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*om 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)

OMB No 1545-0047

Inspection

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

Open to Public

Α	For the	2010 calendar year, or tax year beginning and	ending		
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres	ILLINOIS MANUFACTURER'S ASSOCIATION			
Ļ	chang			36-1	256610
E	Initial return Termin ated	Number and street (or P.O. box if mail is not delivered to street address) 220 EAST ADAMS	Room/suite	E Telephone number (217	
	Ameno return Applic	City or town, state or country, and ZIP + 4		G Gross receipts \$ H(a) Is this a group re	3,077,595.
	ltion pendir			for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	
<u> </u>	Tax-exe	empt status 501(c)(3) _X 501(c)(6) ◀ (insert no.) 4947(a)(1)	or 527	-1	list (see instructions)
		e: ► WWW.IMA-NET.ORG		H(c) Group exemption	,
ĸ	Form of	organization: X Corporation	L Year		State of legal domicile: IL
	art I	Summary			
9	1	Briefly describe the organization's mission or most significant activities $\ \overline{ ext{THE}}$.			
Activities & Governance		STRENGTHEN THE ECONOMIC, SOCIAL, ENVIRON	MENTA!	L AND GOVERN	MENTAL
ern	2	Check this box 🕨 📖 if the organization discontinued its operations or dispo	sed of mor	e than 25% of its net as	
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	35
æ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	35
ies	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	16
ť	6	Total number of volunteers (estimate if necessary)		6	0 275
Ac		Total unrelated business revenue from Part VIII, column (C), line 12	7a	28,375.	
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	
		Contributions and greats (Bot VIII the The ECCIVED		Prior Year 1,599,753.	Current Year 347,671.
ຼິປີໂ Revenue	8	Contributions and grants (Part VIII, tine 1h) RECEIVED	-	989,971.	2,632,688.
ુલ્લા evenu	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		31,276.	18,093.
	11	Other revenue (Part VIII, column (A), Pres 5, 44, and 740, 1	-	57,680.	79,143.
<u>.</u>		Total revenue - add lines 8 through 11 (must equal Part-VIII, column (A), line 12)		2,678,680.	3,077,595.
_		Grants and similar amounts paid (Part IX, colongs A Fig. 13)		0.	294,857.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,787,034.	1,750,267.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ž	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
Ē	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		813,226.	858,866.
ふ	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		2,600,260.	2,903,990.
,	19	Revenue less expenses Subtract line 18 from line 12		78,420.	173,605.
Net Assets or	3		В	eginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		2,800,029.	4,026,107.
et	21	Total liabilities (Part X, line 26)		1,155,140.	2,134,540.
	22	Net assets or fund balances Subtract line 21 from line 20 Signature Block		1,644,889.	1,891,567.
_	art II				u kansuladan and bakat dan
		lties of perjury, I declare that I have examined this return, including accompanying schedule t, and complete. Declaration of preparer (other than officer) is based on all information of wi			y knowledge and deliel, it is
iiut	-, conec	t, and complete. Declaration of preparer (office than officer) is based on an information of wi	ilicii prepare	i ilas any knowledge.	
Sig	3n	Signature of officer		I Date	
He	_	GREGORY BAISE, PRESIDENT AND CEO		5/13	-11
110	10	Type or print name and title			<u> </u>
		Print/Type preparer's name DAVID R. SIEHOFF Preparer's signature J. J		Date Check	PTIN
Pai	id	DAVID R. SIEHOFF		J-12-11 If self-employe	ed
_	eparer	Firm's name WOLF & COMPANY LLP		Firm's EIN	
	e Only	Firm's address 1901 S. MEYERS RD, SUITE 500			
	-	OAKBROOK TERRACE, IL 60181-5209		Phone no. (630)545-4500
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)		•	X Yes No

032002

	`		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	4		х
_	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
7	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Х	
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			v
	If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
_	as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a	Х	
b	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	11b		Х
С	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	11c		X
d	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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			х
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	X	L
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		Х
b				
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	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, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			_V
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		Х
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17	 	 ^``
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	<u> </u>		† <u></u>
	complete Schedule G, Part III	19		х
20a		20a	T	X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		
		Form	990	(2010)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		4.5	
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u>X</u>	
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	00		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
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 lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		Х
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	and a gradual and a prior your, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			Х
27	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	_26		
21	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27	:	х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
32	If "Yes," complete Schedule N, Part I	31		<u>X</u>
3 2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	X	
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of		,	
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			.
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	20	Х	
	Note. All Form 990 filers are required to complete Schedule O	38 Form		2010\
		· Oill	J-5-6	2010)

