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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 09-01-2009 and ending 08-31-2010

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

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

C Name of organization
ILLINOIS AGRICULTURAL ASSOCIATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1701 Towanda Avenue

City or town, state or country, and ZIP + 4
Bloomington, IL 61701

D Employer identification number
37-0809856

E Telephone number
(309) 557-2488

G Gross receipts $ 70,891,572

F Name and address of principal officer
Alan Dodds
1701 Towanda Avenue
Bloomington, IL 61701

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (5) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www ilfb org

K Form of organization ☐ Corporation ☐ Trust ☑ Association ☐ Other ▶ | **L** Year of formation 1928 | **M** State of legal domicile IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
The mission of the Association is to improve the economic well-being of agriculture and enrich the quality of farm life by educating and disseminating agricultural information to members and others in such areas as finance, economics and governmental policy

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)	**3**	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	0
5	Total number of employees (Part V, line 2a)	**5**	385
6	Total number of volunteers (estimate if necessary)	**6**	8,302
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	18,687,882
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-10

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	78,500	0
	9 Program service revenue (Part VIII, line 2g)	5,664,534	5,338,253
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,375,407	11,911,319
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	26,150,067	26,639,661
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	43,268,508	43,889,233
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,973,707	1,945,722
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	26,725,617	28,020,057
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	13,181,593	12,965,543
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	41,880,917	42,931,322
	19 Revenue less expenses Subtract line 18 from line 12	1,387,591	957,911

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	52,535,807	50,129,128
	21 Total liabilities (Part X, line 26)	16,800,011	13,435,420
	22 Net assets or fund balances Subtract line 21 from line 20	35,735,796	36,693,708

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 2011-04-15

▶ Theresa Boyd Treasurer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-empolyed ▶☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶			EIN ▶
			Phone no ▶

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

To improve the economic well-being of agriculture and enrich the quality of farm life by educating and disseminating agricultural information to members and others in such areas as finance, economics and governmental policy

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 9,414,528 including grants of $ 1,945,724) (Revenue $ 3,021,781)

General Member Services-These services include providing county, regional and state levels with information, education, organizational and management tools to assist in their handling of agricultural issues and the promotion of agriculture

4b (Code) (Expenses $ 3,368,282 including grants of $) (Revenue $ 82,803)

Governmental Affairs - this service area monitors agency activities and legislative initiatives affecting members at all levels and seeks to educate and inform stakeholders at all levels towards building a more productive, efficient, and competitive agricultural sector for our members

4c (Code) (Expenses $ 1,704,400 including grants of $) (Revenue $ 0)

General information - Market information, weather, crop conditions, regulatory, financial, organizational and political news on issues of interest to our members is provided through radio broadcasts, posted on our internet website, and through publications The information assists members in making business decisions, participating in organization events, and their understanding of issues impacting members of our organization

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ 365,348 including grants of $ 0) (Revenue $ 33,393)

4e **Total program service expenses** ▶ $ 14,852,558

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		No
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," complete Schedule D, Part I*	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
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	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total 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 total 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 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.*			
	● 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.*			
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	Yes	
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** No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
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 U S ? *If "Yes," complete Schedule F, Part II*	15		No
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 U S ? *If "Yes," complete Schedule F, Part III*	16		No
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		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

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 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
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**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		
b	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 person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
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**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	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 owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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**		No
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**	Yes	
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**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	79		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	385		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	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?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**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			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**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			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a: 20		
b	Enter the number of voting members that are independent	1b: 0		
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		No
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		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No

Section 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		No
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		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

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

Alan Dodds
1701 Towanda Avenue
Bloomington, IL 61701
(309) 557-2218

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	3,368,762	0	614,362

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 28

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Mitch Murchs Maintenance Mgmt PO Box 798129 St Louis, MO 63179	Cleaning	766,365
Journal Communications 725 Cool Springs Blvd Franklin, TN 37067	Printing	405,702
Weber Electric Inc 200 E Lafayette Bloomington, IL 61701	Electrical	388,972
Farmakis LLC 48 Topfield Road Wilton, CT 06897	Sales Commission	314,821
Integrity Technology Solutions PO Box 84118 Kansas City, MO 64184	Web Hosting	229,316

