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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

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

Open to Public Inspection

<u>A</u>	For the	2010 calendar year, or tax year beginning $$ OCT $$ 1 , $$ 2010 $$ and endi	ing S	EP 30, 20	11
В	Check if applicable	C Name of organization		D Employer ider	ntification number
2	Address	INDIANA SOYBEAN ALLIANCE, INC.			
2	Name change	Doing Business As		35	-2026389
	Initial return	Number and street (or P 0 box if mail is not delivered to street address) Room	n/suite	E Telephone nur	mber
	Termin- ated	5730 WEST 74TH STREET		31	7-347-3620
Ļ	Amendo	City or town, state or country, and ZIP + 4	ļ	G Gross receipts \$	16,634,396
	Applica tion pending	INDIANALOUIS, IN _402/0		H(a) is this a grou	
	p	F Name and address of principal officer: JANE ADE SIEVENS	163	for affiliates?	
_		Description 5730 WEST 74TH STREET, INDIANAPOLIS, IN mpt status: 501(c)(3) X 501(c) (6) ✓ (Insert no) 4947(a)(1) or 1	527	H(b) Are all affiliate	
_		mpt status: 501(c)(3)X_ 501(c) (6) ◀ (insert no) 4947(a)(1) or e: ► INDIANASOYBEAN • COM		H(c) Group exem	ch a list (see instructions)
			L Year o		7 M State of legal domicile II
		Summary			
0	1 E	Briefly describe the organization's mission or most significant activities: ${ m TO}$ CARR	RY O	UT THE SO	
Activities & Governance]]	PROMOTION, RESEARCH, CONSUMER INFORMATION ((SPA	RC) ACT A	ND ORDER,
er.	2 (Check this box $lacktriangle$ if the organization discontinued its operations or disposed ${f c}$	of more	than 25% of its ne	
ŏ	3 1	lumber of voting members of the governing body (Part VI, line 1a)			3 2
<u>ھ</u>	4	lumber of independent voting members of the governing body (Part VI, line 1b)			4 2
ties	5	otal number of individuals employed in calendar year 2010 (Part V, line 2a)			5 3
₹.	6	otal number of volunteers (estimate if necessary)			
Ą		otal unrelated business revenue from Part VIII, column (C), line 12			7a /35,417 7b 6,627
_	- B 1	let unrelated business taxable income from Form 990·T, line 34		Prior Year	Current Year
40	8 (Contributions and grants (Part VIII, line 1h)		89,08	
ž	9	Program service revenue (Part VIII, line 2g)		13,794,47	
ନ୍ଦ୍ର) Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		70,25	9. 18,546
ש עו כ	11 (Other revenue (Par XII) column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		939,66	
Expenses	12	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		14,893,47	
3	13 (Grants and similar amounts paid TPart IX, column (A), lines 1-3)		1,024,40	
ħ	14	Benefits paid to or for mertibers (Part IX codumn (A), line 4)			0. 0
ુંકુ	15 3	Salaries, other compensation, employee penefits (Part IX, column (A), lines 5-10)		1,554,45	1,704,981 0. 0
₹ĕ	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising excenses (Part IX, column (D), line 25)			0.
źğ.	170	otal fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	• -	10,162,59	3. 11,538,283
9	,	ottal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-	12,741,45	
<u></u> 3		Revenue less expenses. Subtract line 18 from line 12		2,152,02	
200	<u> </u>	tovertide 1633 experises. Outstact line 16 from line 12	Bei	ginning of Current Y	
185	[20 ·	Fotal assets (Part X, line 16)		9,188,61	
Net Assets of	21	Total liabilities (Part X, line 26)		926,46	1,304,117
S	22	Net assets or fund balances. Subtract line 21 from line 20		8,262,15	9,555,526
	art II	Signature Block		· · · · · · · · · · · · · · · · · · ·	
		ties of perjury-ideclare that I have examined this return, including accompanying schedules and			of my knowledge and belief, it is
tru	e, correct	, and complete Declaration of preparer (other than officer) is based on all information of which p	preparer	has any knowledge	- 7-12-
e:		Signature of officer		Date -	- 1-12
Się He	- I	JANE ADE STEVENS, EXECUTIVE DIRECTOR			
		Type of print name and title			
_		Print/Type preparer's name / Preparer's signature	- 1	Date / Check	ck PTIN
Pa	id	ANITA W. SHERMAN, CPA		2-/6/12 self-e	employed
Pre	parer	Firm's name GREENWALT CPAS, INC.		Firm's EIN	V >
Us	e Only	Firm's address 5342 W. VERMONT STREET			017 011 000
		INDIANAPOLIS, IN 46224		Phone no	
Ma	y the IF	S discuss this return with the preparer shown above? (see instructions)			Yes No

032001 02-22-11 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form **990** (2010)

	•		Yes	No
1	(s the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	37	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			Х
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4	N/	Δ
5	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-	147	
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
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> </u>
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		X
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.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44.	Х	
	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	<u>11a</u>	<u> </u>	<u> </u>
Ų	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	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	ļ	Х
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
e	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	4.0	ļ	х
	Schedule D, Parts XI, XII, and XIII	12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
_	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			ļ · · · ·
Ī	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	Х
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			
	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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		ļ	Ų,
40	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,"	19		Х
20≈	complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	 	X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that		 	<u> </u>
	operate one or more hospitals must attach audited financial statements (see instructions)	20ь		
	Aberrary and a transfer of the state of the		990	(2010)

Form 990 (2010) INDIANA SOYBEAN ALLIANCE, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		.,	
00	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
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		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		
	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	ĺ		
	Schedule K. If "No", go to line 25	24a		X
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	N/	A
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	N/	A
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			v
^-	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u> </u>
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	27		х
28	Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21	,	
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Х	
¢	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?			
	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			_ v
22	Schedule N, Part II	32		<u> X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701·2 and 301.7701·3? If "Yes," complete Schedule R, Part I	32		x
34	Was the organization related to any tax-exempt or taxable entity?	33		
5	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	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	N/	A
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	990 (2010)

Form 990 (2010) INDIANA SOYBEAN ALLIANCE, INC. 35-2026389 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No 21 1a Enter the number reported in Box 3 of Form 1096. Enter 0 if not applicable 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Х 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. 0 filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За X b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3h 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **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. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c 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? Х 6a **b** If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b N/A Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a 7b b 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 7d d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7<u>g</u> N/A N/Ah If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/Aorganization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. N/A a Did the organization make any taxable distributions under section 4966? 9a N/A **b** Did the organization make a distribution to a donor, donor advisor, or related person? 9ь Section 501(c)(7) organizations. Enter: N/A a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:

13c X 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b

N/A

12a

13a

Form **990** (2010)

032005 12-21-10

a Gross income from members or shareholders

amounts due or received from them.)

c Enter the amount of reserves on hand

b Gross income from other sources (Do not net amounts due or paid to other sources against

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

14a Did the organization receive any payments for indoor tanning services during the tax year?

a Is the organization licensed to issue qualified health plans in more than one state?

