<del>-                                    </del>	-{	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organ		1	

	tule D (Form 990) 2009 ASSOCIATION OF ILLINOIS SOIL &		37-604835		Page <b>4</b>
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to A	<u> Audit</u>	ed Financial Statem	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities			5_	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV )			8	
9	Total adjustments (net) Add lines 4 through 8			9	
10_	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		<u></u>	10	
Pa	rt XII Reconciliation of Revenue per Audited Financial Statemen	ts W	ith Revenue per Ret	urn	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	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		]	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	,	t .	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	l			•
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	<u>4b</u>			
C	Add lines 4a and 4b			4c	
<u>5</u>	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		<u></u>	5	
Pa	rt XIII   Reconciliation of Expenses per Audited Financial Statemen	nts V	Vith Expenses per R	Return	<u> </u>
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		1	ii	
а	Donated services and use of facilities	2a			
b	Prior year adjustments	<u>2</u> b		.	
C	Other losses	2c		. 1	
d	Other (Describe in Part XIV)	<u>2d</u>			
e	Add lines 2a through 2d			2е	
3	Subtract line 2e from line 1		t	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	<u>4a</u>		1	
b	Other (Describe in Part XIV)	<u>4</u> b	<u> </u>	J	
C	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	<u></u>
	rt XIV Supplemental Information				
-	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines				
	b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2	2d and	4b Also complete		
his p	art to provide any additional information				
		_			
			· <b></b> -		
			. <b>_</b>		
			<del></del>		

'Schedule D (Fo	orm 990) 2009	ASSOCIATION	OF ILLINOIS	SOIL &	37-6048356	Page 5
Part XIV	Suppleme	ASSOCIATION ntal Information (cor	ntinued)			
	<u> </u>					
•						
,						
						. <b></b>
						<b>-</b>
						. – – – – –
						. – – – – –
	<u> </u>					. – – – – –
						<del>_</del>
		. <b>_</b> _ <b>_</b>				
						· <b></b>
						. <b></b>
			~			

SCHEDULE I (Form 990)

### Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2009

Open to Public

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990

ASSOCIATION OF ILLINOIS SOIL & Employer identification number Name of the organization 37-6048356 WATER CONSERVATION DISTRICTS 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 X No the selection criteria used to award the grants or assistance? ☐ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Part II 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 (f) Method of valuation (a) Name and address of organization (d) Amount of cash grant (e) Amount of non-cash (h) Purpose of grant 1 (b) EIN (a) Description of (book, FMV, appraisal, other) assistance or assistance or government non-cash assistance if applicable CASS COUNTY SWCD CREP GRANT 652 SOUTH MAIN STREET 37-1124631 15,525 **VIRGINIA** IL 62691 4 CHRISTIAN COUNTY SWCD 951-2 W. SPRESSER STREET CREP GRANT IL 62568 37-6020969 11,758 TAYLORVILLE 4 DEWITT COUNTY SWCD 5920 REVERE ROAD CREP GRANT 37-0812399 19,556 CLINTON IL 61727 MARSHALL-PUTNAM COUNTY SWCD 1511 UNIVERSITY COURT CREP GRANT HENRY IL 61537 36-2498012 4 12,326 MCDONOUGH COUNTY SWCD 1607 W. JACKSON CREP GRANT MACOMB IL 61455 37-0905280 24,141 PEORIA COUNTY SWCD 6715 N. SMITH ROAD CREP GRANT **EDWARDS** IL 61528 37-0925900 22,399 SANGAMON COUNTY SWCD CREP GRANT 2623 SUNRISE DRIVE, SUITE 1 SPRINGFIELD IL 62703 37-6020542 23,603 LEE COUNTY SWCD 319 S. MASON AVENUE PWQ GRANT 36-2680632 5,324 AMBOY IL 61310 STEPHENSON COUNTY SWCD 1620 SOUTH GALENA AVE PWQ GRANT FREEPORT IL 61032 36-2490571 5,223 2 Enter total number of section 501(c)(3) and government organizations

Enter total number of other organizations

Schedule I (Form 990) 2009 ASSOCIATION	OF ILLINOIS	SOIL &	<u>37-6048356                                    </u>		Page 2
Part III Grants and Other Assistanc Use Part IV and Schedule I-			•	ation answered "Yes" to Fo	orm 990, Part IV, line 22.
(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
	,				
Part IV Supplemental Information.	Complete this part to	provide the informa	ition required in Part I	, line 2, and any other add	itional information.

