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Form **990-EZ**

## Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

# 2011

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

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)  
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2011 calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

<p><b>B</b> Check if applicable:</p> <p>Address change <input type="checkbox"/></p> <p>Name change <input type="checkbox"/></p> <p>Initial return <input type="checkbox"/></p> <p>Terminated <input type="checkbox"/></p> <p>Amended return <input type="checkbox"/></p> <p>Application pending <input type="checkbox"/></p>	<p><b>C</b> Name of organization <b>ILLINOIS TRACTOR PULLING ASSOCIATION</b></p> <p>Number and street (or P O box, if mail is not delivered to street address) Room/suite <b>849 COUNTY ROAD 1850 E</b></p> <p>City or town, state or country, and ZIP + 4 <b>GREENUP IL 62428</b></p>	<p><b>D</b> Employer identification number <b>37-1018689</b></p> <p><b>E</b> Telephone number <b>217-923-3949</b></p> <p><b>F</b> Group Exemption Number <input type="checkbox"/></p>
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**G** Accounting Method  Cash  Accrual Other (specify) \_\_\_\_\_

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

**I** Website: **WWW.ITPAPULLING.COM**

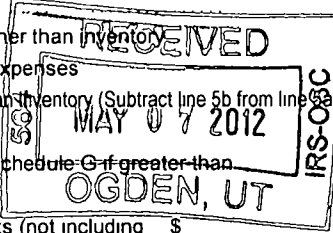
**J** Tax-exempt status (check only one) —  501(c)(3)  501(c) ( **7** ) (insert no)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **154,243**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)   
Check if the organization used Schedule O to respond to any question in this Part I

	Description		Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	130,740
	4 Investment income	4	701
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a	11,789	
b Less cost of goods sold	7b	5,926	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	5,863	
8 Other revenue (describe in Schedule O)	8	11,013	
9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	148,317	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	28,116
	13 Professional fees and other payments to independent contractors	13	6,554
	14 Occupancy, rent, utilities, and maintenance	14	1,709
	15 Printing, publications, postage, and shipping	15	22,375
	16 Other expenses (describe in Schedule O)	16	96,155
	17 <b>Total expenses.</b> Add lines 10 through 16	17	154,909
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-6,592
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	49,128
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	-405
	21 <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	42,131



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4 20

**Part II Balance Sheets.** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	50,327	22	43,735
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	50,327	25	43,735
26 Total liabilities (describe in Schedule O)	1,199	26	1,604
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	49,128	27	42,131

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

What is the organization's primary exempt purpose?

SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 SEE DESCRIPTION AT FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

(Grants \$ ) If this amount includes foreign grants, check here  28a

29 N/A

(Grants \$ ) If this amount includes foreign grants, check here  29a

30 N/A

(Grants \$ ) If this amount includes foreign grants, check here  30a

31 Other program services (describe in Schedule O)

(Grants \$ ) If this amount includes foreign grants, check here  31a

32 Total program service expenses (add lines 28a through 31a)  32

**Part IV List of Officers, Directors, Trustees, and Key Employees** List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MIKE MILLER 849 CO. RD. 1850 E. GREENUP IL 62428	PRESIDENT 20.00	24,000	0	0
JOHN MUMMA 849 CO. RD. 1850 E. GREENUP IL 62428	VICE-PRES 4.00	2,400	0	0
DEE ANN MILLER 849 CO. RD. 1850 E. GREENUP IL 62428	SECRETARY/TREASURER 1.00	0	0	0
ROBERT MENN 849 CO. RD. 1850 E. GREENUP IL 62428	DIRECTOR 1.00	0	0	0
ALAN ESCHMANN 849 CO. RD. 1850 E. GREENUP IL 62428	DIRECTOR 1.00	0	0	0
DENNIS SHAUGHNESSY 1850 CO. RD. 1850 E. GREENUP IL 62428	DIRECTOR 1.00	0	0	0
DALE ROGIER 849 CO. RD. 1850 E. GREENUP IL 62428	DIRECTOR 1.00	0	0	0
RON KOLWEIER 849 CO. RD. 1850 E. GREENUP IL 62428	DIRECTOR 1.00	0	0	0
MIKE BATTEFELD 849 CO. RD. 1850 E. GREENUP IL 62428	DIRECTOR 1.00	0	0	0
FRED MENDE 849 CO. RD. 1850 E. GREENUP IL 62428	DIRECTOR 1.00	0	0	0
JIM AUSTIN 849 CO. RD. 1850 E. GREENUP IL 62428	DIRECTOR 1.00	0	0	0
RYAN WHALEN 849 CO. RD. 1850 E. GREENUP IL 62428	DIRECTOR 1.00	0	0	0