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 5

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		0			
			Business Code				
Program Service Revenue	2a	Membership Dues	900,099	5,173,428	0	0	5,173,428
	b	Leadership & Commodity Conferences	900,099	159,547	159,547	0	0
	c	Rural Illinois Medical Student Assistance Program	900,099	5,278	5,278	0	0
	d						
	e						
	f	All other program service revenue		0	0	0	0
	g	**Total.** Add lines 2a–2f		5,338,253			
	3	Investment income (including dividends, interest and other similar amounts)		11,918,373	0	0	11,918,373
	4	Income from investment of tax-exempt bond proceeds		0	0	0	0
	5	Royalties		7,592,587	0	0	7,592,587
			(i) Real / (ii) Personal				
	6a	Gross Rents	6,659,644 / 0				
	b	Less rental expenses	6,306,238 / 0				
	c	Rental income or (loss)	353,406 / 0				
	d	Net rental income or (loss)		353,406	0	0	353,406
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	18,502,344 / 3,600				
	b	Less cost or other basis and sales expenses	18,500,457 / 12,541				
	c	Gain or (loss)	1,887 / -8,941				
	d	Net gain or (loss)		-7,054	1,887	-5,786	-3,155
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a 2,514,811				
	b	Less cost of goods sold	b 2,183,103				
	c	Net income or (loss) from sales of inventory		331,708	0	331,708	0
		Miscellaneous Revenue	Business Code				
	11a	Fees for Services	561,000	15,454,672	0	15,454,672	0
	b	Classified Ad Income	541,800	2,481,470	0	2,481,470	0
	c	Misc Income	561,000	425,818	0	425,818	0
	d	All other revenue		0	0	0	0
	e	**Total.** Add lines 11a–11d		18,361,960			
	12	**Total revenue.** See Instructions		43,889,233	166,712	18,687,882	25,034,639

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,945,722	1,945,722		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	2,248,707	0	2,248,707	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	40,587	0	40,587	0
7	Other salaries and wages	16,573,964	5,660,130	10,913,834	0
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,292,066	1,722,343	3,569,723	0
9	Other employee benefits	2,576,743	958,804	1,617,939	0
10	Payroll taxes	1,287,990	423,745	864,245	0
11	Fees for services (non-employees)				
a	Management	0	0	0	0
b	Legal	94,253	0	94,253	0
c	Accounting	95,973	0	95,973	0
d	Lobbying	0	0	0	0
e	Professional fundraising *See Part IV, line 17*	0			0
f	Investment management fees	0	0	0	0
g	Other	0	0	0	0
12	Advertising and promotion	240,775	236,735	4,040	0
13	Office expenses	0	0	0	0
14	Information technology	0	0	0	0
15	Royalties	0	0	0	0
16	Occupancy	1,452,192	515,137	937,055	0
17	Travel	1,745,233	785,700	959,533	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	149,848	19,444	130,404	0
20	Interest	0	0	0	0
21	Payments to affiliates	1,705,572	0	1,705,572	0
22	Depreciation, depletion, and amortization	338,933	90,874	248,059	0
23	Insurance	49,725	0	49,725	0
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	Printing & Publications	1,482,523	736,905	745,618	0
b	Postage & Shipping	1,312,423	510,231	802,192	0
c	Professional Fees	944,188	154,616	789,572	0
d	Special Program Expense	883,232	409,487	473,745	0
e	Sponsored Meeting Expense	464,124	414,362	49,762	0
f	All other expenses	2,006,549	268,323	1,738,226	0
25	**Total functional expenses.** Add lines 1 through 24f	42,931,322	14,852,558	28,078,764	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		119,505	1	26,332
	2	Savings and temporary cash investments		10,243,092	2	7,456,279
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		3,234,815	4	1,988,438
	5	Receivables from current and former officers, directors, trustees, key 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		145,287	8	146,639
	9	Prepaid expenses and deferred charges		457,674	9	424,623
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 50,155,592			
	b	Less accumulated depreciation	10b 29,993,999	19,724,186	10c	20,161,593
	11	Investments—publicly traded securities		14,187,753	11	16,596,795
	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		4,423,495	15	3,328,429
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		52,535,807	16	50,129,128
Liabilities	17	Accounts payable and accrued expenses		1,148,637	17	707,321
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		15,651,374	25	12,728,099
	26	**Total liabilities.** Add lines 17 through 25		16,800,011	26	13,435,420
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets			27	
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☑ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		0	30	0
	31	Paid-in or capital surplus, or land, building or equipment fund		0	31	0
	32	Retained earnings, endowment, accumulated income, or other funds		35,735,796	32	36,693,708
	33	Total net assets or fund balances		35,735,796	33	36,693,708
	34	Total liabilities and net assets/fund balances		52,535,807	34	50,129,128

