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Form

nt of the Treasury

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047 2011

Open to Public Inspection:

Form 990 (2011)

Internal Revenue Service For the 2011 calendar year, or tax year beginning and ending Employer identification number C Name of organization ASSOCIATION OF ILLINOIS SOIL & Check if applicable: WATER CONSERVATION DISTRICTS Address change Doing Business As 37-6048356 Name change Number and street (or P.O box if mail is not delivered to street address) Room/sulte initial return 217-744-3414 4285 NORTH WALNUT STREET ROAD City or town, state or country, and ZIP + 4 62707 577,431 SPRINGFIELD IL Amended return G Gross receipts \$ Name and address of principal officer. Application pending H(a) Is this a group return for affiliates? RICHARD NICHOLS 4285 NORTH WALNUT STREET ROAD 62707 SPRINGFIELD ΙL X 501(c) 4947<u>(a)(1) or</u> 527 501(c)(3) WWW.AISWCD.ORG Website: 🕨 H(c) Group exemption number Year of formation: 1947 IL Corporation Trust X Association M State of legal domicile: Form of organization: Part I Summary 1 Briefly describe the organization's mission or most significant activities: PROMOTING THE INTEREST OF THE 98 LOCAL SOIL AND WATER DISTRICTS IN ILLINOIS Governance WHICH ARE SMALL GOVERNMENT ENTITIES. if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 Check this box ▶ 24 3 Number of voting members of the governing body (Part VI, line 1a) 24 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 7a Total unrelated business revenue from Part VIII, column (C), line 2a)

b Net unrelated business taxable income from 2 5 6 O 7a 0 7b Prior Year Current Year IRS Ogden, Utah 343,541 476,878 8 Contributions and grants (Part VIII, line 1h) 181,410 62,240 Program service revenue (Part VIII, line 2g) 10,755 9,600 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 28,713 31,526 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 567,232 577,431 12 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12) 116,606 187,656 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 174,263 157,593 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) X 6 125 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 215,609 288,678 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) RECEIVED 579,547 560,858 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -12,315 16,573 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 565,077 568,469 20 Total assets (Part X, line 16) 114,862 101,681 21 Total liabilities (Part X, line 26) 466,788 450.215 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying selection of perjury. I declare that I have examined this return, including accompanying selection of perjury, I declare that I have examined this return, including accompanying selection of 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 intermediate or which preparer has any knowledge. Sign RICHARD NICHOLS Here EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Paid LORI K. MILOSEVICH P00626782 Preparer **ESTES** BRIDGEWA'FE 37-0265152 Firm's EIN **Use Only** 901 S SECOND ST 217-528-8473 SPRINGFIELD. 62704 Phone no X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

SCIANNED JUL 10 2014

om: 990 (2011) ASSOCIATION OF	' ILLINOIS SOIL &_	37-6048356	Page 2
	Service Accomplishments		
	tains a response to any question	on in this Part III	X
1 Briefly describe the organization's mission			
PROMOTING THE INTERES		SOIL AND WATER DIS	TRICTS IN ILLINOIS
WHICH ARE SMALL GOVER			
WILLIAM STATES			
2 Did the organization undertake any significant			□,, 50
prior Form 990 or 990-EZ?			Yes X No
If "Yes," describe these new services on S			
3 Did the organization cease conducting, or	make significant changes in how it co	nducts, any program	
services?			Yes X No
If "Yes," describe these changes on Sche			
4 Describe the organization's program servi	ice accomplishments for each of its thr	ree largest program services, as me	asured by
expenses. Section 501(c)(3) and 501(c)(4	I) organizations and section 4947(a)(1)) trusts are required to report the am	ount of
grants and allocations to others, the total			
,			
4a (Code:) (Expenses \$	29,961 including grants	of S	Revenue \$ 26,069
ANNUAL CONVENTION, DIR	ECTOR MEETINGS SE	MINARS WORKSHOPS	COMMITTEE
MEETINGS AND EDUCATION	MAT CTACCEC		
,			
*** **** ***** ******			

4b (Code:) (Expenses \$	340,205 including grants	of \$ 187,656)	Revenue \$ 476,878
98 SOIL AND WATER CON			
AND 98 DIRECTORS ALSO			
· · · · · · · · · · · · · · · · · · ·			
•.,,			

*			
4c (Code:) (Expenses \$	32,239 including grants	of \$)	Revenue \$ 29,444
HEALTH AND LIFE INSUR	ANCE PREMIUMS FOR		11111
DISTRICTS IN THE STAT	E OF ILLINOIS.		
**** *** * *** *** ****** *** * ****			
4d Other program services. (Describe in Sch	nedule O.)		
	including grants of \$) (Revenue \$	32,796)
4e Total program service expenses ▶	447,878		

Pa	irt IV Checklist of Required Schedules			
	,		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schadule A	1 1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
•		3		x
4	candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	 -		
4]	,
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	<u> </u>	├
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,		1	l
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,] _ ,	1	
	Part III	5	├	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	·	İ	ĺ
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If)	l
	"Yes," complete Schedule D, Part I	6_	L	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	1	ĺ	(
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		<u> </u>	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		1	ł
	complete Schedule D, Part III	8_	Ĺ	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,"	ļ	!	Ì
	complete Cohodate D. Book N.	9	[x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	<u> </u>		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	j	x
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		1000	
11		333	1.0	(1) (2)
	VII, VIII, IX, or X as applicable.	, <u>**</u>	\$.W.	1000
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	١		ĺ
	complete Schedule D, Part VI	11a	X	
ь		}	ļ	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	İ		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	İ	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 lax 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
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	x	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	- <u></u>	 -	
•	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	x	ì
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	X
				X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	├	^
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	}		l
	fundraising, business, investment, and program service activities outside the United States, or aggregate	l		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	 	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	ł	ł	
	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	[1	
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	<u></u>	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 (see instructions)	17	1	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	<u> </u>	\vdash	<u> </u>
. •		19	ľ	x
20a	If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	 	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20b	Ι	 -

19? Note. All Form 990 filers are required to complete Schedule O

Page 4 Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or organization X in the United States on Part IX, column (A), line 17 tf "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 22 on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III 22 X Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated X employees? If "Yes," complete Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 X 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b ь 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? 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 b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II X Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L. 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X Schedule L, Part IV 28b C 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 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M X 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 conservation contributions? If "Yes," complete Schedule M X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. 31 31 X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 complete Schedule N, Part II X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, X IV, and V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 35a 35a 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 X Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI. lines 11 and