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	Check if Schedule O contains a response to any question in this Part V							
			Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0							
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
-	(gambling) winnings to prize winners?	1c						
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 16							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	l				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	X					
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X					
	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		Х				
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			ļ				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х				
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	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?	<u>6a</u>		X				
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).	7a	l I					
а	•							
	If "Yes," did the organization notify the donor of the value of the goods or services provided?							
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	7e						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	1					
T	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	_	<u> </u>				
g	If the organization received a contribution of qualified intellectual property, and the organization rise rollin occurs as required. If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
h 8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	<u> </u>		1				
Ŭ	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	T. 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9a						
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter.		1	1				
а	Initiation fees and capital contributions included on Part VIII, line 12	1						
b	40h	1	1					
11	Section 501(c)(12) organizations. Enter							
а	Gross income from members or shareholders	1	ļ	1				
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them)]						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	-	<u> </u>				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>	₩	-				
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	1	 				
	Note. See the instructions for additional information the organization must report on Schedule O			1				
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans	-{	}	1				
c		44-	\vdash	X				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	+-	┼^				
h	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	1	1				

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

	Check if Schedule O contains a response to any question in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 35									
b	Enter the number of voting members included in line 1a, above, who are independent 1b 35									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors or trustees, or key employees to a management company or other person?	3		X						
4	,									
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 6	X	X						
6	3									
/a	Does the organization have members, stockholders, or other persons who may elect one or more members of the		ν,							
_	governing body?	7a	Х	- V						
	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year									
_	by the following The governing body?		x							
	Each committee with authority to act on behalf of the governing body?	8a	^	X						
9		8b		Λ						
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		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	9	<u> </u>	- 21						
	term 2.1. Ottober (Time decition & requeste information about politice not required by the internal revenue dode)		Yes	No						
10a	Does the organization have local chapters, branches, or affiliates?	10a	103	X						
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	100								
	and branches to ensure their operations are consistent with those of the organization?	10b								
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
	Describe in Schedule O the process, if any, used by the organization to review this Form 990									
12a	a Does the organization have a written conflict of interest policy? If "No," go to line 13									
b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise									
	to conflicts?									
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	ın Schedule O how this is done	12c	Х							
13	Does the organization have a written whistleblower policy?	13		Х						
14	Does the organization have a written document retention and destruction policy?	14	Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
	The organization's CEO, Executive Director, or top management official	15a	X							
b	Other officers or key employees of the organization	15b	Х							
46	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)									
юа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v						
L	taxable entity during the year?	16a		X						
D	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation									
	In joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	401-								
Sec	tion C. Disclosure	16b								
17	List the states with which a copy of this Form 990 is required to be filed NONE									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for	_							
	public inspection Indicate how you make these available Check all that apply	.01								
	Own website Another's website X Upon request									
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, ar	ıd fına	ncial							
	statements available to the public	iu iiild	. ioidi							
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ıon 🕨	•							
-	PHILIP MCCALL - (217) 522-1240	.011								
	220 E. ADAMS STREET, SPRINGFIELD, IL 62701			-						

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Form 990 (2010)

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

Check if Schedule O contains a response to any question in this Part VII

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.
- 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, if any 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

- 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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average hours per	(cl	heck	Pos all			oly)	Reportable compensation	Reportable compensation	Estimated amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional frustee	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
GREGORY W. BAISE	40.00							252 272		
PRESIDENT AND CEO	40.00	Х	<u></u> .	X	X	Х		363,050.	10,800.	14,700.
PHIL MCCALL VICE PRESIDENT	40.00	x		\mathbf{x}				126,313.	0.	5,053.
MARK FRECH				Ħ		 	 			
VICE PRESIDENT	40.00	x		х				137,952.	0.	8,277.
JAMES NELSON								· · ·		
VICE PRESIDENT	40.00	X		Х				87,169.	0.	4,794.
MARK DENZLER										
VICE PRESIDENT	40.00	Х		Х	Х	X		201,826.	2,250.	12,110.
GREGG DURHAM										
EXECUTIVE VICE PRESIDENT	40.00	Х		Х				145,559.	0.	8,734.
SEE ATTACHED DIRECTOR LIST		х						0.	0.	0.
										"
										<u></u> .
										<u> </u>
						_				
		-				_				<u> </u>
-			_							
										- 000