Section 501(c)(29) qualified nonprofit health insurance issuers.

organization is licensed to issue qualified health plans

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

Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the

N/A

N/A

11a

11b

13b

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
<u>Sec</u>	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 23			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 23		- 1	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		1	
	officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	Х	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a	Х	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:		• •	
а	The governing body?	8a	X	
þ	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b	v	
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		Х	
12a	· · · · · · · · · · · · · · · · · · ·	12a		
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	40.	Х	
	to conflicts?	12b		_
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	100	X	
	in Schedule O how this is done	12c	X	<u> </u>
13	Does the organization have a written whistleblower policy?	14	X	-
14	Does the organization have a written document retention and destruction policy?	14		
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?	15a		х
	The organization's CEO, Executive Director, or top management official	15b		X
b	Other officers or key employees of the organization	130		
46	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
Ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a		Х
	taxable entity during the year?	100	ļ	
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			
		16b		1
<u></u>	exempt status with respect to such arrangements?	100	<u> </u>	
	List the states with which a copy of this Form 990 is required to be filed ►IN			
17	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	a for		
18		5 101		
	public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request			
10	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	and fine	ancial	
19		4110 11116	ıı ıçıdı	
00	statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	ation:	•	
20	ANNA MCCONNELL - 317-347-3620	atioi 1. P		
	5730 WEST 74TH STREET, INDIANAPOLIS, IN 46278			
	JIJO HEDE TITH DINCELL THOUSAND IN TOUTO	Form	000	(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.

MIKE BEARD 2.00 X	(A)	(B)			((C)			(D)	(E)	(F)
Name	Name and Title	_							1		
Clescribe hours for related organizations in Schedule Section			\vdash	heck	all '	that	app	ly)		•	
Note		1	actor								
LINDA BACON DIRECTOR 2.00 X		1 '	15	8			ated				•
LINDA BACON DIRECTOR 2.00 X		related	ustee	fresh		88	npens		(W-2/1099-MISC)	,	organization
LINDA BACON DIRECTOR 2.00 X		1 -	draf	affora	Ļ	를 음	28 CO	<i>a</i>			
LINDA BACON DIRECTOR 2.00 X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.			Indiv	Instit	Office	Keye	E E	Form			organizations
MIRE BEARD 2.00 X	LINDA BACON			╁╌				İ			
Director 2.00 x 0.0.0.0 0.0.0	DIRECTOR	2.00	X			<u> </u>			0.	0.	0.
FAYTE BREWER	MIKE BEARD										
Director 2.00 x 0.0 0.	DIRECTOR	2.00	X		<u> </u>				0.	0.	0.
BRAD BURBRINK DIRECTOR D. O. O. O. O. O. O. O.	FAYTE BREWER										
DIRECTOR 2.00 X	DIRECTOR	2.00	X			_			0.	0.	0.
TREVOR GLICK	BRAD BURBRINK										
Director 2.00 x 0.0 0.	DIRECTOR	2.00	X	<u> </u>					0.	0.	0.
ALAN KEMPER DIRECTOR DIRECTOR DOUG MORROW DIRECTOR DIRECTOR 2.00 X 0.0.0.0 0.0.0 DURY HUFFMAN DIRECTOR DO.0.0	TREVOR GLICK									_	
Director 2.00 x 0.0 0.	DIRECTOR	2.00	X		<u>L</u>	<u> </u>			0.	0.	0.
DOUG MORROW DIRECTOR DOUBLETOR DUBLETOR	ALAN KEMPER	İ								· _	_
Director 2.00 x 0.0 0.	DIRECTOR	2.00	X			_			0.	, 0.	0.
Director Director	DOUG MORROW								_		
DIRECTOR 2.00 X 0. 0. 0. 0 0 DIFF JORDAN	DIRECTOR	2.00	X	ļ	<u> </u>			ļ	0.	0.	0.
DIFF JORDAN DIRECTOR DIRECT	LEVI HUFFMAN										
Director 2.00 x 0.0 0.0 0 0 0 0 0 0 0	DIRECTOR	2.00	X					<u> </u>	0.	0.	0.
TOM GRIFFITHS DIRECTOR CARL KISSELL DIRECTOR DIRECTOR 2.00 X 0.0.0.0.0.0 JEANETTE MERRITT DIRECTOR DAVID LOWE DIRECTOR DIRECTOR 2.00 X 0.0.0.0 SHELLEY MCDANIEL DIRECTOR DIRECTOR DIRECTOR 2.00 X 0.0.0.0 MARK R. NIGH DIRECTOR	JEFF JORDAN		Ì								
DIRECTOR 2.00 X 0. 0. 0 CARL KISSELL DIRECTOR 2.00 X 0. 0. 0. 0 JEANETTE MERRITT DIRECTOR 2.00 X 0. 0. 0 DAVID LOWE DIRECTOR 2.00 X 0. 0. 0 SHELLEY MCDANIEL DIRECTOR 2.00 X 0. 0. 0 MARK R. NIGH DIRECTOR 2.00 X 0. 0. 0 ADAM RENBARGER DIRECTOR 2.00 X 0. 0. 0 JOSEPH STEINKAMP	DIRECTOR	2.00	X	<u> </u>		<u> </u>	_	_	0.	0.	0.
CARL KISSELL DIRECTOR JEANETTE MERRITT DIRECTOR DAVID LOWE DIRECTOR DI	TOM GRIFFITHS										
DIRECTOR 2.00 X 0. 0. 0 0 0 0 0 0 0 0		2.00	X	ļ	ļ	_	_		0.	0.	0.
DIRECTOR	CARL KISSELL										, ,
DIRECTOR 2.00 X 0. 0. 0. 0	DIRECTOR	2.00	X	<u> </u>	<u> </u>		ļ	<u> </u>	0.	0.	′ 0.
DAVID LOWE DIRECTOR 2.00 X 0. 0. 0 SHELLEY MCDANIEL DIRECTOR 2.00 X 0. 0. 0 MARK R. NIGH DIRECTOR 2.00 X 0. 0. 0 ADAM RENBARGER DIRECTOR 2.00 X 0. 0. 0 JOSEPH STEINKAMP											
DIRECTOR 2.00 X 0.0.0 SHELLEY MCDANIEL 0.0.0 DIRECTOR 2.00 X 0.0.0 MARK R. NIGH 0.0.0 DIRECTOR 2.00 X 0.0.0 ADAM RENBARGER 0.0.0 DIRECTOR 2.00 X 0.0.0 JOSEPH STEINKAMP 0.0.0		2.00	X	_	_		1		0.	0.	0.
SHELLEY MCDANIEL 2.00 X 0.0.0 0.0.0 MARK R. NIGH 0.0.0 0.0.0 0.0.0 DIRECTOR 2.00 X 0.0.0 0.0.0 ADAM RENBARGER 0.0.0 0.0.0 0.0.0 JOSEPH STEINKAMP 0.0.0 0.0.0 0.0.0											
DIRECTOR 2.00 X 0.0.0 MARK R. NIGH 0.0.0 DIRECTOR 2.00 X 0.0.0 ADAM RENBARGER 0.0.0 DIRECTOR 2.00 X 0.0.0 JOSEPH STEINKAMP 0.0.0	DIRECTOR	2.00	X	 	ļ	ļ	<u> </u>		0.	0.	0.
MARK R. NIGH DIRECTOR 2.00 X 0.0.0 0.0.0 ADAM RENBARGER DIRECTOR 2.00 X 0.0.0 0.0.0 JOSEPH STEINKAMP 0.0.0 0.0.0 0.0.0											
DIRECTOR 2.00 X 0.0.0 ADAM RENBARGER 0.0.0 DIRECTOR 2.00 X 0.0.0 JOSEPH STEINKAMP 0.0.0		2.00	X	-		1		_	0.	0.	0.
ADAM RENBARGER DIRECTOR 2.00 X 0. 0. 0 JOSEPH STEINKAMP											
DIRECTOR 2.00 X 0. 0. 0		2.00	X	-	1	1	 	\vdash	1	0.	0.
JOSEPH STEINKAMP											
	1	2.00	X	_		1	1	_	0.	0.	0.
DIRECTOR 2.00 X 0. 0. 0											
	DIRECTOR	2.00	X		<u> </u>	<u>L</u> _	<u></u>		1 0.	0.	0 . Form 990 (2010)

