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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 09-01-2015 , and ending 08-31-2016

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Illinois Agricultural Association

Doing business as

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

City or town, state or province, country, and ZIP or foreign postal code
Bloomington, IL 61702

D Employer identification number
37-0809856

E Telephone number
(309) 557-2218

G Gross receipts $ 82,252,850

F Name and address of principal officer

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

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

H(c) Group exemption number ▶

I Tax-exempt status ☐ 501(c)(3) ☑ 501(c) (5) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.ilfb.org

K Form of organization ☐ Corporation ☐ Trust ☑ Association ☐ Other ▶

L Year of formation 1916

M State of legal domicile IL

Part I Summary

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

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	0
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	404
6	Total number of volunteers (estimate if necessary)	**6**	8,600
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	18,813,928
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-407,195

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	3,500	3,500
9	Program service revenue (Part VIII, line 2g)	5,898,092	5,817,825
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,289,403	17,492,834
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	28,196,888	28,137,327
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	50,387,883	51,451,486
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,247,691	2,303,745
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	31,817,727	32,307,837
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	14,614,520	14,745,110
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	48,679,938	49,356,692
19	Revenue less expenses Subtract line 18 from line 12	1,707,945	2,094,794
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	54,819,905	56,018,055
21	Total liabilities (Part X, line 26)	11,048,748	10,152,103
22	Net assets or fund balances Subtract line 21 from line 20	43,771,157	45,865,952

Part II Signature Block

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

Sign Here

******
Signature of officer — 2017-04-05 Date

Alan Dodds Treasurer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ | Firm's EIN ▶
Firm's address ▶ | Phone no

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 11,107,802 including grants of $ 2,303,746) (Revenue $ 3,242,415)

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

4b (Code) (Expenses $ 4,359,657 including grants of $) (Revenue $ 100,895)

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

4c (Code) (Expenses $ 1,653,394 including grants of $) (Revenue $)

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

4d Other program services (Describe in Schedule O)

(Expenses $ 420,770 including grants of $) (Revenue $ 30,950)

4e **Total program service expenses ▶** 17,541,623

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		No
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
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**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 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*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	83		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	404		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	Yes	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		No
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		9a		No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		No
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		No
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

Part VI Governance, Management, and Disclosure

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20		
	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				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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	Yes	
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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 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?	16a		No
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?	16b		

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ Alan Dodds 1701 Towanda Avenue Bloomington, IL 61702 (309) 557-2275

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								3,675,622	788,000	957,415

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 56

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
Journal Communications 725 Cool Springs Blvd Franklin, TN 37067	Printing	428,736
Weber Electric Inc 200 E Layayette Bloomington, IL 61701	Electrical contracto	385,538
P&P Press 6513 N Galena Road Peoria, IL 61614	Printing	1,399,366
Mid Illinois Mechanical 304 S Mason St Bloomington, IL 61701	Contractor	331,027
Mitch Murchs Maintenance Mgmt PO Box 798129 St Louis, MO 63179	Cleaing Service	625,971

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 11

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . 1a				
	b Membership dues 1b				
	c Fundraising events 1c				
	d Related organizations . . . 1d				
	e Government grants (contributions) 1e				
	f All other contributions, gifts, grants, and similar amounts not included above 1f 3,500				
	g Noncash contributions included in lines 1a-1f $				
	h **Total.** Add lines 1a-1f . . . . . ▶	3,500			
Program Service Revenue	Business Code				
	2a In Kind AV	28,579	28,579		
	b Leadership & Comm Confer	183,128	183,128		
	c Membership Dues & Assessments	5,429,917	5,429,917		
	d RIMSAP	176,201	176,201		
	e				
	f All other program service revenue				
	g **Total.** Add lines 2a–2f . . . . . ▶	5,817,825			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	17,260,036			17,260,036
	4 Income from investment of tax-exempt bond proceeds . . ▶	0			
	5 Royalties . . . . . ▶	8,969,977			8,969,977
	(i) Real / (ii) Personal				
	6a Gross rents 7,057,052				
	b Less rental expenses 6,703,644				
	c Rental income or (loss) 353,408				
	d Net rental income or (loss) . . . . . ▶	353,408			353,408
	(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory 22,733,639 / 140,984				
	b Less cost or other basis and sales expenses 22,641,372 / 453				
	c Gain or (loss) 92,267 / 140,531				
	d Net gain or (loss) . . . . . ▶	232,798		-14	232,812
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a				
	b Less direct expenses . . . b				
	c Net income or (loss) from fundraising events . . ▶	0			
	9a Gross income from gaming activities See Part IV, line 19 . . . a				
	b Less direct expenses . . . b				
	c Net income or (loss) from gaming activities . . . ▶	0			
	10a Gross sales of inventory, less returns and allowances . a 2,085,242				
	b Less cost of goods sold . . b 1,455,895				
	c Net income or (loss) from sales of inventory . . ▶	629,347		629,347	
	Miscellaneous Revenue / Business Code				
	11a Classified Ad Income	2,289,369		2,289,369	
	b Commissions	387,793		387,793	
	c Fees for Services	15,491,688		15,491,688	
	d All other revenue	15,745		15,745	
	e **Total.** Add lines 11a–11d . . . . . ▶	18,184,595			
	12 **Total revenue.** See Instructions . . . . . ▶	51,451,486	5,817,825	18,813,928	26,816,233