032007 12-21-10

Part VII Section A. Officers, Directors, Tr	ustees, Key Er	npl	oyee	s, a	nd l	High	est	Compensated Employ	ees (continued)				
` (A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average hours per	(0		Pos		n ∶app	dωλ	Reportable	Reportable			tımate	
	week		T	I	I	T	''y/	compensation from	compensation from related			nount (other	эт
	(describe	director						the	organization	s	compensation		
	hours for related	5	stee		Į	nsated		organization (W-2/1099-MISC)	(W-2/1099-MI	MISC)		om the	
	organizations	I trust	nal tru		oyee	ompe.		(W-2/1099-W13C)			_	anızatı d relatı	
	ın Schedule	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer				orga	nızatı	ons
	O)	Ē	<u>=</u>	ğ	ᇂ	호등	೯						
***************************************	 							_	<u>.</u>				
						_	L	_					
W. T. W. H					-	 				-			
						_	H						
						<u> </u>			,				
1b Sub-total						>		1,061,869.	13,0		5	3,6	
c Total from continuation sheets to Part V	II, Section A							1,061,869.	13,0	0.	_	3,6	<u>0.</u>
d Total (add lines 1b and 1c) 2 Total number of individuals (including but r	ant limited to th		liet		how	<u>ح</u>	20.5					٥,٥	00.
compensation from the organization	iot iii iited to ti	1056	11516	eu ai	DOVE	e) wi	10 1	eceived more man \$100	,000 in reportab	ie			5
												Yes	No
3 Did the organization list any former officer	, director or tru	stee	, ke	y em	plo	yee,	or l	nighest compensated er	nployee on				
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the s and related organizations greater than \$15									the organization			х	
5 Did any person listed on line 1a receive or			-						idual for services		4		
rendered to the organization? If "Yes," con											5		Х
Section B. Independent Contractors													
Complete this table for your five highest co the organization NONE	ompensated in	dep	ende	ent c	onti	racto	ors 1	that received more than	\$100,000 of cor	npens	ation 1	rom	
(A) Name and business	address							(B) Description of s	enuces		(Compe		
Marile and business	aduless							Description of s	sei vices		ompe	isatio	-
							\dashv		<u> </u>				
O Total number of radeous death and a second	mali setim = 1			٠ . اند	41			d also and the same	anna Alb				
2 Total number of independent contractors (\$100,000 in compensation from the organ	_	ot li	mite	a to		se li 0	stec	a above) who received n	nore tnan				
											Form	990 (2010)

	rt v		, Statement of Reve			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ま	1 :	а	Federated campaigns	1a		}			
Contributions, gifts, grants and other similar amounts	ı	b	Membership dues	1b					
am,		С	Fundraising events	1c					
<u>a</u> gi		d	Related organizations	1d		1			
Si E			Government grants (contribut	· —	347,671.				
e ti	1	f	All other contributions, gifts, gran	· I I					
흝뒝			similar amounts not included abo	ve 1f		1			
50		_	Noncash contributions included in lines	s 1a-1f \$		247 671			
9		h	Total. Add lines 1a-1f	 -	<u>▶</u>	347,671.			
	_	_	MEMBER DUES		Business Code 310000	1,637,924.	1 637 924		
<u>Ş</u>	2 :	a b	MEMBER SERVICES		310000	744,437.	744,437.		
Ser Jue		ם	SPECIAL EVENTS		310000	103,500.	103,500.		
E E		ď	SPONSORSHIP INC	OME	310000	97,479.	97,479.		
Program Service Revenue		u _	ADVERTISING INC		323100	28,375.	3,,1,,,,	28,375.	
۳.	,	f	All other program service reve		310000	20,973.	20,973.	20,0,0	
-			Total. Add lines 2a-2f	Sildo		2,632,688.			
\neg	3	_	Investment income (including	dividends, intere	•			*	
ı			other similar amounts)		•	18,093.			18,093.
	4		Income from investment of ta	x-exempt bond p	oroceeds >				
	5		Royalties						
				(ı) Real	(II) Personal]			
	6	а	Gross Rents						
	1	b	Less rental expenses						
			Rental income or (loss)						
ļ			Net rental income or (loss)	r	<u> </u>				
- [7 :	а	Gross amount from sales of	(ı) Securities	(II) Other				
1		_	assets other than inventory						
- 1		b	Less cost or other basis		}		i		
l			and sales expenses						
ŀ			Gain or (loss)		L	-			
			Net gain or (loss)						
ᇍ	8	а	Gross income from fundraisin including \$	•					
Other Revenu			contributions reported on line	of					
Œ			Part IV, line 18	a a					
흁		b	Less. direct expenses	b		1			
0			Net income or (loss) from fund	_		1			
1			Gross income from gaming as	-					
İ			Part IV, line 19	а]			
	ı	b	Less direct expenses	b					
		C	Net income or (loss) from gan	ning activities					
	10	а	Gross sales of inventory, less	returns					1
- 1			and allowances	а]			
i	١	b	Less cost of goods sold	b					
ļ		С	Net income or (loss) from sale		<u> </u>	ļ			
			Miscellaneous Revenu		Business Code				20 665
			MISC. REVENUE-E	PYCTODED	900099	39,665.			39,665.
		b			ļ	 	<u> </u>		
		۲ C	All other revenue		900099	39,478.	23,478.		16,000.
	(d	All other revenue Total. Add lines 11a-11d		700033	79,143.			10,000.
	12	æ	Total revenue. See instructions.				2,627,791.	28,375.	73,758.
03200 12-21		_	The state of the s			1- / /		,_,	Form 990 (2010)

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)