X

Pà	art'V 'Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response to any question in this Part V					
			ı		Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	3	الزندال	7.3	
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			او معتريها	×.	1.4
	reportable gaming (gambling) winnings to prize winners?			1c		<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			1,5	5.7	10.00
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	2			1.
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	٠.		2b	X	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			1	100	F
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	L	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			. 3ь	Ĺ	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	ority		Ì	ł	{
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ial		j]
	account)?			4a	ļ.,	X
ь	If "Yes," enter the name of the foreign country: ▶			3	345	-
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Acc	counts.	•	wife:		<u> </u>
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	17		5b	↓	X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c	ļ	↓
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			ł	ļ	ł
	organization solicit any contributions that were not tax deductible?			6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions	or		Ì	l	1
	gifts were not tax deductible?			6b	ļ.,,	 `
7	Organizations that may receive deductible contributions under section 170(c).				. 4	1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goo	ds		\	<i>:</i>	1.3
	and services provided to the payor?			7 <u>a</u>		↓
Ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		₩
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			ł	l	1
	required to file Form 8282?	(1	, ,	7c_	 	₩
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	L		<u>'</u>	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contr	-		<u>7e</u>	├	₩
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	 	ــــ
9	If the organization received a contribution of qualified intellectual property, did the organization file Form		• • •	79	├	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	n file a	Form 1098-C?	7h		₩
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			1: *	1 10.51	:
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			1. 2.3	' · · ·	13.7
_	organization, have excess business holdings at any time during the year?			- 8		٠.,
9	Sponsoring organizations maintaining donor advised funds.			1	11.7	1.3
2	Did the organization make any taxable distributions under section 4966?			9a	 	├
ь 40	Did the organization make a distribution to a donor, donor advisor, or related person?	• • •		9b	 	
10	Section 501(c)(7) organizations. Enter:	10a	l			'
a	Initiation fees and capital contributions included on Part VIII, line 12	_		(:::;.		١.
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<u> 10b</u>				``
11	Section 501(c)(12) organizations. Enter:	احمها	1	11.7		
a	Gross income from members or shareholders	11a			17 1	
þ	Gross income from other sources (Do not net amounts due or paid to other sources	445		6 y 2.	19. 19	1.3
42-	against amounts due or received from them.)	116	<u> </u>			ř : :
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1		r	12a	كالمأماة	م تترون
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u> </u>			jo.
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				1789	112 P
2	Is the organization licensed to issue qualified health plans in more than one state?			13a	. 1 134.	- I
	Note. See the instructions for additional information the organization must report on Schedule O.			Sec. 1	13	
Þ	Enter the amount of reserves the organization is required to maintain by the states in which	425	1	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
	the organization is licensed to issue qualified health plans	13b		<u>: </u>	100	李
C 145	Enter the amount of reserves on hand	13c	L	44-	1,200	X
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	├	├ ^
<u>0</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		<u> </u>	. 14b		L

Form 990 (2011) ASSOCIATION OF ILLINOIS SOIL & 37-6048356 Page 6 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 Section A. Governing Body and Management No Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 24 16 Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X 6 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, ь X stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 7 X a The governing body? X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O ... Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No X 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes." did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete 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. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 X 13 14 Did 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? The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection, Indicate how you made these available. Check all that apply.

17	List the states with which a copy of this Form 990 is required to be filed	T
11	List the states with which a copy of this form 990 is required to be filed P	

- - Own website Another's website X Upon request
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year.
- State the name, physical address, and telephone number of the person who possesses the books and records of the SHERRY FINN 4285 NORTH WALNUT ST organization:

IL 62707

217-744-3414

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

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 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 employees."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week (describe	bo	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/10 99 M ISC)	from the organization end releted organizations
(1) JAMES TODD		 		\vdash						
PRESIDENT	5.00	X	L_	X				0	0	0
(2) LONNIE WILSON				1		ļ ļ				
VICE PRESIDENT	5.00	X	Ĺ_	X				0	0	0
(3) VAN BITNER	1	l	ĺ	ĺ		i i				
SECRETARY	5.00	X	<u>L</u>	X				0	0	0
(4) PHIL FOSSLER		1	Ì			} }		}		
TREASURER	5.00	X	L	X		\bigsqcup		0	0	0
(5) JERRY SNODGRASS	1							'		
AREA I VP	5.00	X		Ĺ				0	0	0
(6) DARRELL ROEGGE	ĺ			ľ		1 1				
AREA II VP	5.00	X		L				0	0	0
(7) STEVE STIERWALT	}		١.,	l		1 1				
AREA III VP	5.00	X		L				0	0	0
(8) KENNY VOSHOLLER	<u> </u>									
AREA IV VP	5.00	X						0	0	0
(9) TIM KELLER	}									
COUNCIL 1	5.00	X						0	0	0
(10) JIM KING						[
COUNCIL 2	5.00	X						0	0	0
(11) LEE BUNTING										
COUNCIL 3	5.00	X						0	0	0
(12) TERRY DAVIS										
COUNCIL 4	5.00	X						0	0	0
(13)DAN DUVAL										
COUNCIL 5	5.00	X		L_	<u> </u>			0	0	0
(14) RANDY MOLITORIS										
COUNCIL 6	5.00	X						0	0	0

	, Directors, Tru	ste	s, K	ey E	mpi	oyet	35 , i	and Highest Compensated	Employees (continued)	
(A) Name and titip	(B) Average hours per week (describe hours for	of	ox, uni	Pot check ess po and a c	erson directo	then is both	1 811 (00)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations in Schedule O)	Individual trustee or director	Institutional trustes	Officer	Key amployee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(15) JIM BELL COUNCIL 7	5.00	x						0	0	(
(16) DAVID MCCORMICK COUNCIL 8	5.00	x						0	0	
(17) TERRY MONKE COUNCIL 9	5.00	x						0	0	(
(18) DANIEL DOEDTMAN COUNCIL 10	5.00	x						0	0	
(19) AARON FERGUSON COUNCIL 11	5.00	x						0	0	
(20) DON BEISIEGEL COUNCIL 12	5.00	x						0	0	(
(21) TOM BEYERS COUNCIL 13	5.00	x				-		0	0	
(22) TOM ANDERSON COUNCIL 14	5.00	x						0		
(23) CARLYN LIGHT COUNCIL 15	5.00	x			-			0	0	(
(24) DON LLOYD COUNCIL 16	5.00	x						0	0	(
(25)	3.50						Γ			
Sub-total . Total from continuation she Total (add lines 1b and 1c) . Total number of individuals (increportable compensation from	cluding but not lin	nited	to th		liste	d abo	> > >) who received more than \$1	00,000 in	
 3 Did the organization list any for employee on line 1a? If "Yes," 4 For any Individual listed on line organization and related organization and related organization and related on line 1a for services rendered to the organization. 	rmer officer, directions of the sum of the s	ector, ule J if rep than	or to for a cortal \$150	ole co 0,000	indiv ompo 1? If 	idual ensa Yes, rom	tion " co any	and other compensation from the state of the such that are the suc	m the	Yes No 3 X 4 X
Section B. Independent Contract 1 Complete this table for your five	e highest compe									
compensation from the organiz	zation. Report co (A) business address	mpei	<u>nsati</u>	on fo	r the	cale	nda		the organization's tax year. (3) tion of services	(C) Compensation
				.						
						_	-		· · · · · · · · · · · · · · · · · · ·	
							_			
2 Total number of independent of	ontradore (incl.	dina		ot li-	nito-	16.4		a listed shows) who		