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☐ Accrual ☑ Other Income Tax 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		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . .	2c	Yes	
d	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 ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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		

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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

2009

Open to Public Inspection

Name of the organization
ILLINOIS AGRICULTURAL ASSOCIATION

Employer identification number
37-0809856

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

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

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

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

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

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

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

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

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

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

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

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

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

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

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

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

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

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

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	80,642	19,896		100,538
b Buildings	14,568,256	3,594,237	15,643,745	2,518,748
c Leasehold improvements	0	25,414,847	9,326,342	16,088,505
d Equipment	0	6,477,714	5,023,912	1,453,802
e Other	0	0	0	0
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				20,161,593

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Notes Receivable	150,000
Partnership interest in RIMSAP	2,286,204
Investments in Affiliates	892,225
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	3,328,429

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Accrued Property Taxes	923,601
Accrued Salary & Benefits	1,415,859
Deferred Income	9,074,590
Other Liabilities	1,314,049
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	12,728,099

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	43,889,233
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	42,931,322
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	957,911
4	Net unrealized gains (losses) on investments	4	0
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	0
9	Total adjustments (net) Add lines 4 - 8	9	0
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	957,911

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

1	Total revenue, gains, and other support per audited financial statements			1	43,889,233
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	0		
b	Donated services and use of facilities	2b	0		
c	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIV)	2d	0		
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	43,889,233
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIV)	4b	0		
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	43,889,233

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

1	Total expenses and losses per audited financial statements			1	42,931,322
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	0		
b	Prior year adjustments	2b	0		
c	Other losses	2c	0		
d	Other (Describe in Part XIV)	2d	0		
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	42,931,322
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIV)	4b	0		
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	42,931,322

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
SchD_P10_S00_L00	Schedule D, Part X	The Association adopted the Financial Accounting Standards Board's requirements for uncertain tax positions and has determined that it is not required to report a liability related to uncertain tax positions as a result of implementing the requirement

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ILLINOIS AGRICULTURAL ASSOCIATION

Employer identification number
37-0809856

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to 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 . . . ▶ ☐

(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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 0

3 Enter total number of other organizations . . . ▶ 67

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

Identifier	Return Reference	Explanation
SchI_P01_S00_L02	Schedule I, Part I, Line 2	Illinois County Farm Bureaus use an application format to request funds As part of this process, the County explains how the funds will be used with its farm bureau Results of all grant distributions are reported to the IAA Board each March The County Finance Program has been designed to assist county Farm Bureaus in financial need This program was approved by the IAA Board of Directors in 1996 and implemented for calendar 1997 The IAA grants funds to the County Farm Bureaus on the following basis Automatic Grants 70% of the funding received is distributed by formula to county Farm Bureaus meeting certain criteria Additional Automatic Grants A funding limit in the Automatic Grant formula is multiplied by the number of counties in the Farm Bureau unit These grants are funded from 30% of the funding set aside for Applied-for Grants Applied-for Grants The remaining 30% of funds available (less Additional Automatic Grants) is available for distribution by a Grant Committee This committee uses its discretion to consider grants to county Farm Bureaus which make application by March 1 of each year Any funds not distributed by the Grant Committee are carried over to the following year