	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	294,857.			
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				-
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,115,537.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	166,244.			
В	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	27,429.			
9	Other employee benefits	357,337.			
0	Payroli taxes	83,720.			
1	Fees for services (non-employees)				
а	Management				
b	Legal	97,753.			
С	Accounting	29,650.			
d	Lobbying	28,521.			
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	82,051.			
2	Advertising and promotion	7,891.			
3	Office expenses	111,714.			
4	Information technology	16,958.			
5	Royalties				
6	Occupancy	82,909.			
7	Travel	121,662.			
В	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	23,899.			
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	44,293.			
3	Insurance	42,479.			
4	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A)				
	amount, list line 24f expenses on Schedule 0.)		\		
а	SPECIAL EVENT EXPENSE	66,419.			
b	OTHER CONTRIBUTIONS	44,500.			
С	ASSOCIATION DUES & CONT	25,410.			
d	YOUNG LEADERS EXPENSE	23,523.			
е	MISCELLANEOUS	4,864.			
f	All other expenses	4,370.			<u></u>
5	Total functional expenses Add lines 1 through 24f	2,903,990.			
3	Joint costs. Check here If following SOP				
	98-2 (ASC 958-720). Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and fundraising				
	solicitation		···		Form 990 (

032010 12-21-10

Pa	rt X	Balance Sheet	•		
		•	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	274,685.	1	1,251,403.
	2	Savings and temporary cash investments	7,975.	2	82,779.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	506,977.	4	564,283.
	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)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	40,303.	9	44,653.
	10a	Land, buildings, and equipment cost or other			
		basis. Complete Part VI of Schedule D Less' accumulated depreciation 10a 1,565,288. 10b 697,363.			
	b	Less accumulated depreciation 10b 697,363.	844,904. 1,123,907.	10c	867,925. 1,215,064.
	11	Investments - publicly traded securities	1,123,907.	11	1,215,064.
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	1,278.	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,800,029.	16	4,026,107.
	17	Accounts payable and accrued expenses	298,177.	17	353,413.
	18	Grants payable	056 062	18	4 804 408
	19	Deferred revenue	856,963.	19	1,781,127.
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Ħ	22	Payables to current and former officers, directors, trustees, key employees,			
Liabilities		highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	***************************************
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,155,140.	26	2,134,540.
		Organizations that follow SFAS 117, check here X and complete			
es		lines 27 through 29, and lines 33 and 34.			
Ë	27	Unrestricted net assets	1,639,091.	27	1,858,827.
391	28	Temporarily restricted net assets	5,798.	28	32,740.
Ē	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117, check here and			
p		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	1,644,889.	33	1,891,567.
	34	Total liabilities and net assets/fund balances	2,800,029.	34	4,026,107.

Both consolidated and separate basis

review, or compilation of its financial statements and selection of an independent accountant?

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

separate basis, consolidated basis, or both

Act and OMB Circular A-133?

Separate basis X Consolidated basis

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 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

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Form **990** (2010)

X

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2c

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SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

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

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

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

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

	e organization answered "Yes," t Section 501(c)(4), (5), or (6) organiz		/ Tax), or Form 990-E	Z, Part V, line 35a (Prox	y Tax), then
	ne of organization			Em	ployer identification number
	TLLTNO	IS MANUFACTURER'S	ASSOCTATIO		36-1256610
Ρa		rganization is exempt und			
		9			organization.
	Drawide a december of the aver-			- D- 40/	
	Provide a description of the organ	iization's direct and indirect politica	ai campaign activities		
	Political expenditures				\$
3	Volunteer hours				
Pa	rt I-B Complete if the or	rganization is exempt und	er section 501(c)	(3).	
1	Enter the amount of any excise ta	x incurred by the organization und	er section 4955	<u> </u>	\$
2	Enter the amount of any excise ta	x incurred by organization manage	ers under section 4955	•	\$
3	If the organization incurred a secti	ion 4955 tax, did it file Form 4720 t	for this year?		Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV				
Pa	rt I-C Complete if the or	ganization is exempt und	er section 501(c)	except section 50	1(c)(3).
1	Enter the amount directly expende	ed by the filing organization for sec	ction 527 exempt func	tion activities	\$
2	Enter the amount of the filing orga	anization's funds contributed to oth	ner organizations for se	ection 527	
	exempt function activities			•	\$
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here a	nd on Form 1120-POL	•	
	line 17b			•	\$
4	Did the filing organization file Form	n 1120-POL for this year?			Yes No
5	Enter the names, addresses and e	emplover identification number (EII)	N) of all section 527 pc	olitical organizations to wh	uch the filing organization
		zation listed, enter the amount paid			
		promptly and directly delivered to a			
		f additional space is needed, provi			<u> </u>
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(=)	(2), (33.555	(0, 2	filing organization's	contributions received and
				funds If none, enter -0	
					delivered to a separate
					political organization If none, enter -0-
				 	