received more than \$100,000 of compensation from the organization

Part V		TILLE .		(A)	(B) Related or	(C)	(D) Revenue
				Total revenue	Related or exampt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
3.8 1a	Federated campaigns	1=		1 m 1 3 1 1 1			
= =	Membership dues	1b	161,947			1.0	
	Fundraising events	1c		1 '			
SE d		10				flui.	
7골(Government grants (contributions)	18	314,931		. "		
:25	All other contributions, pitts, grants,						[
	and similar amounts not included above	16			, ·		
ŏ,	Noncash contributions included in lines 1a						
	Total. Add lines 1a-1f		>	476,878)		48. S. S.
			Busn, Code				20, 14,45000 10
€ 2a	INSURANCE REVENUE			29,444	29,444		
E b	., ,.		· [15,450	15,450		
를 c	,	•		7,928	7,928		
			· [6,168	6,168		1
E e	EARTH STEWARDSHIP D	AY		3,250			
Program Service Revenue	f Ali other program service reve		[
ولة	Total. Add lines 2a-2f	<u></u> .	,	62,240	The second second		A A Comment
3	Investment income (including	dividends, in	lerest,				}
	and other similar amounts)		•	9,600	9,600	<u> </u>	
4	Income from investment of tax	-exempt bon	d proceeds 🕨				
5	Royalties		<u> , . ▶</u>				
	(i) Real		(ii) Personal		7		70
6a	Gross rents						CONTRACT VIEW
Ь	Less; rental exps.]	1	-	
c	Rental Inc. or (loss)						1.0
_d							<u> </u>
7a	Gross amount from (i) Securities		(ii) Other	1 1 No. 1			Ar. Tr
-	other than inventory				"		
b	Less: cost or other	ļ		3. A. V.			
- }	basis & sales exps.		······			11000	
C	Gain or (loss)			,	,	12	The state of the s
4	Net gain or (loss)	·	<u>.</u>				
<u></u> 8a	Gross income from fundraising eve	nts					100
	(not including \$						
	of contributions reported on line 1c). [11.			and the second second
Other Reven	See Part IV, line 18	a					*
ξļb	Less: direct expenses	. •			ر قر		
_ C	Net income or (loss) from fund		ls 🕨	 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<u> </u>
9a	Gross income from gaming activities	. 5.		建			表现是一个
1	See Part IV, line 19	a				門的機能與影響	E .
	Less: direct expenses	. b	. — . —	}	}		
	Net income or (loss) from gam	ing activities	<u> </u>		<u> </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	To the same and the same
10a	Gross sales of inventory, less	}				and the second	
	returns and allowances	a				17 % 湯湯	The second
	Less: cost of goods sold	. bl			` ' ' ' ' ' '		ati i i iki ili
}~ <u>c</u>	Net income or (loss) from sale:			 -,,-,	 	, g ₂ ,	
44-	Miscellaneous Revenue		Buan, Code	25.050			1986 2019 18
11a		CES	·	26,069			<u> </u>
b	••••		<u> </u>	2,644	2,644		<u></u>
[
d			٠ ــــــ	00 740		127 (2012)	·
e	Total Add lines 11a-11d			28,713			
112	Total revenue. See instruction	ns	<u></u>	577,431	100,553	0	

Form 990 (2011)

Part IX Statement of Functional Expenses

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

Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraleing expenses
1	Grants and other assistance to governments and			all the second second second	AND THE PARTY OF T
	organizations in the U.S. See Part IV, line 21	187,656	187,656	· 1754 中國教育主义	
2	Grants and other assistance to individuals in				Section of the last
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the			Y	
	U.S. See Part IV, lines 15 and 16			1/ est \$1.11. \$	
4	Benefits paid to or for members			a bend grown ag	一个种的方式和
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	Į			}
	persons described in section 4958(c)(3)(B)	105 000	404 400		ļ
7	Other salaries and wages	135,332	101,499	33,833	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	14 600		2 222	
9	Other employee benefits	11,608	8,706	2,902	
10	Payroll taxes	10,653	7,991	2,662	
11	Fees for services (non-employees):				
a	Management				ļ
b	Legal	4 000		4 200	
C	Accounting	4,200		4,200	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	investment management fees	24 000		24 000	
g		24,000		24,000	
12	Advertising and promotion	10,958		10,958	
13	Office expenses	10,936		10,938	
14	Information technology				
15 16	Royalties				
17	Occupancy	1,937	969	968	
18		1,95,		300	 -
10	Payments of travel or entertainment expenses for any federal, state, or local public officials		•		
19	Conferences, conventions, and meetings	31,615	28,992	2,623	
20	= • •	7,805	20,332	7,805	
21	Payments to affiliates	7,005		7,003	
22	Description depletion and empetization	13,844		13,844	
23	Insurance	32,239		13,044	
24	Other expenses. Itemize expenses not covered	32,233	32,233	3.3	5
	above. (List miscellaneous expenses in line 24e. If				the are received a
	line 24e amount exceeds 10% of line 25, column	ان ا			
	(A) amount, list line 24e expenses on Schedule O.)		رون مونهاکار د	الإنتاج الإنتاج الإنتاج الإنتاج الإنتاج الإنتاج الإنتاج الإنتاج الإنتاج الانتاج الانتاج الانتاج الانتاج الانتا الإنتاج الإنتاج الإنتاج الإنتاج الإنتاج الانتاج الإنتاج الإنتاج الانتاج الانتاج الانتاج الانتاج الانتاج الانتا	Ne kilder for h
	GRANTS	31,090	31,090		Transport State Country
b	ENVIROTHON	17,777	17,777		
c	IDNR FIRE EQUIPMENT	13,725	13,725		
d	BUILDING MAINTENANCE	7,280		7,280	
e	All other expenses	19,139	17,234	1,905	
25		560,858	447,878	112,980	
25 26	Joint costs. Complete this line only if the	300,030			
	organization reported in column (B) joint costs				
					-
	from a combined educational campaign and fundraising solicitation. Check here ▶ ¦ if				