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)

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,303,745	2,303,745		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	3,328,598			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	19,115,424	6,746,727	12,368,697	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,362,822	1,622,763	2,740,059	
9 Other employee benefits	3,982,969	1,452,048	2,530,921	
10 Payroll taxes	1,518,024	504,617	1,013,407	
11 Fees for services (non-employees)				
a Management	0			
b Legal	88,736		88,736	
c Accounting	85,288		85,288	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,052,738	201,887	850,851	
12 Advertising and promotion	186,256	181,894	4,362	
13 Office expenses	0			
14 Information technology	0			
15 Royalties	0			
16 Occupancy	1,321,666	419,825	901,841	
17 Travel	1,794,371	764,506	1,029,865	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	93,413	33,980	59,433	
20 Interest	0			
21 Payments to affiliates	1,617,872			
22 Depreciation, depletion, and amortization	443,079	137,102	305,977	
23 Insurance	68,083		68,083	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Printing and Publications	1,458,598	683,682	774,916	
b Postage and Shipping	1,302,580	495,937	806,643	
c Special Programs	1,205,795	811,557	394,238	
d Sponsored meetings	772,854	764,475	8,379	
e All other expenses	3,253,781	416,878	2,836,903	
25 **Total functional expenses.** Add lines 1 through 24e	49,356,692	17,541,623	26,868,599	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		115,617	1	0
	2	Savings and temporary cash investments		4,555,436	2	5,956,161
	3	Pledges and grants receivable, net			3	0
	4	Accounts receivable, net		2,165,896	4	1,807,170
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	0
	7	Notes and loans receivable, net			7	0
	8	Inventories for sale or use		190,408	8	156,754
	9	Prepaid expenses and deferred charges		436,340	9	428,807
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 57,184,162			
	b	Less accumulated depreciation	10b 38,229,992	19,094,275	10c	18,954,170
	11	Investments—publicly traded securities		24,402,191	11	24,558,308
	12	Investments—other securities See Part IV, line 11		390,826	12	371,786
	13	Investments—program-related See Part IV, line 11			13	0
	14	Intangible assets			14	0
	15	Other assets See Part IV, line 11		3,468,916	15	3,784,899
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		54,819,905	16	56,018,055
Liabilities	17	Accounts payable and accrued expenses		824,254	17	435,247
	18	Grants payable			18	
	19	Deferred revenue		7,094,330	19	6,697,288
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		3,130,164	25	3,019,568
	26	**Total liabilities.** Add lines 17 through 25		11,048,748	26	10,152,103
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets			27	
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds		43,771,157	32	45,865,952
	33	Total net assets or fund balances		43,771,157	33	45,865,952
	34	Total liabilities and net assets/fund balances		54,819,905	34	56,018,055

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	51,451,486
2	Total expenses (must equal Part IX, column (A), line 25)	2	49,356,692
3	Revenue less expenses Subtract line 2 from line 1	3	2,094,794
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	43,771,157
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	45,865,952

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☐ Accrual ☑ Other Income Tax If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID: 15000324
Software Version: 2015v3.0
EIN: 37-0809856
Name: Illinois Agricultural Association