Additional Data Return to Form

Software ID: 09000073
Software Version: v1.00
EIN: 37-0809856
Name: ILLINOIS AGRICULTURAL ASSOCIATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
BOND County Farm BureauPO Box 249 Greenville,IL 62246	37-0184970	501(c)(5)	41,428	0			Ag education
BOONE County Farm Bureau702 W Locust St Belvidere,IL 61008	36-2195907	501(c)(5)	8,001	0			Ag education
BROWN County Farm Bureau109 W North St Mt Sterling,IL 62353	37-0193430	501(c)(5)	35,771	0			Ag education
BUREAU County Farm BureauPO Box 190 Princeton,IL 61356	36-0854650	501(c)(5)	14,000	0			Ag education
CALHOUN County Farm BureauPO Box 275 Hardin,IL 62047	37-0202300	501(c)(5)	26,645	0			Ag education
CARROLL County Farm Bureau811 S Clay St Mt Carroll,IL 61053	26-2165031	501(c)(5)	14,483	0			Ag education
CASS-MORGAN County Farm Bureau1152 Tendick St Jacksonville,IL 62650	37-0919211	501(c)(5)	58,785	0			Ag education
CHRISTIAN County Farm Bureau400 W Market St Taylorville,IL 62568	37-0216260	501(c)(5)	29,709	0			Ag education
CLARK County Farm Bureau255 W Cumberland Martinsville,IL 62422	37-0218700	501(c)(5)	36,268	0			Ag education
CLAY County Farm BureauPO Box E Louisville,IL 62858	37-0219575	501(c)(5)	33,708	0			Ag education

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
COLES County Farm Bureau719 W Lincoln Ave Charleston, IL 61920	37-0223410	501(c)(5)	12,635	0			Ag education
CRAWFORD County Farm Bureau1201 N Allen Robinson, IL 62454	37-0232680	501(c)(5)	8,001	0			Ag education
CUMBERLAND County Farm Bureau303 E Main Toledo, IL 62468	37-0667462	501(c)(5)	28,145	0			Ag education
DEWITT County Farm BureauPO Box 517 Clinton, IL 61727	37-0245700	501(c)(5)	14,001	0			Ag education
DOUGLAS County Farm Bureau105 N Main Tuscola, IL 61953	37-0250530	501(c)(5)	34,012	0			Ag education
EDGAR County Farm Bureau210 W Washington Paris, IL 61944	37-0258300	501(c)(5)	46,796	0			Ag education
EDWARDS County Farm Bureau15 S Fifth St Albion, IL 62806	37-0667644	501(c)(5)	45,547	0			Ag education
FAYETTE County Farm Bureau1125 N Sunset Dr Vandalia, IL 62471	37-0664100	501(c)(5)	40,331	0			Ag education
FORD IROQUOIS County Farm BureauPO Box 208 Gilman, IL 60938	37-0949884	501(c)(5)	8,001	0			Ag education
FRANKLIN County Farm BureauPO Box 457 Benton, IL 62812	37-0667471	501(c)(5)	8,001	0			Ag education

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
FULTON County Farm Bureau15411-A N State Route 100 Lewiston,IL 61542	37-0284740	501(c)(5)	40,967	0			Ag education
GALLATIN County Farm BureauPO Box 250 Ridgeway,IL 62979	37-0664103	501(c)(5)	62,702	0			Ag education
GREENE County Farm Bureau319 6th St Carrollton,IL 62016	37-0303465	501(c)(5)	33,995	0			Ag education
GRUNDY County Farm Bureau4000 Division St Morris,IL 60450	36-1174110	501(c)(5)	11,500	0			Ag education
HAMILTON County Farm BureauPO Box 248 McLeansboro,IL 62859	37-0664104	501(c)(5)	37,603	0			Ag education
HANCOCK County Farm Bureau71 S Adams St Carthage,IL 62321	37-0667474	501(c)(5)	24,740	0			Ag education
HENRY County Farm Bureau114 N East St Cambridge,IL 61238	36-1210330	501(c)(5)	13,213	0			Ag education
JACKSON County Farm Bureau220 N 10th St Murphysboro,IL 62966	37-0667476	501(c)(5)	8,001	0			Ag education
JASPER County Farm BureauPO Box 329 Newton,IL 62448	37-0351420	501(c)(5)	50,636	0			Ag education
JEFFERSON County Farm Bureau814 Harrison St Mt Vernon,IL 62864	37-0667477	501(c)(5)	13,241	0			Ag education