Part :	X 'Balance Sheet	(A) Beginning of year		(B) End of year
Τ.	Cash—non-interest bearing	306,984	1	324,220
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
1	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key	5 7 7 7 7 7		3 (2) 1 March 20 3 3 1
"	employees, and highest compensated employees. Complete Part II of			11.00
ł	Schedule L		5	1
6	Receivables from other disqualified persons (as defined under section	Contract of the Contract of th		Control of the second
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	1985 2000 201	20	
-	employers and sponsoring organizations of section 501(c)(9) voluntary		, , ,	
_	employees' beneficiary organizations (see instructions)] ' ' ' ']	6	. 1 8 80 11 11 11 11 11
			7	
₹ 8	Inventories for sale or use	 	8	
9	Prepaid expenses and deferred charges		9	
- { -	Land, buildings, and equipment: cost or	13. 4 3.84	7	19 15 N. 15 N. 15 N. 15 N. 15 N. 15 N. 15 N. 15 N. 15 N. 15 N. 15 N. 15 N. 15 N. 15 N. 15 N. 15 N. 15 N. 15 N.
'''	other basis. Complete Part VI of Schedule D 10a 315, 91			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1.	Less: accumulated depreciation 10b 71,67	_	100	•
11	Investment with to and a section		11	
12	Investments—publicy traces securities Investments—other securities. See Part IV, line 11		12	
13	Investments—program-related. See Part IV, line 11	 	13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
18		565,077	16	568,469
17	Total assets. Add lines 1 through 15 (must equal line 34)	3,346	17	224
18	Grants payable	3,340	18	
19	Deferred revenue		19	
20		 	20	
	Tax-exempt bond liabilities			
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	100
ys 22	Payables to current and former officers, directors, trustees, key		٠,	
labilities	employees, highest compensated employees, and disqualified persons.		٠.	1
<u> </u>	Complete Part II of Schedule L	111,516	22	101,457
23	Secured mortgages and notes payable to unrelated third parties	111,310	23	101,457
24	Unsecured notes and loans payable to unrelated third parties	 	24	
25	Other liabilities (including federal income tax, payables to related third			
- [parties, and other liabilities not included on lines 17-24). Complete Part X	· l		1
120	of Schedule D	114,862	25	101,681
26			<u>26</u>	Wilds on a design of the
ا م	Organizations that follow SFAS 117, check here		7	
يَّ ا	Ilnes 27 through 29, and lines 33 and 34.	440,156	74. ·	ACC 700
E 27	Unrestricted net assets		27	466,788
28	Temporarily restricted net assets	10,059	28	
돌 29	Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ and	1.00/00/2012 - 1.00/00/2012	<u> 29</u>	Similar to some states in the second
27 28 29 29 29 29 29 29 29 29 29 29 29 29 29			Ŷŧ.	
ğ	complete lines 30 through 34.		• • • •	1
30 31 32 32		 	30	
2 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	Retained earnings, endowment, accumulated income, or other funds	450 045	32	422 = 22
33	Total net assets or fund balances	450,215		466,788
34	Total liabilities and net assets/fund balances	565,077	34	568,469

Form	990 (2011) ASSOCIATION OF ILLINOIS SOIL & 37-6048356			Pag	ge 12
Pa	nt XI '-Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				几
1	Total revenue (must equal Part VIII, column (A), line 12)	_1	57	77,	431
2	Total expenses (must equal Part IX, column (A), line 25)	2	56	50,1	858
3	Revenue less expenses. Subtract line 2 from line 1	3		6,	573
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	45	50,	215
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6	46	6,	788
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XI)				л
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Cother MODIFIED Co	ASH	. * F		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	ŀ			1.2
	Schedule O.		.}	*/*	4
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	ļ	1 1	- 1	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in		[Y-7]		煮
	Schedule O.	ŀ	15.6	100	100
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		1	W. #	
	issued on a separate basis, consolidated basis, or both:			l	, N
	Separate basis		'3'	× .	
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		1	ł	
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	.			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		
		-	For	n 990	(2011)

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. OMB No. 1545-0047

▶ Attach to Form 990. ▶ See separate instructions. Employer Identification num Name of the organization ASSOCIATION OF ILLINOIS SOIL & 37-6048356 WATER CONSERVATION DISTRICTS Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other eccounts Total number at end of year _____ Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Heid at the End of the Tax Year 2a a Total number of conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 4 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year • 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? ______ Yes ___ No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1