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Richard Guebert President	40 00 0 00	X		X				278,116	0	8,725
David Meiss Director	6 00 6 00	X						11,400	44,000	0
David Erickson Vice President	20 00 0 00	X		X				23,130	44,000	0
Wayne Anderson Director	6 00 0 00	X						13,009	44,000	0
Dale Hadden Director	6 00 0 00	X						12,720	44,000	0
Scott Halpin Director	6 00 0 00	X						13,148	44,000	0
Chris Hausman Director	6 00 0 00	X						10,441	44,000	0
Bob Gehrke Director	6 00 0 00	X						8,992	44,000	0
Matthew Rush Director	6 00 0 00	X						8,997	0	0
Steven Stallman Director	6 00 0 00	X						10,119	36,000	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Thomas Kenton Director	6 00 0 00	X						15,607	36,000	0
Earl H Williams Jr Director	6 00 0 00	X						8,967	36,000	0
Steve Hosselton Director	6 00 0 00	X						11,339	44,000	0
Chad Schutz Director	6 00 0 00	X						17,373	44,000	0
Brad Temple Director	6 00 0 00	X						8,888	44,000	0
Randy Poskin Director	6 00 0 00	X						12,147	44,000	0
David Serven Director	6 00 0 00	X						10,389	44,000	0
Gary Speckhart Director	6 00 0 00	X						14,072	36,000	0
Dennis Hughes Director	6 00 0 00	X						10,356	36,000	0
Dennis Green Director	6 00 0 00	X						11,257	44,000	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Larry Miller Director	6 00 0 00	X						12,615	36,000	0
Jennifer Vance Secretary	40 00 0 00			X				212,483	0	69,152
Geneva Aberle Controller	40 00 0 00			X				118,823	0	45,237
Elaine Thacker Ass't Secretary	40 00 0 00			X				77,945	0	19,959
Alan Dodds Treasurer	40 00 0 00			X				319,892	0	94,333
Laura Reynolds Ass't Controlle	40 00 0 00			X				104,840	0	40,792
Jim Jacobs General Counsel	40 00 0 00			X				540,172	0	143,265
Mike Hodge Ex Dir of Member Services and PR	40 00 0 00				X			214,637	0	65,030
Mark Gebhards Director of Governmental Affairs	40 00 0 00				X			295,272	0	88,218
Chris Magnuson Director of News and Communication	40 00 0 00				X			264,814	0	81,927

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Brian Cahill Senior Counsel	40 00 0 00					X		184,521	0	47,170
Laura Harmon Senior Counsel	40 00 0 00					X		197,972	0	64,054
Lyn Potts Senior Counsel	40 00 0 00					X		190,886	0	61,658
Craig Ratajcyk Ex Director Soy	40 00 0 00					X		185,928	0	61,797
Wendy Schaefer Ass't General Coun	40 00 0 00					X		201,123	0	66,098
Robert W Weldon Vice President of Finance/Treasurer	0 00 0 00						X	4,676	0	0
Paul Harmon General Counsel	0 00 0 00						X	29,317	0	0
Chuck Cawley Former Director	0 00 0 00						X	3,920	0	0
Darryl Brinkmann Former Director	0 00 0 00						X	3,871	0	0
Jim Anderson Former Director	0 00 0 00						X	1,448	0	0

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Illinois Agricultural Association

Employer identification number
37-0809856

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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

9 In Part XIII, 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" on 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 XIII, 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) Revenue included on 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 Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

		(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance					
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land	79,525	21,012		100,537
b Buildings	14,632,743	3,865,701	17,325,381	1,173,063
c Leasehold improvements		30,912,465	14,476,967	16,435,498
d Equipment				
e Other		7,672,716	6,427,644	1,245,072
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				18,954,170

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) IL Veterinary Education Training N/Rec	130,000
(2) Inv in Rural IL Medical Student Assistan	3,089,389
(3) Rounding	1
(4) Work in Progress	565,509
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	3,784,899

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
Federal income taxes	
Accrued Propoerty Taxes	937,522
Other Accrued Liabilities	2,082,046
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	3,019,568

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	49,922,599
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	-1,528,887		
e	Add lines **2a** through **2d**			2e	-1,528,887
3	Subtract line **2e** from line **1**			3	51,451,486
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.**(This must equal Form 990, Part I, line 12)			5	51,451,486