032007 12-21-10

Form **990** (2010)

(A)	(B)	(C)
Name and business address	Description of services	Compensation

Form **990** (2010)

0

\$100,000 in compensation from the organization

Statement of Revenue (D) Revenue (A) (B) (C) Total revenue Related or Unrelated excluded from exempt function business tax under sections 512. revenue revenue 513, or 514 1a 1 a Federated campaigns 41,515. Membership dues 1b 1c Fundraising events d Related organizations Government grants (contributions) f All other contributions, gifts, grants, and 67,345 similar amounts not included above 9 Noncash contributions included in lines 1a-1f \$ 108,860. Total. Add lines 1a-1f Business Code 900099 2 a ASSESSMENT REVENUE 15,456,856 15,456,856 Program Service Revenue f All other program service revenue ▶ 15,456,856 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 18,546. 18,546. other similar amounts) Income from investment of tax-exempt bond proceeds 126,289. 126,289 Royalties 5 (II) Personal (ı) Real 6 a Gross Rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses \triangleright c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 155446. and allowances 54,615. b Less cost of goods sold 93,924. 6,907. 100,831. c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 728,510. 728,510. 11 a REIMBURSED EXPENSES FR 900099 39,889. 39,889 900099 **b** OTHER INCOME C d All other revenue 768,399. Total. Add lines 11a-11d 735,417. 144,835. 15,590,669. 16,579,781. Total revenue See instructions 12 032009

Part IX Statement of Functional Expenses

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

	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	2,043,146.			
2	Grants and other assistance to individuals in	, , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·		
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,		<u> </u>		
,	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			-	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	345,071.			
_	persons described in section 4958(c)(3)(B)	1,359,910.			
7	Other salaries and wages	1,333,310.			
3	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits			 	<u>-</u>
0	Payroll taxes				
1	Fees for services (non-employees):				
а	Management	105 050			
b	Legal	125,878.		<u> </u>	
C	Accounting	134,167.			
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9	Other	121,996.			
2	Advertising and promotion	215,174.			
3	Office expenses	273,008.			
4	Information technology	29,433.			
5	Royalties				
6	Occupancy	175,749.			
7	Travel	265,155.			
8	Payments of travel or entertainment expenses				
•	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	191,702.			
0	Interest	4,140.			
1	Payments to affiliates	8,248,690.			
2	Depreciation, depletion, and amortization	166,873.	·		
	Insurance	18,289.			
3	Other expenses Itemize expenses not covered				· · · · · · · · · · · · · · · · · · ·
4	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) UNRELATED BUSINESS INCO	456.			
a	DOMANTONIC AND CDONICODEH	744,991.	 	 	-
b	ACENICY CEDVICES	742,538.		 	+
C	DUEC AND CURCOTTOMIONS	83,376.			-
d			·		
е		21,099.			
f	All other expenses	<24,431.	<u> </u>		
5	Total functional expenses. Add lines 1 through 24f	15,286,410.			+
26	Jaint casts. 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				1

032010 12-21-10

				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing				1	
2	Savings and temporary cash investments			8,001,667.	2	9,868,749.
3	Pledges and grants receivable, net				3	, , , , , , , , , , , , , , , , , , ,
4	Accounts receivable, net			369,366.	4	367,784
5	Receivables from current and former officers, di	rectors,	trustees, key	•		•
1	employees, and highest compensated employee					
	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), a	and contributing			
	employers and sponsoring organizations of sect	tion 501	(c)(9) voluntary			
	employees' beneficiary organizations (see instru				6	
2 7	Notes and loans receivable, net	-			7	
7 8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges			91,647.	9	38,234
108	Land, buildings, and equipment cost or other	1 1				
	basis. Complete Part VI of Schedule D	10a	1,001,926.			
	Less: accumulated depreciation	10b	519,398.	591,275.	10c	482,528
11	Investments - publicly traded securities				11	
12	Investments - other securities. See Part IV, line	11		17,714.	12	
13	Investments · program-related. See Part IV, line		13			
14	Intangible assets				14	
15	Other assets. See Part IV, line 11			116,947.	15	102,348
16	Total assets. Add lines 1 through 15 (must equ	al line 3	4)	9,188,616.	16	10,859,643
17	Accounts payable and accrued expenses			450,062.	17	496,763
18	Grants payable		476,399.	18	807,354	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
ខ្ល 21	Escrow or custodial account liability. Complete	Part IV o	of Schedule D		21	
22	Payables to current and former officers, director	rs, truste	ees, key employees,			
21 22 22 22 22 22 22 22 22 22 22 22 22 2	highest compensated employees, and disqualifi	ed pers	ons. Complete Part II			
-	of Schedule L				22	
23	Secured mortgages and notes payable to unrela	ated thir	d parties		23	
24	Unsecured notes and loans payable to unrelate	d third p	parties		24	
25	Other liabilities. Complete Part X of Schedule D				25	
26	Total liabilities. Add lines 17 through 25			926,461.	26	1,304,117
	Organizations that follow SFAS 117, check he	ere 🕨	X and complete			
se	lines 27 through 29, and lines 33 and 34.			0 000 155		
27 28 29 30 31 32 31 32 32 32 32 32 32 32 32 32 32 32 32 32	Unrestricted net assets			8,262,155.	27	9,555,526
28	Temporarily restricted net assets	Temporarily restricted net assets				
29	Permanently restricted net assets				29	
2	Organizations that do not follow SFAS 117, c	heck he	ere 🕨 📖 and			
5	complete lines 30 through 34.					
30	Capital stock or trust principal, or current funds		ļ.		30	
31	Paid-in or capital surplus, or land, building, or ed				31	
32	Retained earnings, endowment, accumulated in	come, c	or other funds	0 060 155	32	0 555 555
33	Total net assets or fund balances		<u></u>	8,262,155.	33	9,555,526
34	Total liabilities and net assets/fund balances			9,188,616.	34	10,859,643

Form **990** (2010)

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

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

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Act and OMB Circular A-133?