Sche	tule D (Form 990) 2011 ASSOCIA	CION OF ILL.	INOIS SOIL	<u>&</u>	<u>37-60483</u>	<u> 56 </u>		Pa	ge Z
	rt·III · Organizations Maintaini	ng Collections of	Art, Historical Ti	reasures, or	Other Similar	Assets (c	ontinue	1)	
3	Using the organization's acquisition, access collection items (check all that apply):	sion, and other records	, check any of the folio	owing that are a	significant use of i	ts			
а	Public exhibition	d 🗌	Loan or exchange pr	ograms					
b	Scholarly research	e 🗌	Other						
C	Preservation for future generations	_							
4	Provide a description of the organization's	collections and explain	how they further the o	rganization's ex	empt purpose in P	art			
	XIV.								
5	During the year, did the organization solicit						_		
	assets to be sold to raise funds rather than	to be maintained as pa	rt of the organization's	s collection?		<u></u>	Ye	5	No
Pa	rt IV Escrow and Custodial A			nization answ	ered "Yes" to	Form 990,	Part IV,		
	line 9, or reported an amo				-,				
1a	is the organization an agent, trustee, custo	dian or other intermedia	ary for contributions or	other assets no	1		_		
	included on Form 990, Parl X?						. L Ye	₽ ∐	No
Ь	If "Yes," explain the arrangement in Part XI	V and complete the foli	owing table:		ſ				_
							Amount		—
C	Beginning balance					1c			—
ď	Additions during the year					1d			
е	Distributions during the year					1e			—
f	Ending balance					1f			
	Did the organization include an amount on		21?				∐ Ye	5 <u> </u>	No
	If "Yes," explain the arrangement in Part XI								
<u>Pa</u>	rt V Endowment Funds. Com			T*	~ _		T		
		(a) Current year	(b) Prior year	(c) Two year	s beck (d) Th	ree years back	(e) Four	years t	xeck
1 a	Beginning of year balance						350 0 0 0 0		1 ° 26 ° ,
Ь	Contributions						7.14	2 (() 4 () 1 (9,7%
C	Net investment earnings, gains, and		1	}	ł		1		v_{ij}
	losses		 				Charles in the	70 S	<u>,,,,,,,,</u>
d	Grants or scholarships	ļ	 				M. M. 1845	****	<u> </u>
e	Other expenditures for facilities and		1						
	programs		<u> </u>				Ref. 4		17.
f	Administrative expenses						13 14 13 Kg 17	3	3
g	End of year balance		<u> </u>				40.55	***	44
2	Provide the estimated percentage of the cu	irrent year end balance	(line 1g, column (a))	held as:					
а	Board designated or quasi-endowment	%							
Ь	Permanent endowment	%							
C	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2c sh	ould equal 100%.							
3 a	Are there endowment funds not in the poss	ession of the organizat	tion that are held and	administered for	the		r	—-	
	organization by:							Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ii)		
þ	If "Yes" to 3a(ii), are the related organization	ns listed as required or	n Schedule R?				. 3b		
4	Describe in Part XIV the intended uses of the	he organization's endo	wment funds.						
<u>Pa</u>	rt VI Land, Buildings, and Eq	uipment. See For	m 990, Part X, line	e 10.					
	Description of property	(a) Cost or other	r basis (b) Cost	or other basis	(c) Accumulate	d	(d) Book	value	
		(Investmen	()	other)	depreciation				
	Land			23,683	·			23,0	
þ	Buildings			249,733	40	, 945	20	8,	<u> 788</u>
C	Leasehold improvements								
d	Equipment			31,228		,718		3,5	
	Other	<u>. </u>		11,275	3	,007		8,2	
Total	. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part	X, column (B), line 10	(c).)		▶	24	14,2	249
									

Schedule D (Fo	om 990) 2011 ASSOCIATION OF ILLINOI	S SOIT &	37-0048336	Page 3
	Investments—Other Securities. See Form 990,	Part X, line 12.		·
	(a) Description of security or category	(b) Book value	(c) Method of	
	(including name of security)		Cost or end-of-yea	r markel value
	erivatives			
(2) Closely-hel	d equity interests			
(3) Other				
. (A)				
. (B)				
. (Ċ)				
(D)			 	
(E)				
(F)				
. (G)				
(Ḥ) .				
(I)	(b) must equal Form 990, Part X, col. (B) line 12.)			The same of the same of
Part VIII	h (b) must equal Form 990, Part X, col. (B) line 12.) Investments—Program Related. See Form 990,	Part X line 13	The second of th	And the Control of th
FAIL VIII	(a) Description of investment type	(b) Book value	(c) Method of	valuation'
	(a) past bross or inconstant the	(0,000	Cost or end-of-ye	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)			 	
(8)				
(9)				
(10)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			1994 74
Part IX	Other Assets. See Form 990, Part X, line 15.			
	(a) Description	···		(b) Book value
(1)				
(2)				
(3)	 			
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)	(A) -4 -4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
Part X	(b) must equal Form 990, Part X, col. (B) line 15.)	<u></u>	·····	
	(a) Description of liability	(b) Book value	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	king of the state
1.	ncome taxes	(b) Book value	\dashv	
	ricome taxes		┥. チ:: '	
(3)			┥.	Carlot of the state of
(4)				944
(5)			┥	\tilde{r}
(6)			- 	
(7)				
(8)			\dashv	A STATE OF THE STA
(9)			⊣ ։	
(10)			\dashv	in the state of the state of
(11)		·	十分是 原物	
	(b) must equal Form 990, Part X, col. (B) line 25.)			
	2 740) Footnote. In Part XIV provide the text of the footnote to the	e organization's financia	i statements that reports the	

	Jule D (Form 990) 2011 ASSOCIATION OF ILLINOIS SOIL 8		/~6048356	Page 4
Pa	ft XI Reconciliation of Change in Net Assets from Form 990 to A	udited Financ	cial Statements	
1	Total revenue (Fprm 990, Part VIII, column (A), line 12)			577,431
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	560,858
3	Excess or (deficit) for the year, Subtract line 2 from line 1			16,573
4	Net unrealized gains (losses) on investments			·
5	Donated services and use of facilities			
6	Investment expenses			
7	Prior period adjustments			
8	Other (Describe in Part XIV.)		8	
9	Total adjustments (net). Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10	16,573
Pa	rt XII Reconciliation of Revenue per Audited Financial Statement	s With Rever	ue per Return	
1	Total revenue, gains, and other support per audited financial statements		1	577,431
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		100	
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV.)	2d		
e	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	577 ,4 31
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		6 (1%) (12 A)	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3.70	•
b	Other (Describe in Part XIV.)	4b		
C	Add lines 4a and 4b		46	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	577,431
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statemen	nts With Expe	nses per Return	
1	Total expenses and losses per audited financial statements		1	560,858
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		1890.	
a	Donated services and use of facilities	2a		
Ь	Prior year adjustments			
C	Other losses	2c		
d	Other (Describe in Part XIV.)	2d		
e	Add lines 2a through 2d			
3	Subtract line 2e from line 1			560,858
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)	4b		
C			4c	
	/ Wo, mico Tal only To			
	1000 100100000 000 000001000 0 00000000			560,858
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5_	560,858
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIV Supplemental Information			560,858
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIV Supplemental Information lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	1a and 4; Part IV	, lines 1b and 2b;	560,858
Pa Comp	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIV Supplemental Information	1a and 4; Part IV	, lines 1b and 2b;	560,858
Part \	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) It XIV Supplemental Information Sete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 7, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4dditional information.	1a and 4; Part IV 4b. Also complete	lines 1b and 2b; this part to provide	
Pa Comp Part \	Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIV Supplemental Information lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and	1a and 4; Part IV 4b. Also complete	lines 1b and 2b; this part to provide	
Part \ ny a	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) It XIV Supplemental Information Sete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 7, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4dditional information.	1a and 4; Part IV 4b. Also complete	tines 1b and 2b; this part to provide	
Part \	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIV Supplemental Information lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines /, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and dditional information.	1s and 4; Part IV 4b. Also complete	this part to provide	
Part \	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIV Supplemental Information lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 7, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4dditional information.	1s and 4; Part IV 4b. Also complete	this part to provide	
Part \	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIV Supplemental Information lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines /, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and dditional information.	1a and 4; Part IV 4b. Also complete	this part to provide	
Pacomp	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIV Supplemental Information Sete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and dditional information.	1a and 4; Part IV 4b. Also complete	this part to provide	
Pa Comp art \	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIV Supplemental Information lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 7, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4dditional information.	1a and 4; Part IV 4b. Also complete	this part to provide	
Part \ compart \ ny a	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIV Supplemental Information Sete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and dditional information.	1s and 4; Part IV 4b. Also complete	tines 1b and 2b; this part to provide	
Pacomp	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIV Supplemental Information lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and dditional information.	1s and 4; Part IV 4b. Also complete	tines 1b and 2b; this part to provide	
Pacomp	Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIV Supplemental Information lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 7, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4dditional information.	1s and 4; Part IV 4b. Also complete	tines 1b and 2b; this part to provide	