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	47,827,805
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	-1,528,887		
e	Add lines **2a** through **2d**			2e	-1,528,887
3	Subtract line **2e** from line **1**			3	49,356,692
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	49,356,692

Part XIII Supplemental Information

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

Return Reference	Explanation
Part X FIN48 Footnote	Management evaluates uncertain tax positions taken by the Association The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS Management has analyzed the tax positions taken by the Association and has concluded that as of August 31, 2016 there are no uncertain positions taken or expected to be taken

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Illinois Agricultural Association

Employer identification number
37-0809856

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 0

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 67

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

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

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

Additional Data

Software ID: 15000324
Software Version: 2015v3.0
EIN: 37-0809856
Name: Illinois Agricultural Association

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Bond County Farm Bureau PO Box 249 Greenville,IL 62246	37-0184970	501(c)(5)	41,991	0			General Support
Brown County Farm Bureau 109 W North St Mt Sterling,IL 62353	37-0193430	501(c)(5)	56,751	0			General Support
Bureau County Farm Bureau PO Box 190 Princeton,IL 61356	36-0854650	501(c)(5)	15,000	0			General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Calhoun County Farm Bureau PO Box 275 Hardin,IL 62047	37-0202300	501(c)(5)	39,844	0			General Support
Carrol County Farm Bureau 811 S Clay St Mt Carroll,IL 61053	26-2165031	501(c)(5)	28,150	0			General Support
Cass- Morgan County Farm Bureau 1152 Tendick St Jacksonville,IL 62650	37-0919211	501(c)(5)	69,477	0			General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Christian County Farm Bureau 400 W Market St Taylorville,IL 62568	37-0216260	501(c)(5)	34,226	0			General Support
Clark County Farm Bureau 255 W Cumberland Martinsville,IL 62422	37-0218700	501(c)(5)	63,204	0			General Support
Clay County Farm Bureau PO Box E Louisville,IL 62858	37-0219575	501(c)(5)	41,181	0			General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Coles County Farm Bureau 719 W Lincoln Ave Charleston,IL 61920	37-0223410	501(c)(5)	25,052	0			General Support
Crawford County Farm Bureau 1201 N Allen Robinson,IL 62454	37-0232680	501(c)(5)	8,722	0			General Support
Cumberland County Farm Bureau 303 E Main Toledo,IL 62468	37-0667462	501(c)(5)	30,919	0			General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DeWitt County Farm Bureau PO Box 517 Clinton,IL 61727	37-0245700	501(c)(5)	14,722	0			General Support
Douglas County Farm Bureau 105 N Main Tuscola,IL 61953	37-0250530	501(c)(5)	32,467	0			General Support
Edgar County Farm Bureau 210 W Washington Paris,IL 61944	37-0258300	501(c)(5)	54,484	0			General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Edwards County Farm Bureau 15 S Fifth St Albion,IL 62806	37-0667644	501(c)(5)	44,361	0			General Support
Fayette County Farm Bureau 1125 N Sunset Dr Vandalia,IL 62471	37-0664100	501(c)(5)	46,919	0			General Support
Ford-Iroquis County Farm Bureau PO Box 208 Gilman,IL 60938	37-0949884	501(c)(5)	8,722	0			General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Franklin County Farm Bureau PO Box 457 Benton,IL 62812	37-0667471	501(c)(5)	18,185	0			General Support
Fulton County Farm Bureau 15411-A N State Route 100 Lewiston,IL 61542	37-0284740	501(c)(5)	64,445	0			General Support
Gallatin County Farm Bureau PO Box 250 Ridgeway,IL 62979	37-0664103	501(c)(5)	27,539	0			General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Greene County Farm Bureau 319 6th St Carrollton,IL 62016	37-0303465	501(c)(5)	51,818	0			General Support
Grundy County Farm Bureau 4000 Division St Morris,IL 60450	36-1174110	501 (c) (5)	7,899	0			General Support
Hamilton County Farm Bureau PO Box 248 McLeansboro,IL 62859	37-0664104	501(c)(5)	37,611	0			General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Hancock County Farm Bureau 71 S Adams St Carthage,IL 62321	37-0667474	501(c)(5)	40,652	0			General Support
Henry County Farm Bureau 114 N East St Cambridge,IL 61238	36-1210330	501(c)(5)	22,661	0			General Support
Jackson County Farm Bureau 220 N 10th St Murphysboro,IL 62966	37-0667476	501(c)(5)	8,722	0			General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Jasper County Farm Bureau PO Box 329 Newton,IL 62448	37-0351420	501(c)(5)	73,423	0			General Support