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

ach to Form 990 or Form 990-F7

Department of the Treasury Internal Revenue Service ➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Open to Public Inspection

OMB No. 1545-0047

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-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

section :	30 ((c)(4), (3), or (6) organiza	mons. Complete Fart III.			
Name of org				Emplo	oyer identification number
	INDIANA	SOYBEAN ALLIANC	E, INC.		35-2026389
Part I-A		ganization is exempt und		or is a section 527 or	ganization.
	l expenditures	zation's direct and indirect politi	cal campaign activities	s in Part IV. ▶\$	
Part I-B	Complete if the or	ganization is exempt und	der section 501(c)(3).	
		incurred by the organization un		▶\$	
	•	incurred by organization manag		.	
	·	on 4955 tax, did it file Form 4720			Yes No
	correction made?	ŕ	•		Yes No
b If "Yes,	" describe in Part IV.				
Part I-C	Complete if the or	ganization is exempt und	der section 501(c), except section 501(c	c)(3).
1 Enter th	ne amount directly expende	d by the filing organization for se	ection 527 exempt fun	ction activities >\$	
2 Enter th	ne amount of the filing orgai	nization's funds contributed to o	ther organizations for	section 527	
exempt	function activities			▶\$	
3 Total ex	xempt function expenditure	s. Add lines 1 and 2. Enter here	and on Form 1120-PO	L,	
line 17b	,			▶\$	
4 Did the	filing organization file Form	1120-POL for this year?			Yes No
made p contrib	payments. For each organize	mployer identification number (E ation listed, enter the amount pa romptly and directly delivered to additional space is needed, pro	nd from the filing organ a separate political or	nization's funds. Also enter th ganization, such as a separat	e amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
	, , , , , , , , , , , , , , , , , , , ,				

032041 02-02-11

LHA

Schedule C (Form 990 or 990-EZ) 2010

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

Schedule C (Form 990 or 990-EZ) 2010	INDIANA S	OYBEAN ALLIA	ANCE, INC.	35-2	2026389 Page 2
Part II-A Complete if the orga		empt under section	on 501(c)(3) and file	ed Form 5768	
(election under secti	on 501(h)).				
A Check 🕨 📖 if the filing organization	on belongs to an a	ffiliated group.			
B Check 🕨 📖 if the filing organization	n checked box A	and "limited control" pr	ovisions apply.	n.	
	on Lobbying Exp ures" means am	enditures ounts paid or incurred	.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influe	nce public opinior	(grass roots lobbying)		· <u>-</u>	
b Total lobbying expenditures to influe					
c Total lobbying expenditures (add line	•	, (,,			
d Other exempt purpose expenditures	•				
e Total exempt purpose expenditures		1d)	ļ		
f Lobbying nontaxable amount. Enter	<u>-</u>	•	th columns.		
If the amount on line 1e, column (a) or (i	bbying nontaxable an	1 [
Not over \$500,000		of the amount on line 16			
Over \$500,000 but not over \$1,000,0		000 plus 15% of the ex			
Over \$1,000,000 but not over \$1,500		000 plus 10% of the ex			
Over \$1,500,000 but not over \$17,00		000 plus 5% of the exc			
Over \$17,000,000		0,000.	333 0751 \$ 1,300,000.		
<u> </u>	Ι Ψ1,00	0,000.			
g Grassroots nontaxable amount (ente	r 25% of line 1ft				1
h Subtract line 1g from line 1a. If zero	•				
i Subtract line 1f from line 1c. If zero c					
j If there is an amount other than zero	*	or line 11 did the organi	totion file Form 4720		
reporting section 4911 tax for this ye		or line in, ala the organiz	adon me i omi 4720		Yes No
Toporting Section 4011 tax for time ye		veraging Period Unde	Section 501(h)		
(Some organizat			n do not have to comp	lete all of the five	
• •		• •	es 2a through 2f on pa		
	Lobbying Exp	enditures During 4-Ye	ar Averaging Period		
		T ====================================	T		
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
		1	1		

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990 EZ) 2010 INDIANA SOYBEAN ALLIANCE, INC. 35-202638

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 '(election under section 501(h)).

	(1	(a) (I		
	Yes	No	Amo	ount
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: a Volunteers?				
		 		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities? If "Yes," describe in Part IV				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		ļ		
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), secti	ion 501(c)(5), or se	ection	
501(c)(6).			Yes	No
4. When we have the the all (000) an array of the array and an add dustible by members?		1	X	-
1 Were substantially all (90% or more) dues received nondeductible by members?		2		Х
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		3		X
3 Did the organization agree to carryover lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501 (c)(4).	on 501/c		ction	
501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa	art III-A, I	ine 3 is a	nswered	1
"Yes."		1		
1 Dues, assessments and similar amounts from members	ical	•		· · · · · · · · · · · · · · · · · · ·
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures (do not include amounts of political expenditures).	icai			
expenses for which the section 527(f) tax was paid).		2a]	
a Current year		2b		
b Carryover from last year		2c		
c Total		3		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
	cess		4	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex			1	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex- does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex		4 5		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number 35 – 2026389

Do	INDIANA SOYBEAN AL			33-2026389
Par			riner Similar Fund:	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		advised funds	(h) Finds and other accounts
	-	(a) Donoi	advised idilds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)	<u> </u>		
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	=		
•	are the organization's property, subject to the organization's	_		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	or donor advisor,	or for any other purpose	
Pai	Impermissible private benefit? Il Conservation Easements. Complete if the ord		rod "Voo" to Form 000	Yes No
				Fart IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		¬; · · ·	storically important land area
	Preservation of land for public use (e.g., recreation or e		_	storically important land area tified historic structure
	Protection of natural habitat		Freservation of a cer	tilled Historic structure
2	Preservation of open space Complete lines 2a through 2d if the organization held a quality	fied concentation	contribution in the form	of a concentation excement on the last
4	day of the tax year.	med conservation	contribution in the form	of a conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
c	Number of conservation easements on a certified historic sti	ructure included i	n (a)	2c
d	Number of conservation easements included in (c) acquired			
•	listed in the National Register	arter of 17700, arr	a flot off a finatorio all do	2d
3	Number of conservation easements modified, transferred, re	leased extinguis	hed, or terminated by th	
·	year	,,oasoo, o,,,,,ga,o	noo, or torrimatoo o, tr	o organization defining the tax
4	Number of states where property subject to conservation ea	sement is located	. ▶	
5	Does the organization have a written policy regarding the pe			
	violations, and enforcement of the conservation easements			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		onservation easements	during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and			
8	Does each conservation easement reported on line 2(d) abo			
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIV, describe how the organization reports conservat	tion easements in	its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	ation's financial st	atements that describes	the organization's accounting for
	conservation easements.			
Pa	性間 Organizations Maintaining Collections o			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 (A	SC 958), not to re	port in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	thibition, education	n, or research in further	ance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri			
Ь	If the organization elected, as permitted under SFAS 116 (A			
	treasures, or other similar assets held for public exhibition, e	education, or rese	arch in furtherance of pi	ublic 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	•		al gain, provide
	the following amounts required to be reported under SFAS	116 (ASC 958) rel	ating to these items:	. .
a	Revenues included in Form 990, Part VIII, line 1			\$
þ	Assets included in Form 990, Part X			> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-20-10

Schedule D (Form 990) 2010

482,528. Schedule D (Form 990) 2010

198,485

314,483.