# SCHEDULE I-1 (Form 990)

## Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 to list additional information for Schedule I (Form 990), Part III or Part III.

Open to Public Inspection

Name of the organization

ASSOCIATION OF ILLINOIS SOIL &

Employer identification number

WATER CONSERVAT	ION DISTR	ICT <u>S</u>				37	-6048356
Part I   Continuation of Grants and Other	r Assistance to	o Governments	and Organizati	ons in the Unite	ed States (Scho	edule I (Form 990)	, Part II.)
(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
SANGAMON COUNTY SWCD							
2623_SUNRISE DRIVE,_SUITE_1	l	ł	}		1		
SPRINGFIELD IL 62703	37-6020542	4	25,213				PWQ GRANT
DEWITT COUNTY SWCD							
5920 REVERE ROAD					]		
CLINTON IL 61727	37-0812399	4	75,777				WATERSHED GRANT
CIVIL ENGINEERING SERVICES	}					<del></del>	
700 E. DIEHL ROAD, SUITE 180		1					
NAPERVILLE IL 60563	32-0069261	4	22,359				URBAN MANUAL GRANT
						<u> </u>	
			ĺ				
			ļ				
				ļ			
		ļ					
		{					
					1		
					]		
or Privacy Act and Pananuark Reduction Act Nation	and the Instance	tions for Form 000	<u> </u>	·	<del></del>	<del></del>	Cabadala I 4 (Farm 000) 00

		 Schedule I-1 (Form 990) 2009

SCHEDULE O

(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.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

ASSOCIATION OF ILLINOIS SOIL & WATER CONSERVATION DISTRICTS

Employer identification number 37-6048356

Form 990, Part III, Line 3

THE ASSOCIATION NO LONGER HANDELS THE HEALTH AND LIFE PREMIUMS FOR THE 98 LOCAL SOIL AND WATER DISTRICTS IN THE STATE OF ILLINOIS.

Form 990, Part III, Line 4d - All Other Achievements

VARIOUS PROGRAM SERVICES INCLUDE ENVIROTHON, USANG, FARM PROGRESS SHOW,

EARTH STEWARDSHIP DAY, ICCI EXPENSES, AND ILLINOIS FOREESTRY ASSOCIATION.

Form 990, Part VI, Line 6 - Classes of Members or Stockholders

ALL SOIL AND WATER CONSERVATION DISTRICT'S (SWCD) WHO ARE DUES PAYING

MEMBERS OF THE AISWCD HAVE EQUAL STANDING AND EQUAL VOTING RIGHTS.

Form 990, Part VI, Line 7a - Election of Members and Their Rights
THE AISWCD IS MADE UP OF SIXTEEN COUNCILS AS ITS ORGANIZATIONAL STRUCTURE.
EACH COUNCEL IS COMPRISED OF FOUR TO EIGHT SWCD'S WHO HAVE JOINED TOGETHER
BASED ON SIMILAR INTERESTS AND GEOGRAPHIC CONDITIONS. MEMBERS OF THE AISWCD
BOARD OF CIRECTORS ARE ELECTED BY THE DISTRICTS THAT COMPRISE EACH COUNCIL.
EACH CONCIL ELECTS ONE DELEGATE AS A BOARD MEMBERAND ONE ALTERNATE BOARD
MEMBER. THE ALTERNATE DOES NOT HAVE VOTING AUTHORITY UNLESS THE DELEGATE
CAN NOT PARTICIPATE. EACH YEAR AT THE ANNUAL MEETING OF THE MEMBERS, THE
VOTING BODY ELECTS THREE TO FOUR OFFICERS. IT IS THE RIGHT AND THE
RESPONSIBILITY OF THE BOARD TO GOVERN THE ACTIVITIES OF THE ASSOCIATION, TO
APPROVE THE AISWCD'S ANNUAL BUDGET AS ACCEPTABLE TO BE SUJECT TO APPROVAL
BY THE VOTING BODY OF MEMBERS SWCD'S AND TO APPROVE EXPENSIS OF THE AISWCD.