Jefferson County Farm Bureau 814 Harrison St Mt Vernon,IL 62864	37-0667477	501(c)(5)	24,975	0			General Support
Jersy County Farm Bureau 402 S Jefferson Jerseyville,IL 62052	37-0667479	501(c)(5)	20,365	0			General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JoDaviess County Farm Bureau 212 N Main Elizabeth,IL 61028	36-1284540	501(c)(5)	30,168	0			General Support
Johnson County Farm Bureau 504 W Main Vienna,IL 62995	37-0664107	501(c)(5)	40,432	0			General Support
Kendall County Farm Bureau 111 Van Emmon St Yorkville,IL 60560	36-1315900	501(c)(5)	15,722	0			General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Knox County Farm Bureau 180 S Soangetaha Galesburg,IL 61402	37-0667480	501(c)(5)	34,784	0			General Support
Lawrence County Farm Bureau 1406 Locust Lawrenceville,IL 62439	37-0579963	501(c)(5)	47,661	0			General Support
Lee County Farm Bureau 37 S East Avenue Amboy,IL 61310	36-1374085	501(c)(5)	8,722	0			General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Livingston County Farm 901 W Howard St Pontiac,IL 61764	37-0389010	501(c)(5)	20,371	0			General Support
Logan County Farm Bureau 120 S McLean St Lincoln,IL 62656	37-0667483	501(c)(5)	8,722	0			General Support
Marion County Farm Bureau PO Box 640 Salem,IL 62881	37-0664113	501(c)(5)	39,692	0			General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Marshall-Putnam County Farm Bureau 509 Front St Henry,IL 61583	36-1436670	501(c)(5)	31,901	0			General Support
Mason County Farm Bureau 127 W High St Havana,IL 62644	37-0664114	501(c)(5)	27,601	0			General Support
Massac County Farm Bureau 1436 W 10th St Metropolis,IL 62960	37-0667488	501(c)(5)	46,072	0			General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
McDonough County Farm Bureau 210 W Randolph Macomb,IL 61455	37-0408280	501(c)(5)	45,309	0			General Support
Menard County Farm Bureau 101 E Jefferson Petersburg,IL 62675	37-0413060	501(c)(5)	25,175	0			General Support
Mercer County Farm Bureau 206 SE Third Aledo,IL 61231	36-1465820	501(c)(5)	38,722	0			General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Monroe County Farm Bureau 513 W Park St Waterloo, IL 62298	37-0664116	501(c)(5)	17,575	0			General Support
Moultrie County Farm Bureau 1102 W Jackson Sullivan, IL 61951	37-0664120	501(c)(5)	23,968	0			General Support
Perry County Farm Bureau 309 S First St Pickneyville, IL 62274	37-0664121	501(c)(5)	30,652	0			General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Piatt County Farm Bureau 427 W Marion Monticello,IL 61856	37-0664122	501(c)(5)	32,833	0			General Support
Pike County Farm Bureau 1301 E Washington Pittsfield,IL 62363	37-0664123	501(c)(5)	44,394	0			General Support
Pope-Hardin county Farm Bureau 407 Main St Golconda,IL 62938	37-0468345	501(c)(5)	65,898	0			General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Pulaski-Alexander County Farm Bureau 404 S Blanche Mounds,IL 62964	37-0667499	501(c)(5)	8,722	0			General Support
Randolph County Farm Bureau 1403 Hillcrest Drive Sparta,IL 62286	37-0477550	501(c)(5)	7,375	0			General Support
Richland County Farm Bureau 710 N West Olney,IL 62450	37-0667500	501(c)(5)	37,021	0			General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Saline County Farm Bureau 21 W Robinson Harrisburg,IL 62946	37-0667347	501(c)(5)	59,519	0			General Support
Schuyler County Farm Bureau 114 E Lafayette Rushville,IL 62681	37-0506880	501(c)(5)	44,379	0			General Support
Scott County Farm Bureau 7 Market Side Square Winchester,IL 62694	37-0664130	501(c)(5)	28,255	0			General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Shelby County Farm Bureau PO Box 409 Shelbyville,IL 62565	37-0512250	501(c)(5)	41,437	0			General Support
Stark County Farm Bureau 1001 E Main Toulon,IL 61483	36-2200117	501(c)(5)	57,757	0			General Support
Union CFB 104 W Broad Jonesboro,IL 62952	37-0558890	501(c)(5)	48,931	0			General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Wabash County Farm Bureau 524 W 9th St Mt Carmel, IL 62863	37-0567480	501(c)(5)	8,722	0			General Support
Warren Henderson County Farm Bureau 1000 N Main Monmouth, IL 61462	37-0572490	501(c)(5)	62,926	0			General Support
Washington County Farm Bureau 133W St Louis St Nashville, IL 62263	37-0667511	501(c)(5)	8,722	0			General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Wayne County Farm Bureau 301 E Court St Fairfield,IL 62837	37-0664133	501(c)(5)	54,216	0			General Support
White County Farm Bureau 304 E Robinson Carmi,IL 62821	37-0667351	501(c)(5)	40,051	0			General Support
Whiteside County Farm Bureau 100 E Knox St Morrison,IL 61720	36-1962390	501(c)(5)	25,000	0			General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Williamson County Farm Bureau 1517 E DeYoung St Marion,IL 62959	37-0587960	501(c)(5)	36,222	0			General Support