Schedule D (F	om 990) 2011	ASSOCIATION	OF ILLINO	S SOIL &	37-6048356	Page 5
Part XIV	'-Supplemer	tal information (co	ontinued)			
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SCHEDULE (Form 990)

Grants and Other Assistance to Organizations,

Open to Public Inspection 2 X

OMB No. 1545-0047 201

(h) Purpose of grant or assistance **∀es** CREP GRANT CREP GRANT CREP GRANT CREP GRANT GRANT CREP GRANT CREP GRANT CREP GRANT CREP GRANT to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000 Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" CREP non-cash assistance (g) Description of Employer Identification number 37-6048356 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States (e) Amount of noncash assistance ► Attach to Form 990. 14,592 14,825 14,042 27,559 22,796 14,873 28,790 10,042 the selection criteria used to award the grants or assistance?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 40,137 (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable 4 4 4 37-6021642 4 37-0812399 4 37-0905280 4 ASSOCIATION OF ILLINOIS SOIL Part II can be duplicated if additional space is needed WATER CONSERVATION DISTRICTS 37-1124631 37-0813140 37-0811894 37-6020874 37-6020542 37-0975374 General Information on Grants and Assistance (p) EIN IL 62263 IL 62471 IL 61727 IL 61455 IL 62703 IL 62565 IL 62220 II 61951 IL 62691 (a) Name and address of organization SUITE 3 2623 SUNRISE DRIVE, SUITE 1 (9) WASHINGTON COUNTY SWCD 424 E HOLZHAUER DRIVE NASHVILLE (3) MCDONOUGH COUNTY SWCD 652 SOUTH MAIN STREET or government (4) SANGAMON COUNTY SWCD (6) MOULTRIE COUNTY SWCD 1412A SOUTH HAMILTON 111 N CEDAR STREET, (8) ST CLAIR COUNTY SWCD 2031 MASCOUTAH ROAD (5) FAXETTE COUNTY SWCD 301 S THIRD STREET (2) DEWITT COUNTY SWCD (7) SHELBY COUNTY SWCD 5920 REVERE ROAD (1) CASS COUNTY SWCD 1607 W. JACKSON Department of the Treesury Internal Revenue Service SPRINGFIELD Name of the organization SHELBYVILLE BELLEVILLE SULLIVAN VANDALIA VIRGINIA CLINTON MACOMB Part II Part

For Paperwork Reduction Act Notice, see the instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2011)

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2 4 4 5 7 7 Tabidity: Supplemental Information Complete this part to prov	e this part to provi	ide the information required in Part I	equired in Part I, line 2,	2, and any other additional information.	information.
	e this part to provi	de the information n		aud	information.
	e this part to provi	de the information n		and	information.
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SCHEDULE_O (Form 990 or 990-EZ)

Department of the Tressury 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.

2011
Open to Public solution

Name of the organization

ASSOCIATION OF ILLINOIS SOIL & WATER CONSERVATION DISTRICTS

Employer Identification number 37-6048356

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT

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

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

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

THE AISWCD IS MADE UP OF SIXTEEN COUNCILS AS ITS ORGANIZATIONAL STRUCTURE.

EACH COUNCIL IS COMPRISED OF FOUR TO EIGHT SWCD'S WHO HAVE JOINED TOGETHER

BASED ON SIMILAR INTERESTS AND GEOGRAPHIC CONDITIONS. MEMBERS OF THE AISWCD

BOARD OF DIRECTORS ARE ELECTED BY THE DISTRICTS THAT COMPRISE EACH COUNCIL.

EACH CONCIL ELECTS ONE DELEGATE AS A BOARD MEMBER AND ONE ALTERNATE BOARD

MEMBER. THE ALTERNATE DOES NOT HAVE VOTING AUTHORITY UNLESS THE DELEGATE

CANNOT PARTICIPATE. EACH YEAR AT THE ANNUAL MEETING OF THE MEMBERS, THE

VOTING BODY ELECTS THREE TO FOUR OFFICERS. IT IS THE RIGHT AND THE

RESPONSIBILITY OF THE BOARD TO GOVERN THE ACTIVITIES OF THE ASSOCIATION, TO

APPROVE THE AISWCD'S ANNUAL BUDGET AS ACCEPTABLE TO BE SUBJECT TO APPROVAL

BY THE VOTING BODY OF MEMBERS SWCD'S AND TO APPROVE EXPENSES OF THE AISWCD.

FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS
SWCD'S HAVE THE RIGHT TO BRING FORTH RESOLUTIONS THAT ARE SUBJECT TO
APPROVAL, FIRST AT THE COUNCIL LEVEL, SECOND AT THE BOARD OF DIRECTORS
LEVEL AND FINALLY BY THE VOTING BODY AT THE ANNUAL MEETING. REGARDLESS OF
THE DECISIONS OF THE COUNCIL AND THE BOARD OF DIRECTORS, THE VOTING BODY AT
THE ANNUAL MEETING HAS THE FINAL DECISION AS TO WHETHER A RESOLUTION PASSES
OR FAILS. RESOLUTIONS THAT HAVE BEEN APPROVED BY A MAJORITY OF THE VOTING
BODY AT THE ANNUAL MEETING BECOME PART OF THE ANNUAL PLAN OF WORK OF THE

Schedule O (Form 990 or 990-EZ) (2011) Page 2 Employer identification number Name of the organization ASSOCIATION OF ILLINOIS SOIL & 37-6048356 AISWCD. THE VOTING BODY AT THE ANNUAL MEETING ALSO HAS THE RESPONSIBILITY OF APPROVING THE AISWCD'S ANNUAL OPERATING BUDGET FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE 990 IS PREPARED BY A CPA, REVIEWED BY MANAGEMENT AND MADE AVAILABLE TO THE BOARD FOR REVIEW. FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY ON AN ANNUAL BASIS DIRECTORS, OFFICERS AND STAFF MEMBERS ARE REQUIRED TO SUBMIT A DISCLOSURE STATEMENT TO THE BOARD OF DIRECTORS. IF A CONFLICT EXISTS THE INDIVIDUAL IS NOT ALLOWED TO VOTE ON THE MATTER. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

179

Internal Revenue-Service

(99)

► See separate instructions.