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members SWCD'S HAVE THE RIGHT TO BRING FORTH RESOLUTIONS THAT ARE SUBJECT TO APPROVAL, FIRST AT THE COUNCIL LEVEL, SECOND AT THE BOARD OF DIRECTORS LEVEL AND FINALLY BY THE VOTING BODY AT THE ANNUAL MEETING. REGARDLESS OF THE DECISIONS OF THE COUNCIL AND THE BOARD OF DIRECTORS, THE VOTING BODY AT THE ANNUAL MEETING HAS THE FINAL DECISION AS TO WHETHER A RESOLUTION PASSES OR FAILS. RESOUTIONS THAT HAVE BEEN APPROVED BY A MAJORITY OF THE VOTING BODY AT THE ANNUAL MEETING BECOME PART OF THE ANNUAL PLAN OF WORK OF THE AISWCD. THE VOTING BODY AT THE ANNUAL MEETING ALSO HAS THE RESPONSIBILITY OF APPROVING THE AISWCD'S ANNUAL OPERATING BUDGET.

Form 990, Part VI, Line 8a - Documentation by Governing Body Explanation THE GOVERNING BODY DOCUMENTED THE MEETINGS HELD OR WRITTEN ACTIONS UNDERTAKEN IN THE BOARD MINUTES.

Form 990, Part VI, Line 8b - Documentation by Committee Explanation
THE COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY
DOCUMENTED THEIR ACTIONS IN THE BOARD MINUTES.

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 THE 990 IS REVIEWED BY MANAGEMENT.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

ON AN ANNUAL BASIS DIRECTORS, OFFICERS AND STAFF MEMBERS ARE REQUIRED TO

SUBMIT A DISCLOSURE STATEMENT TO THE BOARD OF DIRECTORS. IF A CONFLICT

EXISTS THE INDIVIDUAL IS NOT ALLOWED TO VOTE ON THE MATTER.

Page 2

Name of the organization

ASSOCIATION OF ILLINOIS SOIL &

Employer identification number

37-6048356

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation THE GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

Form 4562

**Depreciation and Amortization** 

(Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

► See separate instructions.

► Attach to your tax return.

Attachment Sequence No

Name	(-)		LINOIS SOIL N DISTRICTS	&			fying no -604	umber 8356
	ess or activity to which this form relates	•		<del></del>				
	ndirect Depreciat:		anti Umdan Caatian	470				
Pi		•	erty Under Section		complete Da	-4 I		
_			ty, complete Part V	belore you	complete Fa	11.1.	T.	250,000
1	Maximum amount. See the instruct	•					2	230,000
2	Total cost of section 179 property property of Threshold cost of section 179 property			no\			3	800,000
3 4	Reduction in limitation Subtract lin	•	•	ns)			4	800,000
5	Dollar limitation for tax year Subtract lin		•	a soparatoly so	o instructions		5	
6	(a) Descriptio			y separately, set st (business use		Elected cos		
	(4) 5001.711		(4,5)		(5)		<u> </u>	
		<del></del>						
7	Listed property Enter the amount f	rom line 29	<del></del>		7			1
8	Total elected cost of section 179 pe		in column (c), lines 6 and	7	L.i.—————		8	
9	Tentative deduction Enter the small	• •	(2),				9	<del></del>
10	Carryover of disallowed deduction		008 Form 4562				10	·
11	Business income limitation Enter t	•		ro) or line 5 (s	ee instructions)		11	
12	Section 179 expense deduction A		•	,	,		12	
13	Carryover of disallowed deduction			•	13			
Note	: Do not use Part II or Part III below			·	<u> </u>			
Pa	art II Special Depreciat	ion Allowance a	nd Other Depreciat	ion (Do no	t include liste	d prope	erty.)	(See instr.)
14	Special depreciation allowance for	qualified property (oth	ner than listed property) pl	aced in service	e			
	during the tax year (see instruction	s)					14	
15	Property subject to section 168(f)(1	) election					15	
16	Other depreciation (including ACR	S)					16	13,474
P	art III   MACRS Depreciat	ion (Do not inclu	ide listed property.)	(See instru	ctions)			
			Section A					
17	MACRS deductions for assets place	ed in service in tax ye	ears beginning before 200	9			17	0
18	If you are electing to group any assets p							<u> </u>
	Section B—	Assets Placed in Se	rvice During 2009 Tax Y	ear Using the	General Depre	ciation Sy	stem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Me	hod	(g) Depreciation deduction
<u>19a</u>	3-year property							
<u>b</u>	5-year property							
_ <u>c</u>	7-year property							
<u>d</u>	10-year property							
_ <u>e</u>	15-year property							
f_	20-year property							
_9	25-year property			25 yrs		S/L		<u>-</u>
h	Residential rental	<del>_</del>		27 5 yrs	MM	S/L	-	
	property			27 5 yrs	MM	S/L		
i	Nonresidential real			39 yrs	MM	S/L		
	property			<del>ــــــــــــــــــــــــــــــــــــ</del>	MM	S/L		
	<del></del>	ssets Placed in Serv	vice During 2009 Tax Yea	ar Using the A	Alternative Depr	eciation S	System	
<u>20a</u>	Class life					S/L		
<u>b</u>	12-year			12 yrs		S/L		
<u>c</u>	40-year	1		40 yrs	<u>MM</u>	S/I		
_	art IV Summary (See ins		·	<del> </del>	<del></del>		64	750
21	Listed property Enter amount from		40 400 !	\ \ \ \ \ \ \	Enter he		21	752
22	Total. Add amounts from line 12, li				Enter nere		22	14,226
23	and on the appropriate lines of you For assets shown above and place						1 22	17,220
	portion of the basis attributable to	-	o carroin your, office the		23			