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Illinois Agricultural Association

Employer identification number
37-0809856

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☑ First-class or charter travel	☑ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		
b	Any related organization?	**5b**		
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		
b	Any related organization?	**6b**		
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference	Explanation
Part I, Line 1a Relevant information in regards to selections on 1a	On lesser than five instances, the President flies on an affiliate company's corporate aircraft to required business meetings The Board of Directors spouses attend the Association's and the National Annual Meeting Any amount of spousal travel is included in the Director's annual 1099

Additional Data

Software ID: 15000324
Software Version: 2015v3.0
EIN: 37-0809856
Name: Illinois Agricultural Association

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Alan DoddsTreasurer	(I)	267,712	52,180		77,726	16,607	414,225	
	(II)					-	-	
1Brian CahillSenior Counsel	(I)	168,367	16,154		46,130	1,040	231,691	
	(II)					-	-	
2Chris Magnuson Director of News and Communication	(I)	220,906	43,908		65,609	16,318	346,741	
	(II)					-	-	
3Chuck Cawley Former Director	(I)			3,920			3,920	
	(II)					-	-	
4Craig Ratajcyk Ex Director Soy	(I)	185,928			46,482	15,315	247,725	
	(II)					-	-	
5Darryl Brinkmann Former Director	(I)			3,871			3,871	
	(II)					-	-	
6Geneva AberleController	(I)	112,852	5,971		29,706	15,531	164,060	
	(II)					-	-	
7Jennifer VanceSecretary	(I)	183,918	28,565		53,121	16,031	281,635	
	(II)					-	-	
8Jim Anderson Former Director	(I)			1,448			1,448	
	(II)					-	-	
9Jim JacobsGeneral Counsel	(I)	455,699	84,473		126,188	17,077	683,437	
	(II)					-	-	
10Laura Harmon Senior Counsel	(I)	171,997	25,975		49,493	14,561	262,026	
	(II)					-	-	
11Lyn PottsSenior Counsel	(I)	164,911	25,975		46,320	15,338	252,544	
	(II)					-	-	
12Mark Gebhards Director of Govermental Affairs	(I)	245,858	49,414		72,309	15,909	383,490	
	(II)					-	-	
13Mike Hodge Ex Dir of Member Services and PR	(I)	180,779	33,858		53,659	11,371	279,667	
	(II)					-	-	
14Paul Harmon General Counsel	(I)			29,317			29,317	
	(II)					-	-	
15Richard GuebertPresident	(I)	232,911	45,205		7,350	1,375	286,841	
	(II)					-	-	
16Robert W Weldon Vice President of Finance/Treasurer	(I)			4,676			4,676	
	(II)					-	-	
17Wendy Schaefer Ass't General Coun	(I)	174,533	26,590		50,281	15,817	267,221	
	(II)					-	-	

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization	Employer identification number
Illinois Agricultural Association	37-0809856

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 4 Commodity Information - this service includes providing past, present, and projected future production, marketing, and risk management information and education to members from farm gate to the consumer's plate
Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	The Association's membership consists of voting and non voting members All members are interested in supporting agriculture in Illinois