Attach to your tax return.

Name(s) shown on return

ASSOCIATION OF ILLINOIS SOIL & WATER CONSERVATION DISTRICTS

Identifying number 37-6048356

	iss or activity to which this form relates NDIRECT DEPRECIA!	TION						
_		ense Certain Prope	erty Under Secti	on 179				
	Note: If you have	any listed property	complete Part V	before you co	mplete Part	<u>l. </u>		
1	Maximum amount (see instruction	ons)					1	500,000
2	Total cost of section 179 property	y placed in service (see	instructions)				2	
3	Threshold cost of section 179 pro			uctions)		L	3	2,000,000
4	Reduction in limitation, Subtract	line 3 from line 2. If zero	or less, enter -0-			[4	
5	Dollar limitation for tax year. Subtract	line 4 from line 1. If zero or	less, enter -0 If married	filing separately, se	e instructions		5	
6	(a) Descrip	ption of property	(b) Cost (business use or	ily) (c) Elected cost		The state of the s
								建筑的
7	Listed property. Enter the amoun	nt from line 29			7			THE REAL PROPERTY.
8	Total elected cost of section 179	property. Add amounts					8	
9	Tentative deduction. Enter the sa	maller of line 5 or line 8					9	
10	Carryover of disallowed deduction	on from line 13 of your 20	010 Form 4562			[10	
11	Business income limitation. Ente				ee instructions)		11	
12	Section 179 expense deduction.	Add lines 9 and 10, but	do not enter more tha	n line 11 ,		Г	12	
13	Carryover of disallowed deduction	on to 2012. Add lines 9 a	nd 10, less line 12	🛌	13			The second of the second
Note	: Do not use Part II or Part III belo	ow for listed property. Ins	itead, use Part V.					
Pa	rt II Special Deprecia	tion Allowance ar	d Other Deprec	ation (Do not	include liste	d property.) (Se	ee instructions)
14	Special depreciation allowance for	or qualified property (oth	er than listed propert	y) placed in servic	B			_
	during the tax year (see instruction	ons)					14	
15	Property subject to section 168(f			•• •		·· · · · [15	
16	Other depreciation (including AC						16	12,716
Pa	irt III - MACKS Debrecia	ation (Do not includ	de listed property	.) (See instruct	ions.)			
<u> P</u>	ift III MACRS Deprecia	ation (Do not includ	de listed property Section		ions.)			
			Section	A	ions.)		17	0
17	MACRS deductions for assets pl	laced in service in tax ye	Section ears beginning before	2011		· m		0
17	MACRS deductions for assets pla	laced in service in tax ye	Section ears beginning before ar into one or more general	2011 asset accounts, check	here 🕨			
17	MACRS deductions for assets plant you are electing to group any assets plant Section B.	laced in service in tax ye need in service during the tax ye —Assets Placed in Se (b) Month and year	Section ears beginning before ear into one or more general ervice During 2011 (c) Basis for deprecise	2011 asset accounts, check ax Year Using the	here ▶ ne General De	oreciation Sy	/sten	n
17 18	MACRS deductions for assets pla	laced in service in tax ye need in service during the lax ye —Assets Placed in Se	Section ears beginning before ear into one or more general ervice During 2011	2011 asset accounts, check ax Year Using ti ion (d) Recovery	here 🕨		/sten	
17	MACRS deductions for assets pla If you are electing to group any essets pla Section B. (a) Classification of property	laced in service in tax ye need in service during the tax ye —Assets Placed in Se (b) Month and year placed in	Section ears beginning before ear nto one or more general ervice During 2011 (c) Basis for deprecia (business/investment us	2011 asset accounts, check ax Year Using ti ion (d) Recovery	here ▶ ne General De	oreciation Sy	/sten	n
17 18	MACRS deductions for assets plant you are electing to group any assets plant section B. (a) Classification of property 3-year property	laced in service in tax ye need in service during the tax ye — Assets Placed in Se (b) Month and year placed in service	Section ears beginning before ear nto one or more general ervice During 2011 (c) Basis for deprecia (business/investment us	2011 asset accounts, check ax Year Using ti ion (d) Recovery	here ▶ ne General De	oreciation Sy	/sten	n
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17 18 19a b c	MACRS deductions for assets pla flyou are electing to group any assets pla Section B- (a) Classification of property 3-year property 5-year property 7-year property 10-year property	laced in service in tax ye need in service during the tax ye — Assets Placed in Se (b) Month and year placed in service	Section ears beginning before ear nto one or more general ervice During 2011 (c) Basis for deprecia (business/investment us	2011 asset accounts, check ax Year Using ti ion (d) Recovery	here ▶ ne General De	oreciation Sy	/sten	n
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17 18 19a b c	MACRS deductions for assets plant you are electing to group any assets plant section B. (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property	laced in service in tax ye need in service during the lax ye Assets Placed in Se (b) Month and year placed in service	Section ears beginning before ear nto one or more general ervice During 2011 (c) Basis for deprecia (business/investment us	2011 asset accounts, check ax Year Using the control of the contro	here ▶ ne General De	(f) Method	/sten	n
17 18 19a b c d e f	MACRS deductions for assets pla flyou are electing to group any assets pla Section B- (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property	laced in service in tax ye need in service during the tax ye —Assets Placed in Se (b) Month and year placed in service	Section ears beginning before ear nto one or more general ervice During 2011 (c) Basis for deprecia (business/investment us	asset accounts, check ax Year Using ti ion (d) Recovery period 25 yrs.	here Page General De	(f) Method	/sten	n
17 18 19a b c d e f	MACRS deductions for assets pla if you are electing to group any assets pla Section B (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property	laced in service in tax ye need in service during the lax ye Assets Placed in Se (b) Month and year placed in service	Section ears beginning before ear nto one or more general ervice During 2011 (c) Basis for deprecia (business/investment us	asset accounts, check ax Year Using ti ion (d) Recovery period 25 yrs. 27.5 yrs.	nere Perental Del	(f) Method	/sten	n
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JEEG (2011)				