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
JERSEY County Farm Bureau402 S Jefferson Jerseyville,IL 62052	37-0667479	501(c)(5)	15,833	0			Ag education
JODAVIESS County Farm Bureau212 N Main Elizabeth,IL 61028	36-1284540	501(c)(5)	25,737	0			Ag education
JOHNSON County Farm Bureau504 W Main Vienna,IL 62995	37-0664107	501(c)(5)	40,710	0			Ag education
KENDALL County Farm Bureau111 Van Emmon St Yorkville,IL 60560	36-1315900	501(c)(5)	10,001	0			Ag education
KNOX County Farm Bureau180 S Soangetaha Galesburg,IL 61402	37-0667480	501(c)(5)	54,143	0			Ag education
LAWRENCE County Farm Bureau1406 Locust Lawrenceville,IL 62439	37-0579963	501(c)(5)	41,086	0			Ag education
LEE County Farm Bureau37 S East Avenue Amboy,IL 61310	36-1374085	501(c)(5)	8,001	0			Ag education
LOGAN County Farm Bureau120 S McLean St Lincoln,IL 62656	37-0667483	501(c)(5)	11,680	0			Ag education
MARION County Farm BureauPO Box 640 Salem,IL 62881	37-0664113	501(c)(5)	32,386	0			Ag education
MARSHALL-PUTN County Farm Bureau509 Front St Henry,IL 61583	36-1436670	501(c)(5)	34,580	0			Ag education

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
MASON County Farm Bureau127 W High St Havana,IL 62644	37-0664114	501(c)(5)	28,982	0			Ag education
MASSAC County Farm Bureau1436 W 10th St Metropolis,IL 62960	37-0667488	501(c)(5)	29,692	0			Ag education
MCDONOUGH County Farm Bureau210 W Randolph Macomb,IL 61455	37-0408280	501(c)(5)	34,172	0			Ag education
MENARD County Farm Bureau101 E Jefferson Petersburg,IL 62675	37-0413060	501(c)(5)	25,218	0			Ag education
MERCER County Farm Bureau206 SE Third Aledo,IL 61231	36-1465820	501(c)(5)	43,001	0			Ag education
MONROE County Farm Bureau513 W Park St Waterloo,IL 62298	37-0664116	501(c)(5)	12,177	0			Ag education
MOULTRIE County Farm Bureau1102 W Jackson Sullivan,IL 61951	37-0664120	501(c)(5)	21,543	0			Ag education
PERRY County Farm Bureau309 S First St Pickneyville,IL 62274	37-0664121	501(c)(5)	16,440	0			Ag education
PIATT County Farm Bureau427 W Marion Monticello,IL 61856	37-0664122	501(c)(5)	17,803	0			Ag education
PIKE County Farm Bureau1301 E Washington Pittsfield,IL 62363	37-0664123	501(c)(5)	37,127	0			Ag education

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
POPE-HARDIN County Farm Bureau407 Main St Golconda, IL 62938	37-0468345	501(c)(5)	69,573	0			Ag education
PULASKI-ALEX County Farm Bureau404 S Blanche Mounds, IL 62964	37-0667499	501(c)(5)	23,501	0			Ag education
RICHLAND County Farm Bureau710 N West Olney, IL 62450	37-0667500	501(c)(5)	26,036	0			Ag education
SALINE County Farm Bureau21 W Robinson Harrisburg, IL 62946	37-0667347	501(c)(5)	59,583	0			Ag education
SCHUYLER County Farm Bureau114 E Lafayette Rushville, IL 62681	37-0506880	501(c)(5)	35,288	0			Ag education
SCOTT County Farm Bureau7 Market Side Square Winchester, IL 62694	37-0664130	501(c)(5)	25,431	0			Ag education
SHELBY County Farm BureauPO Box 409 Shelbyville, IL 62565	37-0512250	501(c)(5)	35,385	0			Ag education
STARK County Farm Bureau1001 E Main Toulon, IL 61483	36-2200117	501(c)(5)	34,296	0			Ag education
UNION County Farm Bureau104 W Broad Jonesboro, IL 62952	37-0558890	501(c)(5)	8,001	0			Ag education
WABASH County Farm Bureau524 W 9th St Mt Carmel, IL 62863	37-0567480	501(c)(5)	23,001	0			Ag education