512,968.

c Leasehold improvements

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

d Equipment e Other

Part VII	Investments - Other Securities.	See Form 990, Part X, line	12.		
(6	a) Description of security or category	(b) Book value		(c) Method of valua	
4) 5	(including name of security)		C	ost or end-of-year mark	cet value
	al derivatives				
	held equity interests			-	
3) Other (A)		- 			
(A) (B)				 -	
(C)					
(D)					
(E)					
(F)				· · · · · ·	
(G)					
(H)				_	
(l)					
	o) must equal Form 990, Part X, col (B) line 12)				
Part VIII	Investments - Program Related	See Form 990, Part X, line	e 13.		
	(a) Description of investment type	(b) Book value	C	(c) Method of valuations or end-of-year mark	
(1)					
(2)					
(3)					
(4)					·
(5)					
(6)					
(7) (8)					
(9)			•		
(10)					
	o) must equal Form 990, Part X, col (B) line 13)	>			
Part IX					
		(a) Description			(b) Book value
(1)		·	٥		
(2)					
(3)		J			
(4)					-
(5)					
(6)					
(7)					
<u>(8)</u> (9)					
(10)			- 		
	ımn (b) must equal Form 990, Part X, col (B)	line 15.)		•	
Part X	Other Liabilities. See Form 990, Part			······································	
1.	(a) Description of liability		(b) Amount		· · · · · · · · · · · · · · · · · · ·
(1) Fed	deral income taxes				
(2)			· · · · · · · · · · · · · · · · · · ·		
(3)				_	
(4)				_	
(5)				4	
(6)				4	
(7)				-	
(8)			O	-	
(9) (10)				+	
(11)			. =: :::::::	-	
	umn (b) must equal Form 990. Part X, col (R)	line 25.)		1	
2. FIN 48 (A	umn (b) must equal Form 990, Part X, col (B) SC 740) Footnote In Part XIV, provide the text of the footno SC 740)	ote to the organization's financial sta	tements that reports the org	anization's liability for uncertain	n tax positions under
032053 12-20-10					edule D (Form 990) 2010

032054 12-20-10 Schedule D (Form 990) 2010

ACCOUNTING STANDARDS FOR INCOME TAXES PROVIDE DETAILED GUIDANCE FOR

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

Name of the organization

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

Open to Public OMB No 1545-0047 Inspection Employer identification number 35–2026389

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

INDIANA	SOYBEAN ALLIANCE,	LIANCE, INC					35-2026389
Part 1 General Information on Grants and Assistance	and Assistance				ŀ		
1 Does the organization maintain records to substantiate the amount of	to substantiate the		or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	; •
criteria used to award the grants or assistance?	stance?						A Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for monit	oring the use of grant	funds in the United	States.			
Part # Grants and Other Assistance to Governments and Organizati	Governments and	Organizations in the	e United States. C	omplete if the orga	ınızatıon answered "Y	ions in the United States . Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	IV, line 21, for any
recipient that received more than \$5,000. Check this box if no or	\$5,000. Check this	box if no one recipien	it received more th	an \$5,000. Part II	can be duplicated if a	he recipient received more than \$5,000. Part II can be duplicated if additional space is needed	
1 (a) Name and address of organization or government	(p) EIN	(c) IRC 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
							ISA FUNDS A VARIETY OF
PURDUE UNIVERSITY							GRANTS WITH PURDUE
23510 NETWORK PLACE							UNIVERSITY PERTAINING TO
CHICAGO IL 60673-1235	35-6002041		975,812.	.0			SOYBEAN PRODUCTION,
							NCSRP INVESTS CHECKOFF
NORTH CENTRAL SOYBEAN RESEARCH							FUNDS IN RESEARCH
1255 SW PRAIRIE TRAIL PARKWAY			-				PROGRAMS TO BETTER
ANKENY IA 50023	42-1394799		200,000.	.0			UNDERSTAND AND MANAGE
							FISCAL YEAR 2011 WISH
AMERICAN SOYBEAN ASSOCIATION							FINDING - EXTRIDER
DCR			000	c			_
ST LOUIS, MO 63141-5009	42-0688064		125,000.	•			NECESTRAL III
U.S. POULTRY & EGG ASSOCIATION							
1530 COOLEDGE ROAD							MARKETING FOR SHELF
TUCKER, GA 30084	58-1636513		19,999.	0.			STABLE EGGS
1 2							
1255 SW PRAIRIE TRAIL PARKWAY							MULTI-STATE PROJECT
ANKENY TA 50023	42-6127197		75,000.	0			ENTITLED STAARS
							EVALUATING THE EFFECTS OF
INFORMA ECONOMICS, INC.							TRUCK WEIGHT TO
PO BOX 33282							INFRASTRUCTURE AND
HARTFORD CT 06150-3282	62-1011283		39,000.	0			TRANSPORTATION RELATIVE
6 Cata tata and souther of contrary of any and any acted acts	and government or	ganizations					•
							A
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	e, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2010)

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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Schedule I (Form 990) INDIANA SOYBEAN ALLIANCE, INC. Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	SOYBEAN AL	ALLIANCE, INC Governments and Organ	izations in the Ur	nited States (Sche	dule I (Form 990), Pa		35-2026389 Page 1
	(b) EIN	(c) IRC 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 ,
UNITED SOYBEAN BOARD 16305 SWINGLEY RIDGE ROAD, SUITE 19 CHESTERPIELD MO 63017	43-1592277		53,772.	0			ANIMAL UTILIZATION – ACQUACULTURE SOY IN ACQUACULTURE RESEARCH
	42-1510504		30,048.	0			INDIANA ON FARM NETWORK - NUTRIENT MANAGEMENT PROGRAM
MYERS CONSULTING 813 10TH AVE N #4 SARTELL, MN 56377	50-2504863		35,200.	0			BUSINESS PLAN & ECONOMIC MODEL FOR AQUA
VIVAYIC RELEVANT CLASSROOM 600 BLUE SAGE BLVE LINCOLN, NE~68521	20-5685824		26,050.	0			FERTILIZER APPLICATIOR'S COURSE
USDA, AGRICULTURAL RESEARCH SERVICE - 800 BUCHANAN STREET - ALBANY, CA 94710	72-0564834		106,250.	0			IMPROVING SUSTAINABILITY OF RAINBOW TROUT PRODUCTION
	58-2676095		15,000.	0			EVALUATION AQUA/SEAFOOD BASED FERTILIZER
NATURE'S GIFTS INTERNATIONAL 10524 LEXINGTON DR., SUITE 400 KNOXVILLE, TN 37932	26-3934481		250,000.	.0			SOY WAX RESEARCH
GEOSILOS 3944 STATE ROAD 327 AUBURN, IN 46706	45-2727914		61,325.	0.			GIS MAPPING TOOL
RENSSELAER SWINE SERVICES, P.C. 210 EAST WOOD ROAD RENSSELAER, IN 47978	35-1849143		25,140.	0.			PRRS STUDY Schedule I (Form 990)
LHA							