			-	<u> </u>	
	-				
			,, ,		
-					

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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010 Part II-A Complete if the org (election under sec	anization	is exe	IANUFACTURER mpt under section	.'S ASSOCIAT n 501(c)(3) and fi	ION 36-1 led Form 5768	.256610 Page 2			
A Check If the filing organiza			liated group	,					
,	-		nd "limited control" pro	ovisions apply					
Limi	ts on Lobbyi	пд Ехре			(a) Filing organization's totals	(b) Affiliated group totals			
1a Total lobbying expenditures to infli									
b Total lobbying expenditures to influ									
c Total lobbying expenditures (add li	nes 1a and 1	b)							
d Other exempt purpose expenditure	es								
e Total exempt purpose expenditure	s (add lines 1	cand 1	d)						
f Lobbying nontaxable amount. Enter	er the amoun	t from the	e following table in bot	h columns					
If the amount on line 1e, column (a) o	r (b) is:	The lob	bying nontaxable am	ount is:					
Not over \$500,000		20% of	the amount on line 1e						
Over \$500,000 but not over \$1,000	0,000	\$100,00	00 plus 15% of the exc	ess over \$500,000	ļ				
Over \$1,000,000 but not over \$1,5	00,000	\$175,00	00 plus 10% of the exc	ess over \$1,000,000.		1			
Over \$1,500,000 but not over \$17,	,000,000	\$225,00	00 plus 5% of the exce	ess over \$1,500,000					
Over \$17,000,000		\$1,000,	000						
g Grassroots nontaxable amount (enter 25% of line 1f)									
h Subtract line 1g from line 1a If zer									
i Subtract line 1f from line 1c If zero	or less, ente	er -0-				<u> </u>			
j If there is an amount other than ze	ro on either li	ine 1h or	line 1i, did the organiz	ation file Form 4720	_				
reporting section 4911 tax for this	year?					Yes No			
	ations that r	nade a s	eraging Period Under ection 501(h) election e instructions for line	n do not have to com					
	Lobbyi	ng Expe	nditures During 4-Yea	ar Averaging Period	-				
Calendar year (or fiscal year beginning in)	(a) 200	07	(b) 2008	(c) 2009	(d) 2010	(e) Total			
2a Lobbying nontaxable amount									
b Lobbying ceiling amount				ļ					
(150% of line 2a, column(e))									
c Total lobbying expenditures		-··							
d Grassroots nontaxable amount					-				
e Grassroots ceiling amount									
(150% of line 2d, column (e))									
			1	l	ĺ				

Schedule C (Form 990 or 990-EZ) 2010

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2010 ILLINOIS MANUFACTURER'S ASSOCIATION 36-1256610 Page 3
Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

			·		,
		(a)	<u>(t</u>	<u>)</u>
		Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of				
	Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			_	
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities? If "Yes," describe in Part IV				
_	Total Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	= F01/a\/	Έ\ οποσ	ation.	
rai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).)	o), or se	cuon	
	30 1(5)(6).			Yes	No
4	Mara substantially all (000), or mara) dues received pendeductible by members?			103	X
1	Were substantially all (90% or more) dues received nondeductible by members?		1		<u>X</u>
_	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		3	_	X
3 Par	Did the organization agree to carryover lobbying and political expenditures from the prior year? t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).	n 501(c)(ection	
-	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa				
	"Yes."	•			
1	Dues, assessments and similar amounts from members		1	1,637	7,924.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	cal			-
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a	201	1,244.
b	Carryover from last year		2b		1,918.
С	Total		2c	196	5,326.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	201	1,464.
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			· · · · · · · · · · · · · · · · · · ·
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	olitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5	- [5,138.
Par	t IV Supplemental Information				
Com	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; an	d Part II-B, I	ine 1: Also	o, complete	this part
for a	ny additional information				
					-
					

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.

2010
Open to Public Inspection

Name of the organization

ILLINOIS MANUFACTURER'S ASSOCIATION

Employer identification number 36-1256610

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6	
	=	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (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 advise	d funds
	are the organization's property, subject to the organization's	•	Yes No
6	Did the organization inform all grantees, donors, and donor a	-	sed only
	for charitable purposes and not for the benefit of the donor of	5 5	•
	impermissible private benefit?	, , , , , , , , , ,	Yes No
Pai		ganization answered "Yes" to Form 990, Pa	urt IV, line 7
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a certifi	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	f a conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structur	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	t holds?	└─ Yes └─ No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements du	ring the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during t	he year ▶ \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		└─ Yes └─ No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expense s	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the	ne organization's accounting for
_	conservation easements		
Pai	t III Organizations Maintaining Collections o		ner Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	•	
	historical treasures, or other similar assets held for public ex	·	ce of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descr		
b	If the organization elected, as permitted under SFAS 116 (AS	·	
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pub	lic 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 tre		gaın, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		▶ \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2010