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
WARREN-HENDERSON County Farm Bureau1000 N Main Monmouth, IL 61462	37-0572490	501(c)(5)	62,964	0			Ag education
WASHINGTON County Farm Bureau133W St Louis St Nashville, IL 62263	37-0667511	501(c)(5)	8,001	0			Ag education
WAYNE County Farm Bureau301 E Court St Fairfield, IL 62837	37-0664133	501(c)(5)	52,918	0			Ag education
WHITE County Farm Bureau304 E Robinson Carmi, IL 62821	37-0667351	501(c)(5)	35,958	0			Ag education
WHITESIDE County Farm Bureau100 E Knox St Morrison, IL 61720	36-1962390	501(c)(5)	23,000	0			Ag education
WILLIAMSON County Farm Bureau1517 E DeYoung St Marion, IL 62959	37-0587960	501(c)(5)	41,001	0			Ag education

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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, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ILLINOIS AGRICULTURAL ASSOCIATION

Employer identification number
37-0809856

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 idemnification 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 in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
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**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☑ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only 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 contingent on the revenues of			
a	The organization?	**5a**		
b	Any related organization?	**5b**		
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		
b	Any related organization?	**6b**		
	If "Yes," to line 6a or 6b, describe in Part III			
7	For 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 accured 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**		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
James Jacobs	(i)	298,080	0	0	61,601	1,033	360,714	0
	(ii)	0	0	0	0	0	0	0
Philip Nelson	(i)	248,721	0	0	7,350	10,304	266,375	0
	(ii)	0	0	0	0	0	0	0
Mark Frels	(i)	205,060	0	0	43,473	4,575	253,108	0
	(ii)	0	0	0	0	0	0	0
Alan Dodds	(i)	195,248	0	0	41,392	8,304	244,944	0
	(ii)	0	0	0	0	0	0	0
Kathy Smith Whitman	(i)	187,953	0	0	39,845	11,503	239,301	0
	(ii)	0	0	0	0	0	0	0
Jerry Quick	(i)	186,709	0	0	42,748	7,737	237,194	0
	(ii)	0	0	0	0	0	0	0
Mark Gebhards	(i)	183,890	0	0	38,985	11,527	234,402	0
	(ii)	0	0	0	0	0	0	0
David Stumpf	(i)	175,901	0	0	37,290	7,987	221,178	0
	(ii)	0	0	0	0	0	0	0
Chris Magnuson	(i)	169,549	0	0	35,944	10,720	216,213	0
	(ii)	0	0	0	0	0	0	0
W Lyle Roberts	(i)	168,492	0	0	41,562	4,463	214,517	0
	(ii)	0	0	0	0	0	0	0
Kristin Kroger	(i)	137,306	0	0	28,919	451	166,676	0
	(ii)	0	0	0	0	0	0	0
Wendy Schaefer	(i)	132,010	0	0	31,039	9,740	172,789	0
	(ii)	0	0	0	0	0	0	0
Dale Wachtel	(i)	3,719	0	0	0	0	3,719	0
	(ii)	0	0	0	0	0	0	0
Robert Weldon	(i)	0	0	4,676	0	0	4,676	0
	(ii)	0	0	0	0	0	0	0
Paul Harmon	(i)	0	0	32,192	0	0	32,192	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
SchJ_P01_S00_L01a	Schedule J, Part I, Line 1a	On lesser than five instances, the President flies on an affiliate company's corporate jet to required business meetings The Board of Directors spouses attend the Association's and the national Annual Meeting Any amount of spousal travel is included on the Director's 1099 The President fewer than 4 times per month, is provided use of a condominium The value of his use is included in his W-2
SchJ_P01_S00_L04	Schedule J, Part I, Line 4	A supplemental retirement plan is provided for individuals receiving wages in excess of the IRS defined compensation limit The individuals affected by the plan are Robert Weldon and Paul Harmon Their compensation is reported in the former officer section of this schedule

Additional Data

Software ID:
Software Version:
EIN: 37-0809856
Name: ILLINOIS AGRICULTURAL ASSOCIATION