Form	4562 (2U11)					_	_									
	art V	Listed Prope entertainment Note: For any ve 24b, columns (a)	t, recreation, e chicle for which v	or amuser	ment.)	dard mi	leace rai	e or ded	uctina le:							
_	<u> </u>		—Depreciation							ns for lin	nits for p	passenge	r automo	obiles.)		
	Do you hav	e evidence to support th	ne business/investmei	nt use claimed?		X	Yes	No	24b	If "Yes,"	is the	evidence	written?		Yes	X No
	(a) of property rehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d Cost or of	-		(e) sis for depr siness/lovi use only	stment	(f) Recovery period	' '	(g) Method/ onvention		(h) Deprecia deducts		Elected s	(i) section 179 lost
25	-	depreciation allowa	-	-				_				25		_	100	
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		ODGE CARA								T						
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27	Property	used 50% or less	in a qualified bus	iness use:												
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28		ounts in column (h)	_				1, page	1				28	1	,128		A COLUMN
<u>29</u>	Add amo	ounts in column (i).	line 26. Enter he								<u> </u>			. 29	<u> </u>	_
C	ninto this	section for vehicles	aad bu a cala	_					Vehicle:			lf		hi-l		
	-	ees, first answer th	•		•				-	•				nicles		
<u>10 yt</u>	or employ	ces, mst answer u	ic questions in o	CCION C 10 8		1)	_	b)		:)	T TOT	(d)		(=)		(f)
30	Total bu	siness/investment :	miles driven duri	ng	Veh			ihicle 4			1	nicle 6				
	•	(do not include co	•		<u> </u>		ļ		 		ļ		——		<u> </u>	
31		nmuting miles drive		er .	<u> </u>		 		 		<u> </u>		├ ─		├—	
32		er personal (nonco	ommuting) miles										1			
22	driven .	, 	Add lines		-		 		 				┼		<u> </u>	
33		es driven during th	e year. Add lines	i			į									
34	30 throu	vehicle available fo	or nereonal use	•	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
J		f-duty hours?	or personal ose		103	140	168	140	169	140	105	 10	168	HO.	162	NU
35	-	vehicle used prima	rily by a more	•		-	f	<u> </u>				†	†	 	<u> </u>	
		owner or related p					}	}			}	ł	1	•	ļ	1
36		er vehicle available		· ?								1	1	 		<u> </u>
			Section C-Qu		Employ	ers Wh	o Provid	de Vehic	les for	Jse by	Their E	evolom	es		_	
		questions to determ	nine if you meet a	n exception						-						
37	Do you r	naintain a written p	olicy statement t	hat prohibits	all perso	nal use	of vehic	es, inclu	ding com	muting,	by				Yes	No
	your em	oloyees?														
38	Do you n	naintain a written p	olicy statement t			use of	vehicles	except	commutii	ng, by y	our		••••	•		
	employe	es? See the instruc	ctions for vehicle	s used by co	rporate o	officers,	directors	, or 1% (or more o	wners						
39	_	reat all use of vehic	•	•												
40		rovide more than f				informa	ation from	n your e	mployees	about	the					İ
		e vehicles, and reta														<u> </u>
41		neet the requireme													10.84	1.1.1.1
	rt.VI	your answer to 37,		15 "Yes," 00	not com	piete Se	ction B 1	or the co	overed ve	hicles.					34	و و او او
<u></u>	II C. VI	Amortization	'			т						(0)				
		(a)	i	(b Date amo			A	(c)		b)		Amortiz	ation		(1)	
		Description of costs		begi			Amoniz	sble amour	4	Code s	-CION	period percen		AMONIZ	elion for th	s year
42	Amortiza	tion of costs that be	egins durino vou	r 2011 tax v	ear (see	nstructio	ons).									
					1		<u></u>									
						1					}		}			
43	Amortiza	tion of costs that b	egan before you	2011 tax ye	ear								43			
44	Total. A	dd amounts in colu	mn (f). See the ir	nstructions fo	or where	to repor	t						44			

Forms		
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Mortgages and Other Notes Payable

and ending

Name

For calendar year 2011, or tax year beginning

Employer Identification Number

	SSOCIATION OF I ATER CONSERVATION				37-6048356
	ORM 990, PART X			TNEODWATTON	,
_ <u>_</u>	ORM 990, PARI A	, DINE 23 -	ADDITIONAL	INFORMATION	
		e of lender		Relationship to dis	qualified person
<u>(1)</u> _	NATIONAL BANK				_
(2)	FARM CREDIT SE	RVICES OF I	LLINOIS		
<u>(3)</u>					· · · · · · · · · · · · · · · · · · ·
(4)				 	
<u>(5)</u>					
<u>(6)</u>					
(7)			···	 	·····
<u>(8)</u>					
(9)		··			
(10)		3 99 23 32 3	183 Sura 1258		A PROPERTY COMPANY OF THE CONTRACT CONTRACT CONTRACTOR
	Original amount		Maturity		interest
	borrowed	Date of loan	date 0.4 (0.0 (1.0	Repayment terms	rate
(1)	11,275	04/22/09	04/22/12	MONTHLY	5.500
(2)	126,000	07/02/07	06/02/22	MONTHLY	7.350
<u>(3)</u>				 	
(4)		- 		 	
(5)		 			
(6)		 		 	
<u>(7)</u>		 	 		
<u>(B)</u>		 		 	
(9)		 		 	
(10)			11 - 12 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Control of the second of the s	公司和2000年
		provided by borrower		Burnasa	d lean
(1)	Security	provided by borrower		Purpose o	n loan
(2)	BUILDING AND L	AND		REFINANCE BUILDING	
(3)					
(4)					
(5)					
(6)					
(7)					
<u>(8)</u>				ļ	
(9)				<u> </u>	·
(10)	· · · · · · ·		12 112 1 1 1 1 1	La de la constante de la const	a contract the second of the s
			The state of the state of	· 10 (AND SHEET SHEET SHEET
				Balance due at	Balance due at
/4\	Consideration	urnished by lender		beginning of year 5,241	end of year
(1) (2)				106,275	1,346 100,111
(3) 75)				100,275	100,111
(4)	 			 	
(5)				 	
(6)			 -	<u> </u>	
(7)			 	<u> </u>	
(8)					
(9)				1	
(10)					
To				111 516	101 457