Dana	٠,

+-orm	4562 (2008	<u>')</u>														Page
P	art V	Listed Proper property use Note: For any ve 24b, columns (a)	d for entertai	nment, re	creatio	n, or a	amuse leage rat	ment) te or ded	uctina le:		•	•		•	s, and	
	•		-Depreciation							for lim	ts for pa	ssenger	automo	biles )		
24a	Do you ha	ave evidence to suppo	<del></del>		-		Yes	No				vidence			Yes	ΧN
	(a)	(b)	(c)	(d			(e)	1,,,,	(f)	1	(g)	T	(h)			(i)
	of property Date placed in vehicles first)  Date placed in investment use percentage basis				other		is for depr siness/invi use only	estment	Recover period		Method/ onvention		Deprecia deducti		Elected	d section cost
25	Special	depreciation allowa	•		•		rice durin		<b>L</b> .			_		,		-
		and used more tha				e instru	ctions)					5			Ļ	
26		used more than 50		business us	<u>e</u>	1			Г			1			<del></del>	
2	006 D	04/21/09		1	1,27	_	11	275	10.	، ا	S/L-			752		
		04/21/09	100.00%		1,2/	-		,213	10.	٠ -	2/ TI-	_		/32		-
			۰,													
27	Dranarh	used EO% es less	l %			ــــــــــــــــــــــــــــــــــــــ			1						<u> </u>	
<u>27</u>	Property	used 50% or less	in a quaimed bus	iness use		7			Γ	T					1	
			%							S/	1 -	ĺ			İ	
			70			+			<del> </del>	+ -	<u> </u>	+			1	
			0/							S/	ı _					
28	Add ame	ounts in column (h)	lines 25 through	27 Enterh	oro and c	n line 2	1 page	1	L	1 0,		28		752	1	
29		ounts in column (i),	=				. r, page	•				.0		29	<del> </del>	
23	Aug ann	dina in column (i),	ine 20 Likel he		tion B—		ation on	llee of N	/objeles						1	
Com	nlete this	section for vehicles	used by a sole i							alated r	nerson I	f vou pro	wided ve	hicles		
to you	ur employee	es, first answer the que	estions in Section C	to see if you	meet an e	ception	to comple	ting this s	ection for t	hose ve	hicles.	, you pro	viaca ve	riicics		
30	Total bu	siness/investment i	miles driven	· · ·	(a	<u> </u>	Τ (	b)	(0	٠,	Τ	(d)	T	(e)		(f)
••		e year (do not incl			Vehicle 1 Vehicle 2			1	Vehicle 3 Vehicle 4						icle 6	
	-	ng miles)			1		1			<u></u>	1		<del>  ```</del>			10.0 0
31		nmuting miles drive	en during the vea	ıΓ			<u> </u>		<u> </u>		† · · · ·					
32		er personal (nonco					•						1			
33	Total mil	es driven during th	e year Add					-								,
	lines 30	through 32	•													
34	Was the	vehicle available for	or personal		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	use duni	ng off-duty hours?														
35	Was the	vehicle used prima	anly by a													ł
	more tha	ın 5% owner or rela	ated person?								<u> </u>	<u> </u>	<u> </u>		ļ	<u> </u>
36	Is anothe	er vehicle available	for personal use	?			<u> </u>	L,							<u> </u>	<u> </u>
			Section C—Qu	estions for	Employe	rs Who	Provid	e Vehicl	es for Us	e by T	heir Em	ployees				
Ansv	ver these o	questions to determ	nine if you meet a	n exception	to compl	eting Si	ection B	for vehic	les used	by emp	loyees v	vho <b>are</b> i	not			
more	than 5%	owners or related p	ersons (see inst	ructions)							<del> </del>	<del></del>				,