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2009

Open to Public Inspection

Name of the organization
ILLINOIS AGRICULTURAL ASSOCIATION

Employer identification number
37-0809856

Identifier	Return Reference	Explanation
F990_P06_S0A_L06	Form 990, Part VI, Section A, Line 6	The Association's members consists of voting and non voting members All members are interested in supporting agriculture in Illinois

Identifier	Return Reference	Explanation
F990_P06_S0A_L07a	Form 990, Part VI, Section A, Line 7a	The Association hosts an annual meeting attended by members appointed as delegates and staff The delegates are chosen on a county level and are based on the number of members in each These delegates elect Directors from each district They have term limits of 10 years, but must be reelected every two years

Identifier	Return Reference	Explanation
F990_P06_S0B_L11	Form 990, Part VI, Section B, Line 11	Form 990 is prepared and reviewed by the auditors, General Counsel and the Controller After the review is complete, the return is presented and reviewed by the Finance Committee and distributed to the full Board in the month prior to its due date

Identifier	Return Reference	Explanation
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	Conflict of interest policies are reviewed and signed by the Board of Directors, Officers and Key employees annually

Identifier	Return Reference	Explanation
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	The Association's Human Resource staff annually compares independent national compensation surveys to staff's salaries The pay range of the positions are adjusted to the comparable market value, reviewed by Human Resources and approved by the Management Team Officer and key employee compensation is also compared to the surveys, reviewed by Human Resources and approved by the Board of Directors

Identifier	Return Reference	Explanation
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	The Association makes its governing documents, conflict of interest policies and financial statements available to the public upon request

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ILLINOIS AGRICULTURAL ASSOCIATION

Employer identification number
37-0809856

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
Agricultural Support Association 1701 Towanda Avenue Bloomington, IL 61701 37-1401256	Agricultural member association	IL	501(c)(5)		Illinois Agricultural Association
IAA Foundation 1701 Towanda Avenue Bloomington, IL 61701 37-1211315	Charitable Foundation	IL	501(c)(3)	Public	N/A

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
See Additional Data Table							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	See Additional Data Table		
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data Return to Form

Software ID: 09000073
Software Version: v1.00
EIN: 37-0809856
Name: ILLINOIS AGRICULTURAL ASSOCIATION

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Percentage ownership
Country Life Insurance Company 1701 Towanda Avenue Bloomington, IL61701 37-0808781	Life Insurance	IL	Illinois Agricultural Holding Co	C	0	0	1 %
Country Investors Life Assurance Company 1701 Towanda Avenue Bloomington, IL61701 37-1106268	Stock Insurance Company	IL	Country Life Insurance Company	C	0	0	1 %
Country Mutual Insurance Company 1701 Towanda Avenue Bloomington, IL61701 37-0807507	Property/Casualty Insurance	IL	Illinois Agricultural Association	C	0	0	1 %
Country Casualty Insurance Company 1701 Towanda Avenue Bloomington, IL61701 37-0855395	Stock Insurance Company	IL	Country Mutual Insurance Company	C	0	0	1 %
CC Services Inc 1701 Towanda Avenue Bloomington, IL61701 37-1000579	Service Company	IL	Illinois Agricultural Holding Co	C	0	0	1 %
Illinois Agricultural Holding Co 1701 Towanda Avenue Bloomington, IL61701 36-1252720	Holding Company	IL	Illinois Agricultural Association	C	0	0	1 %
Illinois Agricultural Service Company 1701 Towanda Avenue Bloomington, IL61701 37-0809857	Service Company	IL	Illinois Agricultural Holding Co	C	100	100	1 %
Country Trust Bank 1701 Towanda Avenue Bloomington, IL61701 37-0923942	Federal Thrift	IL	Country Life Insurance Company	C	0	0	1 %
Country Preferred Insurance Company 1701 Towanda Avenue Bloomington, IL61701 44-0652707	Stock Insurance Company	IL	Country Mutual Insurance Company	C	0	0	1 %
Country Capital Management 1701 Towanda Avenue Bloomington, IL61701 37-6055336	Broker/Dealer Registered Security products	IL	Country Life Insurance Company	C	100	100	1 %