Sche	dule D (Form 990) 2010 ILLINOI	S MANUFACT	URER	'S ASS	OCIATI	ON		36-12	56610	Page 2
Par	t III Organizations Maintaining C									
3	Using the organization's acquisition, access	on, and other record	ds, check	any of the	following tha	t are a s	ignificant	use of its	collection	rtems
	(check all that apply)									
а	Public exhibition	c	ı 🖳 ı	oan or exc	hange progra	ams				
b	Scholarly research	e		Other						
С	Preservation for future generations								-	
4	Provide a description of the organization's continuous	ollections and explai	n how th	ey further t	he organızatı	on's exe	mpt purp	ose in Pai	rt XIV	
5	During the year, did the organization solicit of	r receive donations	of art, he	storical trea	sures, or oth	er sımıla	r assets		_	
	to be sold to raise funds rather than to be m								Yes	No_
Par	t IV Escrow and Custodial Arran		ete ıf the	organizatio	n answered	"Yes" to	Form 990), Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.					 . •			
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	ns or other as	sets not	included		_	
	on Form 990, Part X?							L_	_ Yes	└─ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing t	able						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d		_	
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?						_ Yes	No
	If "Yes," explain the arrangement in Part XIV									
Par	t V Endowment Funds. Complete	f the organization ar	swered	"Yes" to Fo	rm 990, Part	IV, line	10			
		(a) Current year	(b) P	rıor year	(c) Two yea	rs back	(d) Three	years back	(e) Four	ears back
1a	Beginning of year balance									
b	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities								ŀ	
	and programs									
f	Administrative expenses									
g	End of year balance								<u> </u>	
2	Provide the estimated percentage of the year	r end balance held a	as							
а	Board designated or quasi-endowment		_%							
b	Permanent endowment >	%								
С	Term endowment ▶	%								
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	it are held a	ınd admınıste	ered for t	he organı	zation	_	
	by									res No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organization:	-							3b	
4	Describe in Part XIV the intended uses of the									
Par		1								
	Description of investment	(a) Cost or c			or other		ccumulat		(d) Book	value
		basis (investi	nent)		(other)	de	preciation		200	000
1a	Land				0,000.		<u> </u>			,000.
b	Buildings				8,723.		604,7	22.		,032.
С	Leasehold improvements				7,159.		00 0			,159.
d	Equipment			22	9,406.		92,6	08.	136	,798.
	Other								~ ~ ~ =	005
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line 1	10(c))				867	,925.

Schedule D (Form 990) 2010

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

	, ,			
(a) Description of security or category (including name of security)	(b) Book value	С	(c) Method of valua ost or end-of-year mar	
(1) Financial derivatives				
(2) Closely-held equity interests		· · · · · · · · · · · · · · · · · · ·	<u> </u>	₩
(3) Other		-		·
(A)				
(B)				
(C)	+			
(D)				.
(E)				
(F)				· · · · · · · · · · · · · · · · · · ·
(G)				
<u>(H)</u>				
(1)				
Total (Col (b) must 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	С	(c) Method of valua ost or end-of-year mar	
(1)				
(2)				
(3)				
(4)	·			
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, Irr	ne 15	· · · · · · · · · · · · · · · · · · ·		
	a) Description			(b) Book value
(1)	, ,			
(2)				
(3)				
(4)	 			
(5)				
(6)				
(7)				
(8)				
(9)				- "
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) In			<u> </u>	
Part X Other Liabilities. See Form 990, Part X	X, line 25		-	
1. (a) Description of liability		(b) Amount		
(1) Federal income taxes				
(2)				
(3)				
(4)		<u>-</u>		
(5)				
(6)				
(7)				
(8)				
(9)			7	
(10)			7	
(11)			┨	
Total. (Column (b) must equal Form 990, Part X, col (B) li.	25.1		4	
FINANCIASC ZZITU FOODOO PER PRO XIV PROVIDE DE TEXTO DE LO COMO DE	to the organization s financia	statements that reports the orga	unization's liability for uncerta	in tax positions under
2. FIN 48 (ASC 740) 032053				- July D (Free 200) 00 10
12-20-10			Sch	edule D (Form 990) 2010

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Name of the organization ILLINOIS	ILLINOIS MANUFACTURER'S		ASSOCIATION				Employer identification number 36-1256610
Part I General Information on Grants and Assistance	and Assistance	l l		:			
1 Does the organization maintain records to substantiate the amount of	to substantiate the		s or assistance, the	grantees' eligibility	y for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	tion
criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ilstance? rocedures for moni	toring the use of grant	funds in the United	d States.			X Yes No
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. Check this box if no one recipient received more than \$5,000. Check this box if no one recipient received more than \$5,000.	Governments and \$5,000 Check this	d Organizations in the sbox of no one recipier	e United States. C	omplete if the organa \$5,000 Part II	anization answered ">	fes" to Form 990, Part additional space is nee	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, PMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCHEDULE ATTACHED			250,823.	0.			EMPLOYER TRAINING INVESTMENT PROGRAM
					:		
 2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations 	and government or	ganizations				:	0.
4	e, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2010)

Schedule I (Form 990) (2010) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed. Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance 032102 01-13-11

Page 2

36-1256610

ILLINOIS MANUFACTURER'S ASSOCIATION

Schedule I (Form 990) (2010)

Part III

SCHEDULE J . (Form 990)

Compensation Information

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

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

20 10

Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service

Name of the organization

Department of the Treasury

➤ Attach to Form 990. ➤ See separate instructions.