37	Do you r	naintain a written p	olicy statement t	hat prohibits	all perso	nal use	of vehicl	les, ınclu	ding com	muting	, by				Yes	No
	your em	•														<u> </u>
38	-	naintain a written p	-	•	•			•			our					
		es? See the instruc			-	fficers,	directors	s, or 1% o	or more o	wners						1
39	-	reat all use of vehic		•												-
40		provide more than f	•			intorm	ation fror	n your ei	mployees	about	the					ļ
		e vehicles, and reta						0.40		,						<del> </del> -
41	•	neet the requireme	•							•					<u> </u>	<u> </u>
D	art VI	your answer to 37,		is "Yes," do	not comp	lete Se	ection B t	or the co	vered ve	hicles	-		<del></del> -		l	
	ait VI (	Amortization				1					———Т	(e)				
		(a)		(b)				(c)		(d		Amortiza	ation	<b>.</b>	(f)	
		Description of costs		Date amor begii				rtizable nount		Co sec		period percent		Amortiza	ition for th	ns year
42	Amortiza	tion of costs that b	egins during vou	r 2009 tay w	ar (see "	-L	nns)					,				
	7 411011120	or costs that D	ogino duning you	LOUD IAN YO	79CC	1311 0011	J113)						$\overline{}$			
43		tion of costs that b		=		<u> </u>							43			
44	Total. A	dd amounts in colu	mn (f) See the ir	structions fo	r where	о герог	<u>t</u>						44			

Totals

AISVV	CD 05/04/2010 1 23 PM					
Forr	ms	Mor	tgages and Ot	her Notes Payable		2000
99	00 / 990-PF					2009
<u></u>	L	For calendar year 2009, o	or tax year beginning	, and ending	- L	A.C. and an Alexander
Name		' ILLINOIS SOI	τ. ε.		Employer iden	tification Number
		TION DISTRICT			37-6048	356
	1221	DIOINE OF	<del></del>		1 2 .	
Fo	rm 990, Part	X, Line 23 -	Additional	Information		
		Name of lender	· <del>- · · · · · · · · · · · · · · · · · ·</del>	Relationship to d	lisqualified person	
		K OF PETERSBU				
	FARM CREDIT	SERVICES OF I	LLINOIS			<del></del>
(3)			<del></del>	<del></del>		<del></del> -
(4)		,	<del></del>		<del></del>	·
<u>(5)</u>		<u> </u>		<del> </del>	<del></del>	
(6) (7)	<del></del>		·			
(8)						
(9)						
(10)						
		<del></del>				1
	Original amount		Matunty			Interest
<del></del>	borrowed 11,27!	Date of loan 5 04/22/09	date 04/22/12	Repayment terms MONTHLY		5.500
(1)	126,000		06/02/22	MONTHLY		7.350
(2) (3)	120,000	0 07/02/07	00/02/22	HOWING	***************************************	<u> </u>
(4)			· · · · · · · · · · · · · · · · · · ·			
(5)						
(6)						
(7)						
(8)			···········			
<u>(9)</u>						
(10)			<del>"</del>	<u> </u>		
		,		T		<del></del>
	Seci	urity provided by borrower		Purpose	of loan	
(1)						
(2)	BUILDING AND	LAND		REFINANCE BUILDING	,	
(3)						
(4)						···
(5)				<del></del>		· · · · · · · · · · · · · · · · · · ·
(6)		<del></del>				
<u>(7)</u>				<del> </del>	****	<del></del>
(8) (9)						
(10)						
<u> </u>						
				Balance due at	Bala	nce due at
	Considerat	ion furnished by lender		beginning of year	er	nd of year
(1)				117 207		8,928
(2)		<del></del>		117,327	<del> </del>	112,003
(3)					<del> </del>	
(4) (5)		···		<del> </del>	<del></del>	
(6)	<del></del>		<del></del>			
<u>(7)</u>						
(8)						
(9)						
(10)			<del></del>		<u> </u>	