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(1)	Agricultural Support Association	k	17,614
(2)	Agricultural Support Association	o	475
(3)	Agricultural Support Association	p	8,993
(4)	IAA Foundation	k	2,804
(5)	IAA Foundation	n	267,878
(6)	IAA Foundation	o	3,750
(7)	IAA Foundation	p	13,997
(8)	Country Life Insurance Company	k	1,150,421
(9)	Country Life Insurance Company	l	465,877
(10)	Country Investors Life Assurance Company	k	175,868
(11)	Country Mutual Insurance Company	k	1,700,822
(12)	Country Mutual Insurance Company	o	2,465
(13)	Country Casualty Insurance Company	k	76,649
(14)	CC Services Inc	f	730,989
(15)	CC Services Inc	j	473,746
(16)	CC Services Inc	k	5,633,234
(17)	CC Services Inc	l	1,403,844
(18)	Illinois Agricultural Holding Co	a-i	11,250,000
(19)	Illinois Agricultural Holding Co	o	5,636
(20)	Country Trust Bank	k	398,709
(21)	Country Trust Bank	l	45,879
(22)	Country Preferred Insurance Company	k	93,747
(23)	Country Capital Management	k	130,084
(24)	Illinois Agricultural Service Company	k	209,823

Additional Data

Software ID:
Software Version:
EIN: 37-0809856
Name: ILLINOIS AGRICULTURAL ASSOCIATION

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 365,348 including grants of $) (Revenue $ 33,393)

Commodity Information - this service includes providing past, present, and projected future production, marketing, and risk management information and education to members from farm gate to the consumer's plate

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Philip Nelson President	40	X		X				248,721	0	17,654
Wayne Anderson Director	6	X						36,640	0	0
Daryl Brinkman Director	6	X						37,141	0	0
Jim Anderson Director	6	X						46,408	0	0
Chuck Cawley Director	6	X						38,844	0	0
Dale Hadden Director	6	X						33,918	0	0
Scott Halpin Director	6	X						31,440	0	0
Chris Hausman Director	6	X						35,248	0	0
Hnery Kallal Director	6	X						40,754	0	0
Mike Kenyon Director	6	X						38,934	0	0
Richard Ochs Director	6	X						43,503	0	0
William Olthoff Director	6	X						45,654	0	0
Terry Pope Director	6	X						42,607	0	0
JC Pool Director	6	X						40,207	0	0
Kent Schleich Director	6	X						38,922	0	0
James Schielein Director	6	X						40,290	0	0
Gerald Thompson Director	6	X						37,768	0	0
Steve Hossleton Director	6	X						35,272	0	0
Troy Uphoff Director	6	X						34,216	0	0
Richard Guebert Vice President	20	X		X				74,048	0	0
James Jacobs General Counsel	40			X				298,080	0	62,634
Kathy Smith Whitman Ass't General Counsel	40			X				187,953	0	51,348
Elaine Thacker Secretary	40			X				62,590	0	16,803
Alan Dodds Treasurer	40			X				195,248	0	49,696
Theresa Boyd Controller	40			X				118,739	0	29,629

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Laura Reynolds Ass't Controller	40			X				86,113	0	29,438
Mark Frels Ex Director Member Services	40				X			205,060	0	48,048
Mark Gebhards Ex Director Gov't Affairs	40				X			183,890	0	50,512
Chris Magnuson Ex Director of News and Comm	40				X			169,549	0	46,664
Jerry Quick Senior Counsel	40					X		186,709	0	50,485
David Stumpf Senior Counsel	40					X		175,901	0	45,277
W Lyle Roberts Director of IL Soybean	40					X		168,492	0	46,025
Kristin Kroger Ass't General Counsel	40					X		137,306	0	29,370
Wendy Schaefer Ass't General Counsel	40					X		132,010	0	40,779
Robert Weldon Former Treasurer	0						X	4,676	0	0
Paul Harmon Former General Counsel	0						X	32,192	0	0
Dale Wachtel Former Director	0						X	3,719	0	0

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Printing & Publications	1,482,523	736,905	745,618	0
Postage & Shipping	1,312,423	510,231	802,192	0
Professional Fees	944,188	154,616	789,572	0
Special Program Expense	883,232	409,487	473,745	0
Sponsored Meeting Expense	464,124	414,362	49,762	0