Employer identification number 36-1256610

	ILLINOIS MANUFACTURER'S ASSOCIATION	36-1256	561	0	
Pa	nrt I Questions Regarding Compensation				
				Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 9	90,	_		-
	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 person	nal use			
	Travel for companions Payments for business use of personal res				
	Tax indemnification and gross-up payments Health or social club dues or initiation fees				
	Discretionary spending account Personal services (e.g., maid, chauffeur, cl				
		,			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or				
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, dire	ectors.			
_	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	0.0.0,	2		
	tradiced, and the oborehooding blocker, regarding the terms of concern in line for	-	_		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's		- 1		
•	CEO/Executive Director Check all that apply				
	X Compensation committee Written employment contract				
	Independent compensation consultant Independent compensation consultant Independent compensation consultant				
	Form 990 of other organizations X Approval by the board or compensation or	ommittee			
	Application of other organizations	Millinitiee			
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				
•	Receive a severance payment or change-of-control payment from the organization or a related organization?		4a		х
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	F	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	F	4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	-			
	The second any of lines was, list the persons and provide the applicable amounts for each item in art in	}			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.				
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	,			
•	contingent on the revenues of				
а	The organization?	•	5a		
	Any related organization?	ļ	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	·			1
а	The organization?		6a		
	Any related organization?	ŀ	6b		
.,	If "Yes" to line 6a or 6b, describe in Part III	ŀ			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	j			1
•	not described in lines 5 and 6? If "Yes," describe in Part III		7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	<u> </u>			
•	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	~	8		<u> </u>
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	}			
J	m 100 to imo o, dia trie organization also lollow trie resultable presumption procedure described in			ı	1

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2010

Regulations section 53 4958-6(c)?

ILLINOIS MANUFACTURER'S ASSOCIATION

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. 36-1256610 Schedule J (Form 990) 2010

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

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

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(c)	(D)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive	(iii) Other reportable	other deferred	benefits	(B)(I)-(D)	reported in prior
			compensation	compensation	compensation			Form 990-EZ
	Ξ	309,000	54,050.	0	0	14,700.	377,	0
GREGORY W. BAISE	: 🗉	10,800.	0	0	0		10,	0
	Ξ	154,500.	47,326.	0	0	12,110.	213,	0
2 MARK DENZLER	€	2,250.	0	0	0	0	2,	0.
	Ξ	128,551.	17,008.	0.	0.	8,734.	154,29	0
3 GREGG DURHAM	(ii)	0	0.	0.	• 0	0	0	0
	Ξ							
4	II							
	Ξ							
5	(ii)							
	(i)							
9	▣							
	Ξ							
7	≘							
	Ξ							
8	(ii)							
	Ξ							
6	(II)							
	Θ							
10	(ii)							
	(:)							
11	(1)							
	Ξ							
12	(ii)							
	Ξ							
13	<u></u>							
	Ξ							
14	▣							
	Ξ							
15	▣							
	Ξ							
16	(!!)							
				i C			Schedul	Schedule J (Form 990) 2010

SCHEDULE O

Internal Revenue Service

• (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010 Open to Public Inspection

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Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization

ILLINOIS MANUFACTURER'S ASSOCIATION

Employer identification number 36-1256610

ILLINOIS MANUFACTURER S ASSOCIATION	36-1256610
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
CONDITIONS FOR MANUFACTURING AND ALLIED ENTERPRISES IN TH	E STATE OF
ILLINOIS, RESULTING IN AN ENLARGED BUSINESS BASE AND INCR	EASED
EMPLOYMENT.	
FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HA	S MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7A: THE BOARD SERVES T	WO-YEAR TERMS SO
THAT EACH YEAR ONE-HALF OF THE BOARD	
IS ELECTED. BALLOTS ARE SENT TO ALL ACTIVE MEMBERS IN TH	E FALL FOR THEM
TO VOTE ON THE DIRECTORS WHOSE TERM WOULD EXPIRE.	
FORM 990, PART VI, SECTION A, LINE 8B: MINUTES ARE ON FIL	E FOR EACH BOARD
MEETING, BUT NOT EACH COMMITTEE MEETING. IN MOST CASES,	MAJOR DECISIONS
MADE IN COMMITTEE WOULD BE REPORTED AT BOARD MEETINGS AND	RECORDED IN THE
MINUTES.	
FORM 990, PART VI, SECTION B, LINE 11: THE COMPLETED FORM	1 990 IS SHARED
WITH THE FINANCE COMMITTEE PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTER	REST SHEETS ARE
SIGNED ANNUALLY.	
FORM 990, PART VI, SECTION B, LINE 15: DATA FROM TWO RELE	EVANT SURVEYS IS
PRESENTED BY THE HUMAN RESOURCES COMMITTEE AT THE BOARD M	MEETING EACH FALL

IN DETERMINING FAIR AND ADEQUATE COMPENSATION ACROSS ALL JOB TITLES.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

032211 01-24-11

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

Related Organizations and Unrelated Partnerships

2010 Open to Public Inspection

OMB No 1545-0047

Employer identification number 36-1256610

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► See separate instructions. ILLINOIS MANUFACTURER'S ASSOCIATION ► Attach to Form 990. Name of the organization

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

Part I

	(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" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year)	ons (Complete if the organization ans	wered "Yes" to Form 990, Par	t IV, line 34 because	e it had one or more re	lated tax-exempt