117,327

120,931

orm 8868

(Rev April 2009)

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the											
If you are f	<b>&gt;</b>	X									
<ul> <li>If you are f</li> </ul>											
Do not comple	not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868										
Part	Automati	3-Month Extension of Time. Only submit original (no copies needed).	-								
A corporation r Part I only	equired to file l	Form 990-T and requesting an automatic 6-month extension—check this box and complete		<b>&gt;</b>							
All other corpo	Il other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of me to file income tax returns										
		nerally, you can electronically file Form 8868 if you want a 3-month automatic extension of time	e to file								
one of the retu	rns noted belov	v (6 months for a corporation required to file Form 990-T) However, you cannot file Form 886	В								
electronically if	f (1) you want t	ne additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, 🧃	group								
returns, or a co	omposite or coi	solidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part	li) of Form	 							
8868. For more	e details on the	electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits	s.								
Type or	Name of Exe	mpt Organization	Employe	r identification number							
print		ATION OF ILLINOIS SOIL &	,, -								
File by the		· · · · · · · · · · · · · · · · · · ·	37-60	48356							
due date for		et, and room or suite no if a P.O box, see instructions	<u> </u>								
filing your return See	1	ORTH WALNUT STREET ROAD									
instructions	City, town or SPRING	post office, state, and ZIP code. For a foreign address, see instructions  FIELD IL 62707									
Check type of	return to be	iled (file a separate application for each return)									
X Form 99		Form 990-T (corporation)		Form 4720							
Form 99		Form 990-T (sec 401(a) or 408(a) trust)		Form 5227							
Form 99		Form 990-T (trust other than above)		Form 6069							
Form 99		Form 1041-A		Form 8870							
	s are in the car										
Telephone	No ▶ 21	7-744-3414 FAX No ▶									
<ul><li>If the orga</li></ul>	nızatıon does ı	of have an office or place of business in the United States, check this box		<b>&gt;</b>							
If this is for	r a Group Retu	rn, enter the organization's four digit Group Exemption Number (GEN)	If this is								
for the whole g	group, check th	is box If it is for part of the group, check this box and a	ttach								
a list with the i	names and EIN	s of all members the extension will cover									
1 I reques	st an automatic	3-month (6 months for a corporation required to file Form 990-T) extension of time , to file the exempt organization return for the organization named above. The extension is									
for the o	organization's r	eturn for									
<b>▶</b> 🗓	calendar year										
▶ 🗌	tax year begin										
2 If this ta	ıx year ıs for le	ss than 12 months, check reason.	n account	ng period							
	• •	Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,		_							
		e credits. See instructions	3a	\$							
		Form 990-PF or 990-T, enter any refundable credits and estimated tax	25	•							
		de any prior year overpayment allowed as a credit	3b	\$							
		It line 3b from line 3a Include your payment with this form, or, if required,	'								
		on or, if required, by using EFTPS (Electronic Federal Tax Payment		•							
	) See instructi		3c	\$							
○aution. If yo		make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-E	=U								