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. SCHEDULE I, PART I, LINE 2: A FINAL REPORT IS REQUIRED TO ENSURE OUTCOME OF RESEARCH IS DOCUMENTED AND THAT INDIANA SOYBEAN ALLIANCE IS SATISFIED WITH Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. PURDUE UNIVERSITY PERTAINING TO SOYBEAN PRODUCTION, LIVESTOCK, BIODIESEL, (H) PURPOSE OF GRANT OR ASSISTANCE: ISA FUNDS A VARIETY OF GRANTS WITH ONE GRANT IS SELECTED EACH YEAR TO REVIEW EXPENSES TO VERIFY (d) Amount of non-cash assistance NAME OF ORGANIZATION OR GOVERNMENT: PURDUE UNIVERSITY (c) Amount of cash grant (b) Number of recipients ALIGNMENT WITH GRANT STIPULATIONS. COLUMN (H): (a) Type of grant or assistance LINE 1, PART II, 032102 01-13-11 WORK. Part III

Page 2

35-2026389

INDIANA SOYBEAN ALLIANCE, INC.

Schedule I (Form 990) (2010)

NEW USES AND AQUACULTURE
NAME OF ORGANIZATION OR GOVERNMENT: NORTH CENTRAL SOYBEAN RESEARCH
(H) PURPOSE OF GRANT OR ASSISTANCE: NCSRP INVESTS CHECKOFF FUNDS IN
RESEARCH PROGRAMS TO BETTER UNDERSTAND AND MANAGE PLANT STRESSORS THAT
REDUCE SOYBEAN YIELDS AND FARMER PROFITABILITY.
NAME OF ORGANIZATION OR GOVERNMENT: INFORMA ECONOMICS, INC.
(H) PURPOSE OF GRANT OR ASSISTANCE: EVALUATING THE EFFECTS OF TRUCK
WEIGHT TO INFRASTRUCTURE AND TRANSPORTATION RELATIVE TO AGRICULTURE IN
INDIANA.

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

See separate instructions. ► Attach to Form 990.

INDIANA SOYBEAN ALLIANCE, INC.

Employer identification number 35-2026389

Pa	rt 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 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
ь	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, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
2	Indicate which if any of the fallows at the assessment of the assessment of the assessment of			
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.		ì	
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a	Х	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		
b	Any related organization?	6b	ļ	
	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 67 If "Yes," describe in Part III	7		<u> </u>
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in 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			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2010

Schedule J (Form 990) 2010

Part # Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is 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.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C)	(g)	(E)	(-)
(A) Name		(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	lotal of columns (B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
TOO CERTIFIED STATES	(9)	140,153.	0	6,667.	0	5,355.	152,175.	0
1 MARK HENDERSON	€ 6	0	0	0	0	0	0	•
N	€							
	Θ							
3	(ii)							-
4	€ €							
	(6)							
ro	(E)						3	
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9	(ii)							
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15	▣							
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16	(ii)							
				1			Schedul	Schedule J (Form 990) 2010

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

Open To Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

Name of the organization

Employer identification number INDIANA SOYBEAN ALLIANCE, INC. 35-2026389

Part I Excess Benefit	Transactions	(section	1 501(c)(3) and section	n 501(c)(4) organizatio	ns only)					
	anization answere	d "Yes" d	on Form	990, Part IV,	line 25a or 25b, or For	m 990-E	Z, Part	V, line 40	b.	_	
(a) Name of dis	qualified person				(b) Description	of transa	ction			(c) Corr	
	· · ·									Yes	No
									-		
			•		-						
	<u> </u>										
2 Enter the amount of tax imp	osed on the orga	nization r	managers	s or disqualifi	ed persons during the	year un	der				
section 4958	ny an line 2 ahay	a roimh	umad by	the ergeniza	tion			► \$ ► \$			
3 Enter the amount of tax, if a	ny, on line 2, abov	re, reimb	ursea by	r the organiza	uion			•			
Part II Loans to and/o	r From Intere	sted P	ersons).							
Complete if the orga	anization answere	d "Yes" o	on Form	990, Part IV,	line 26, or Form 990-E	Z, Part \	, line 38	Ba.			
(a) Name of interested person and purpose	(b) Loan to or the organization		(c) Origin	nal principal	(d) Balance due		In ault?	by bo	proved ard or	(g) W agreei	
porcon una porposo		rom				Yes	No	Yes	No No	Yes	No
						<u> </u>					
· · · · · · · · · · · · · · · · · · ·											
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 								-			
						 		 			
				•							
Total				▶ \$	·					<u> </u>	
Part III Grants or Assis		_									
Complete if the orga	•			,			1	(-) A			
(a) Name of interested	person		(b) Relati		een interested person ganization	and			ount an assistan	d type o	
-											
											
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2010

Schedule L (Form 990 or 990-EZ) 2010 Page 2 Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (a) Name of interested person (b) Relationship between interested (c) Amount of (d) Description of organization's person and the organization transaction transaction revenues? Yes No ROGER STEVENS SPOUSE OF EXECUTIVE 22,670.IT SERVICES Х Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: ROGER STEVENS (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: SPOUSE OF EXECUTIVE DIRECTOR (D) DESCRIPTION OF TRANSACTION: IT SERVICES PROVIDED BY STEVEN'S & ASSOCIATES, ROGER STEVEN'S COMPANY.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

Name of the organization

INDIANA SOYBEAN ALLIANCE, INC.

Employer identification number 35-2026389

PASSED BY THE UNITED STATES CONGRESS AS A QUALIFIED STATE SOYBEAN BOARD

(QSSB) FOR THE STATE OF INDIANA AND TO SERVE THE ORGANIZATION'S MEMBERS

ON POLICY ISSUES AND REPRESENTING ALL INDIANA SOYBEAN FARMERS WITH

PROMOTIONAL, EDUCATIONAL AND RESEARCH ACTIVITIES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INDIANA SOYBEAN FARMERS WITH PROMOTIONAL, EDUCATIONAL AND RESEARCH

ACTIVITIES.