מולמיוולמיוסווף מתוווול מוס נמע לכמו							
(a)	(q)	(0)	(p)	(e)	(£)	(6)	;
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13)	<u>(5)</u>
of related organization		foreign country)	section	v	entity	entity?	
				501(c)(3))		Yes No	ا .
IMA EDUCATION FOUNDATION - 36-3686904	TO FOSTER & PROMOTE						1
1301 W 22ND ST., NO. 610	VOCATIONAL, EDUC,						
OAK BROOK, IL 60523	CHARITABLE & SCIENTIFIC	ILLINOIS	501(C)(3)	LINE 11A, I N/A	N/A	×	
MANUFACTURERS' POLITICAL ACTION COMMITTEE - TO CONTRIBUTE	TO CONTRIBUTE TO						
36-2853013, 222 E ADAMS ST., SPRINGFIELD, IL CANDIDATES WHO	CANDIDATES WHO SUPPORT						
62701-1123	MANUFACTURING & PRIVATE	ILLINOIS	527		N/A	×	
							l
	Γ			_		_	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

032161 12-21-10 LHA

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Schedule R (Form 990) 2010

36-1256610

Page 2

ILLINOIS MANUFACTURER'S ASSOCIATION Schedule R (Form 990) 2010

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

General or Percentage managing ownership इ YesNo Code V-UBI amount in box 20 of Schedule 4.1 (Form 1065) ate allocations? Dispropartion-Yes No Ξ Share of end-of-year assets <u>6</u> Share of total income Ξ Predominant income (related, unrelated, excluded from tax under sections 512-514) **e** (d)
| Direct controlling entity (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization (a)

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

organizations treated as a colporation of trust during the tax year	year)						
(a)	(q)	(၁)	(D)	(e)	(£)	(6)	(F)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Legal domicile Direct controlling (state or foreign country)	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership
IMA SERVICE CORPORATION D/B/A XPRESS PROFESSIONAL	SERVICES FOR MAILING		ILLINOIS				
SERVICES, INC 36-408379, 1301 W 22ND ST., NO. 610,	AND TELEMARKETING TO		MANUFACTURERS'				
OAK BROOK, IL 60523	CUSTOMERS IN ILLINOIS	II	ASSOCIATION	C CORP	2,414,932.	121,359.	100%
032162 12-21-10	31					Schedule R (Form 990) 2010	n 990) 2010

Page 3

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes No	S N
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed i	in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		×
b Gift, grant, or capital contribution to other organization(s)				1		×
c Gift, grant, or capital contribution from other organization(s)				10		×
d Loans or loan guarantees to or for other organization(s)				1d	×	
e Loans or loan guarantees by other organization(s)				1e		×
f Sale of assets to other organization(s)				*		×
a Purchase of assets from other organization(s)				19		×
				, =		×
i Lease of facilities, equipment, or other assets to other organization(s)				ij.		×
j Lease of facilities, equipment, or other assets from other organization(s)				į.		×
k Performance of services or membership or fundraising solicitations for other organization(s)	ization(s)			¥		×
l Performance of services or membership or fundraising solicitations by other organization(s)	ization(s)			=		×
m Sharing of facilities, equipment, mailing lists, or other assets				1m		×
n Sharing of paid employees				t.		×
 Reimbursement paid to other organization for expenses 				10	×	
p Reimbursement paid by other organization for expenses				10		×
q Other transfer of cash or property to other organization(s)				19		×
				1-		×
2 If the answer to any of the above is "Yes," see the instructions for information on w	who must complete th	ils line, including covered r	ormation 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	(d) Method of determining amount involved			
(1) MANUFACTURER'S POLITICAL ACTION COMMITTEE	Q	115,067.				1
(2) MANUFACTURER'S POLITICAL ACTION COMMITTEE	ч	26,314.				
(3)						
(4)						
(5)						
(9)						
032163 12-21-10	32		Schedule R (Form 990) 2010	R (Form	1990)	2010

Page 4

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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)	(q)	(၁)	9	(e)	€	(6)	£
Name, address, and EIN	Primary activity	Legal domicile	Are all partners	Share of end-of-		Code V-UB	General or
of entity		(state or foreign	section 501(c)(3) organizations?	year assets	tionate aflocations?	amount in box 20	managing partner?
		country)	Yes No			(Form 1065)	Yes No
							-
		i					
						·	
		:					
					_		
							_

Schedule R (Form 990) 2010

Screedule R (room 990) 2010 ILLUNOS MANUFACTURER'S ASSOCIATION 36-1256510 Page 5 Part VII Supplemental Information Continues this part to provide additional information for responses to questions on Schedule R (see instructions)	Schedule R	(Form 990) 2010	ILLINOIS	MANUFACTURER'S ASSOCIATION	36-1256610 Page 5
Complete this part to provide additional information for responses to questions on Schedule R (see instructions)	Part VII	Supplemental Info	ormation	·	
	L			emotion for economics to eventions on Cohodula D (see in	
		Complete this part to p	rovide additional into	mation for responses to questions on Schedule R (see in	istructions)
	•				
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