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Form 990 Review Process	Form 990 is prepared and reviewed by the Auditors, General Counsel and Controller After the review is complete, the return is presented and reviewed by the Finance Committee and distributed to the full Board of Directors in the month prior to its due date
Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	Conflict of interest policies are reviewed and signed by the Board of Directors, Officers and Key Employees annually

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	The Association's Human Resource staff annually compares independent national compensation surveys to staff's salaries The pay range of the positions are adjusted to the comparible market value, reviewed by Human Resources and approved by the Management Team Officer and key employee compensation is also compared to the surveys,reviewed by Human Resources and approved by the Board of Directors
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	The Association makes its governing documents, conflict of interest policies and financial statements available to the public upon request

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	rounding = $1

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Illinois Agricultural Association

Employer identification number
37-0809856

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) Agricultural Support Association 1701 Towanda Avenue Bloomington, IL 61701 37-1401256	Agricultural Member association	IL	501(c)(5)		Illinois Agricultural Association		No
(2) IAA Foundation 1701 Towanda Avenue Bloomington, IL 61701 37-1211315	Charitable Foundation	IL	501(c)(3)	Public	Illinois Agricultural Association		No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

Additional Data

Software ID: 15000324
Software Version: 2015v3.0
EIN: 37-0809856
Name: Illinois Agricultural Association

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) Country Life Insurance Company 1701 Towanda Avenue Bloomington, IL 61701 37-0808781	Life Insurance	IL	Illinois Agricultural Holding Co				100 000 %		No
(1) Country Investors Life Assurance Company 1701 Towanda Avenue Bloomington, IL 61701 37-1106268	Stock Insurance Company	IL	Country Life Insurance Company				100 000 %		No
(2) Country Mutual Insurance Company 1701 Towanda Avenue Bloomington, IL 61701 37-0807507	Property/ Casualty Insurance	IL	Illinois Agricultural Association						No
(3) Country Casualty Insurance Company 1701 Towanda Avenue Bloomington, IL 61701 37-0855395	Stock Insurance Company	IL	Country Mutual Insurance Company				100 000 %		No
(4) CC Services Inc 1701 Towanda Avenue Bloomington, IL 61701 37-1000579	Service Company	IL	Illinois Agricultural Holding Co				100 000 %		No
(5) Illinois Agricultural Holding Co 1701 Towanda Avenue Bloomington, IL 61701 36-1252720	Holding Company	IL	Illinois Agricultural Association				100 000 %		No
(6) Country Trust Bank 1701 Towanda Avenue Bloomington, IL 61701 37-0923942	Federal Thrift	IL	Country Life Insurance Company				100 000 %		No
(7) Country Preferred Insurance Company 1701 Towanda Avenue Bloomington, IL 61701 44-0652707	Stock Insurance Company	IL	Country Mutual Insurance Company				100 000 %		No
(8) Country Capital Management 1701 Towanda Avenue Bloomington IL, IL 61701 37-6055336	Broker Dealer Registered Security products	IL	Country Life Insurance Company	C Corp			100 000 %		No
(9) Illinois Agricultural Service Company 1701 Towanda Avenue Bloomington IL, IL 61701 37-0809857	Service Co	IL	Illinois Agricultural Holding Co	C Corp			100 000 %		No

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	Country Life Insurance Company	l	55,107	FMV
(1)	Country Life Insurance Company	m	150,233	FMV
(2)	Country Investors Life Assurance Company	q	28,294	FMV
(3)	Country Mutual Insurance Company	l	49,245	FMV
(4)	Country Casualty Insurance Company	l	4,753	FMV
(5)	CC Services Inc	a	3,064,095	FMV
(6)	CC Services Inc	l	725,096	FMV
(7)	CC Services Inc	m	541,003	FMV
(8)	CC Services Inc	q	101,609	FMV
(9)	Illinois Agricultural Holding Co	f	16,336,585	FM
(10)	Country Trust Bank	a	311,871	FMV
(11)	Country Trust Bank	l	50,610	FMV
(12)	Country Trust Bank	m	85,964	FMV
(13)	Country Preferred Insurance Company	p	8,583	FMV
(14)	Country Capital Management	q	11,424	FMV
(15)	Illinois Agricultural Service Company	q	877	FMV