FORM 990, PART VI, SECTION A, LINE 6: A POTENTIAL MEMBER COMPLETES AN APPLICATION FOR MEMBERSHIP AND PAYS THE ASSOCIATED FEE. MEMBERSHIP IN THE INDIANA SOYBEAN ALLIANCE (ISA) HELPS TO SUPPORT OUR WORK IN THE POLICY ARENA. ON A NATIONAL LEVEL, A MEMBER OF ISA BECOMES A MEMBER OF THE AMERICAN SOYBEAN ASSOCIATION, AN ORGANIZATION THAT REPRESENTS SOYBEAN FARMERS IN WASHINGTON, D.C. ASA PUTS OUT A WEEKLY EMAIL NEWSLETTER THAT KEEPS MEMBERS INFORMED OF WHAT IS GOING ON NATIONALLY. ASA ALSO HAS MANY PARTNERSHIPS WITH COMPANIES THAT OFFER DISCOUNTS TO MEMBERS. ASA CELEBRATED THEIR 90TH YEAR IN 2010 OF REPRESENTING SOYBEAN FARMERS.

ON A STATE LEVEL, MEMBERSHIP SUPPORTS THE POLICY ACTIVITY IN INDIANAPOLIS

AND ON THE LOCAL LEVEL. ISA POLICY IS DRIVEN BY THE STRATEGIC PLAN, BUT

ALSO COMES FROM THE FARMER LEVEL UP TO THE M&P COMMITTEE. ALL 3 YEAR

MEMBERS ARE ABLE TO OBTAIN A \$100 DISCOUNT FROM 6 PARTICIPATING COMPANIES.

FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS ELECT DIRECTORS TO

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2010)

032211 01-24-11 Name of the organization **Employer identification number** INDIANA SOYBEAN ALLIANCE, INC. 35-2026389 REPRESENT EACH DISTRICT. FORM 990, PART VI, SECTION B, LINE 11: THE 990 WILL BE PREPARED ANNUALLY BY EXTERNAL AUDIT FIRM RELYING ON MANAGEMENT DATA TO COMPLETE THE FILING. THE RETURN WILL BE REVIEWED BY THE DIRECTOR OF FINANCE, EXECUTIVE DIRECTOR, AND BUDGET AND FINANCE COMMITTEE. AFTER APPROVAL FROM THESE SOURCES, THE FULL 990 WILL BE PRESENTED TO THE BOARD FOR APPROVAL PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: EACH OFFICER, DIRECTOR, AND KEY EMPLOYEE MUST ANNUALLY REVIEW AND COMPLETE A FORM DISCLOSING ANY CONFLICTS. THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS DETERMINES THE EXECUTIVE DIRECTOR'S COMPENSATION. THE MANAGEMENT GROUP OF EMPLOYEES MEETS AND DETERMINES EMPLYEE COMPENSATION FOR INDIVIDUALS. THE BOARD APPROVES A TOTAL COMPENSATION AMOUNT FOR THE FISCAL YEAR. FORM 990, PART VI, SECTION C, LINE 19: FINANCIAL STATEMENTS AND ANNUAL REPORTS ARE AVAILABLE UPON REQUEST. THE ANNUAL REPORT APPEARS ANNUALY IN ISA'S MAGAZINE. THE AUDITED FINANCIALS ARE ALSO PROVIDED TO THE UNITED SOYBEAN BOARD ANNUALLY FOR THEIR REVIEW. FORM 990, PART XI, LINE 1 THE FINANCIAL STATEMENTS ARE PREPARED UNDER THE MODIFIED CASH BASIS OF ACCOUNTING. FORM 990, PART XI, LINE 2C

THE AUDIT REVIEW PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

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

Name of the organization **Employer identification number** INDIANA SOYBEAN ALLIANCE, INC. 35-2026389 FORM 990, PART III, LINE 4A PROGRAM SERVICE ACCOMPLISHMENTS NEW USES INITIATIVE: CONDUCTS PROJECTS IN PARTNERSHIP WITH SCIENTISTS AND INDUSTRIES TO COMMERCIALIZE EMERGING TECHNOLOGIES AND DEVELOP ALTERNATIVE MARKETS AND USES FOR INDIANA SOYBEANS. IN FISCAL YEAR 2011, THIS INITIATIVE TARGETED THESE ACTIVITIES: NEW USES PROGRAM IMPLEMENTATION, PERMAFLO, CONCRETE SEALER, SOY WAX, INVEST STUDENT CONTEST, STUDENT INNOVATION COMPETITION, AND NU SOY GEL. LIVESTOCK INITIATIVE: CONDUCTS PROJECTS TO GROW THE INDIANA LIVESTOCK INDUSTRY, A CONSUMER OF SOYBEAN MEAL. IN FISCAL YEAR 2011 THIS INITIATIVE FOCUSED ON THESE ACTIVITIES: LIVESTOCK INITIATIVE IMPLEMENTATION, EDUCATION, ENVIRONMENT, AND BUSINESS EXPANSION. MANAGEMENT AND LEADERSHIP: CONDUCTS BOARD MEETINGS, LEADERSHIP DEVELOPMENT, AND PROGRAM MANAGEMENT AND SUPPORT TO OTHER INITIATIVES. AQUACULTURE INITIATIVE: CONDUCTS PROJECTS TO DEVELOP AND GROW THE INDIANA AQUACULTURE INDUSTRY. A DIRECT RESULT OF THIS DEVELOPMENT AND GROWTH WILL BE INCREASED CONSUMPTION OF SOYBEAN MEAL IN FISH DIETS. IN FISCAL YEAR 2011, THIS INITIATIVE FOCUSED ON THE FOLLOWING AREAS: AQUACULTURE INITIATIVE IMPLEMENTATION, EDUCATION OUTREACH, INDUSTRY RELATIONS, PRODUCER DEVELOPMENT, MARKET ANALYSIS AND AQUACULTURE RESEARCH GRANTS.

SUPPLY AND INFRASTRUCTURE: CONDUCTS PROJECTS TO STRENGTHEN SOYBEAN

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

Employer identification number

35-2026389

DEMAND THROUGH INNOVATIVE GRAIN MARKETING EFFORTS. THESE EFFORTS INCLUDE IDENTITY PRESERVED PRODUCTION, GRAIN QUALITY IMPROVEMENT, AND INTERNATIONAL MARKETING EFFORTS. IN FISCAL YEAR 2011, THIS INITIATIVE FOCUSED ON THE FOLLOWING AREAS: GRAIN MARKETING INITIATIVE IMPLEMENTATION, INDUSTRY RELATIONS, PRODUCTION, INTERNATIONAL

BIOFUELS INITIATIVE: CONDUCTS PROJECTS TO INCREASE THE PRODUCTION, AVAILABILITY, AND USE OF SOY BIODIESEL IN INDIANA. IN FISCAL YEAR 2011, THE TARGET MARKETS FOR THIS INITIATIVE WERE: SCHOOLS, GOVERNMENT AND COMMERCIAL, AND FARM MARKETS. ADDITIONALLY THIS INITIATIVE FOCUSED ON THE FOLLOWING AREAS: BIODIESEL INITIATIVE IMPLEMENTATION, BIODIESEL PRODUCER SUPPORT, CONSUMER EDUCATION, BIOFUELS MOBILE LEARNING CENTER, LEADERSHIP EDUCATION, NEW MARKET DEVELOPMENT, AND ENVIRONMENTAL LAND USE.