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
<b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		<b>X</b>
<b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		<b>X</b>
<b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		<b>X</b>
<b>b</b> If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
<b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		<b>X</b>
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		<b>X</b>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions		
<b>b</b> Did the organization file Form 1120-POL for this year?		<b>X</b>
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		<b>X</b>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved		
<b>39</b> Section 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities		
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
<b>e</b> All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		<b>X</b>
<b>41</b> List the states with which a copy of this return is filed <b>NONE</b>		
<b>42a</b> The organization's books are in care of <b>MIKE MILLER</b> Telephone no <b>217-923-3949</b> 849 CO RD 1850 E Located at <b>GREENUP</b> IL ZIP + 4 <b>62428-9746</b>		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		<b>X</b>
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U S? If "Yes," enter the name of the foreign country		<b>X</b>
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<b>X</b>
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<b>X</b>
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?		<b>X</b>
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>45b</b> 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		<b>X</b>

**46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
<b>46</b>		<b>X</b>

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.  
 Check if the organization used Schedule O to respond to any question in this Part VI

**47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
<b>47</b>		

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

<b>48</b>		
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**49a** Did the organization make any transfers to an exempt non-charitable related organization?

<b>49a</b>		
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**b** If "Yes," was the related organization a section 527 organization?

<b>49b</b>		
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**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

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

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

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

**52** Did the organization complete Schedule A? **Note** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶  Yes  No

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

**Sign Here**  
 Signature of officer: Mike Miller Date: 5-1-12  
 Type or print name and title: MIKE MILLER, PRESIDENT

**Paid Preparer Use Only**  
 Print/Type preparer's name: LARRY D. NICHOLS, C.P.A. Preparer's signature: Larry D. Nichols, C.P.A. Date: 4/30/12 Check  if self-employed PTIN: P00747504  
 Firm's name: DOHRING, WINDERS & CO. LLP Firm's EIN: 37-1206717  
 Firm's address: 1601 LAFAYETTE AVE  
MATTOON, IL 61938-3925 Phone no: 217-235-0377

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

**SCHEDULE O**  
 (Form 990 or 990-EZ)

 Department of the Treasury  
 Internal Revenue Service

Name of the organization

**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.

OMB No 1545-0047

**2011**

 Open to Public  
 Inspection

**ILLINOIS TRACTOR PULLING  
 ASSOCIATION**

 Employer identification number  
**37-1018689**
**FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE**

DESCRIPTION	AMOUNT
ADVERTISING	\$ 10,925
SUNDRY	\$ 88
<b>TOTAL</b>	<b>\$ 11,013</b>

**FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES**

DESCRIPTION	AMOUNT
<b>EXPENSES</b>	
ADVERTISING	\$ 1,475
OFFICE EXPENSE	\$ 5,989
TRAVEL	\$ 20,572
ANNUAL MEETING	\$ 36,189
OTHER CONFERENCES & MEETINGS	\$ 5,915
INSURANCE	\$ 1,393
MEMBERSHIP DUES	\$ 940
STATE FAIR EXPENSES	\$ 15,637
SUNDRY	\$ 8,045
<b>TOTAL</b>	<b>\$ 96,155</b>

**FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

DESCRIPTION	AMOUNT
INCREASE IN PAYROLL LIABILITIES AT 12/31/11	\$ -405

**FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES**

Name of the organization

ILLINOIS TRACTOR PULLING

Employer identification number

37-1018689

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PAYROLL TAX WITHHOLDING	\$ 1,199	\$ 1,604

## FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

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

## FORM 990-EZ, PART III, LINE 31 - ALL OTHER ACCOMPLISHMENT

SEE DESCRIPTION FOR PRIMARY EXEMPT PURPOSE