SOCIETAL INITIATIVE: CONDUCTS PROJECTS TO DEVELOP AND MAINTAIN STRONG LEADERSHIP, MEMBERSHIP, AND POLICY PROGRAMS THAT SUPPORT THE WORK OF ALL INITIATIVES AND THE GENERAL INTEREST OF SOYBEAN FARMERS. IN FISCAL YEAR 2011, THIS INITIATIVE FOCUSED ON THESE ACTIVITIES: ORGANIZATIONAL IMPLEMENTATION, BOARD ACTIVITIES, LEADERSHIP DEVELOPMENT, INDIANA STATE FAIR, COMMUNICATIONS, AND EMERGING ISSUES.

SPARC ADMINISTRATION: ENSURES COMPLIANCE WITH THE SPARC ACT AND ORDER AND THE GOVERNANCE OF THE INDIANA SOYBEAN ALLIANCE. THIS PROGRAM ALSO PROCESSES ALL COLLECTIONS FROM FIRST PURCHASERS IN INDIANA AND IS RESPONSIBLE FOR AUDITING OF THOSE FIRST PURCHASERS.

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization INDIANA SOYBEAN ALLIANCE, INC.	Employer identification number 35-2026389
FOUNDATION SCIENCE KIT PROGRAM: FISCAL YEAR 2011, THE FO	UNDATION HAD
VERY LITTLE ACTIVITY IN THIS AREA. IN THE PAST, ISA HAS	TRIED TO FIND
A PARTNER/LICENSEE TO MAKE, SELL AND DISTRIBUTE THE SOYBE	AN SCIENCE
KITS; HOWEVER, IT HAS NOT BEEN SUCCESSFUL IN THIS EFFORT.	
	
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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2010 Open to Public Inspection

OMB No 1545-0047

Employer identification number 35-2026389

Direct controlling entity

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End-of-year assets e ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Total income € ▶ See separate instructions. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or foreign country) ► Attach to Form 990. INDIANA SOYBEAN ALLIANCE, INC Primary activity Name, address, and EIN of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service Part II Part

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.)

		-					
	(2)	②	(Q	(e)	£	(b)	Ę
Prim	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13)	<u> </u>
		foreign country)	section	status (if section	entity	entity?	
				501(c)(3))		Yes	ş
		3					
SUPPORT INDIANA SOYBEAN	ANA SOYBEAN			509(A)(3),	INDIANA SOYBEAN		
ALLIANCE, INC.	IC.	INDIANA	501(C)(3)		ALLIANCE, INC.	×	
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

032161 12-21-10 LHA

Schedule R (Form 990) 2010

Page 2 35-2026389

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.) Schedule R (Form 990) 2010 INDIANA SOYBEAN ALLIANCE, INC. Part III

			r more related	(h) Percentage r ownership						Schedule R (Form 990) 2010
			e it had one o	(g) Share of end-of-yea assets			ļ			Schedule R (
			Ine 34 becaus	(f) Share of total Income		į				
		,	o Form 990, Part IV	(e) Type of entity (C corp, S corp, or trust)						
			n answered "Yes" t							
	·		e if the organizatio	(C) Legal domicile (state or foreign country)						40
i			ation or Trust (Complet ar.)	(b) Primary activity						
<u> </u>			s a Corpora g the tax ye							
			anizations Taxable a	7						
				(a) Name, address, and EIN of related organization						032162 12-21-10
				Part W Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization streams as a corporation or trust during the tax year.) (b) (c) (d) (d) (e) (f) (d) (d) (e) (f) (d) (d) (e) (f) (d) (e) (f) Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or mo organizations treated as a corporation or trust dumig the tax year.) Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or mo organization and trust duming the tax year.) Identification of Related Organization or trust duming the tax year.] (b) (c) (d) Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or morganization treated as a corporation or trust during the tax year.) All	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more organization or trust duming the tax year.) Comparization of Related Organization of trust duming the tax year.) Comparization answered "Yes" to Form 990, Part IV, line 34 because it had one or more organization and the tax year.) Comparization of related organization and the tax year.) Comparization and tax year.) Comparization and tax year.) Comparization and tax year. Comparization and tax	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization arawered "Yes" to Form 990, Part IV, line 34 because it had one or morganizations treated as a corporation or trust during the tax year.) Name, address, and EIN Primary activity Legal company of the dead organization Primary activity Legal company Control Type of teathy Income Related organization	Identification of Packled Organizations Teachle as Corporation or Trust (Complete if the organization analyses of Corporation of tust dump the tax year) Phrnary activity Least some and defenses and Elik Phrnary activity Least some and the phrnary activity P		

Page 3

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

Schedule R (Form 990) 2010		41	032163 12-21-10
			(9)
			(5)
			(4)
			(3)
			(2)
			(1)
(d) Method of determining amount involved	(c) Amount involved	(b) Transaction type (a-r)	(a) Name of other organization
nsaction thresholds.	this line, including covered relationships and tra	who must complete t	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.
X 11 X	٠		 Qther transfer of cash or property to other organization(s) Other transfer of cash or property from other organization(s)
T dl			
10 X			 Reimbursement paid to other organization for expenses
1n X			n Sharing of paid employees
T X			m Sharing of facilities, equipment, mailing lists, or other assets
x = =		nization(s) nization(s)	 Performance of services or membership or fundraising solicitations for other organization(s) Performance of services or membership or fundraising solicitations by other organization(s)
1 X			j Lease of facilities, equipment, or other assets from other organization(s)
i.t			i Lease of facilities, equipment, or other assets to other organization(s)
th X			
19 X			g Purchase of assets from other organization(s)
1f X			f Sale of assets to other organization(s)
1e A			e Loans or loan guarantees by other organization(s)
X bt			d Loans or loan guarantees to or for other organization(s)
1c X			c Gift, grant, or capital contribution from other organization(s)
10 X			 a Receipt of (i) interest (ii) annutities (iii) royaities or (iv) rent from a controlled entity b Gff. grant. or capital contribution to other organization(s)
>	elated organizations listed in Parts II-IV?	is with one or more r	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?
201			Note. Complete line a li any entity is listed in Parts II, III, Of IV of this schedule.

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.

tital was not a related organization; occ metrocriors regarding execution for an information production and the control of the	(F)	(9)	9	(9)	£	(5)	3
(a)			}				
Name, address, and EIN	Primary activity	Legal domicile (state or foreign	Are all partners section 501(c)(3)	Share of end-or-	tionate	amount in box 20	managing
ol etinity		country	Yes No			of Schedule K-1 (Form 1065)	1 - 1
			-				
			•				
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						Schedule R (Form 990) 2010	1 990) 2010

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<u>Schedule R</u>	(Form 990) 2010	<u> </u>	SOYBEAN	ALLIANCE,	INC.	<u>35–2026389</u>	Page 5
Part VII	(Form 990) 2010 Supplemental In	formation					
	Complete this part to	provide additional in	formation for res	enonege to question	s on Schedule R (see insti	ructions)	
	complete this part to	provide additional il	ilonnation for jes	sponses to question	s on ochedule in Isee insti	detions).	
							
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