

Form 990
2016Department 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

Open to Public
Inspection

A For the 2016 calendar year, or tax year beginning 12-01-2016, and ending 11-30-2017

B Check if applicable

- Address change
- Name change
- Initial return
- Final
- Return/terminated
- Amended return
- Application pending

C Name of organization ILLINOIS FAIR PLAN ASSOCIATION		D Employer identification number 36-2688813
Doing business as		E Telephone number (312) 861-0385
Number and street (or P O box if mail is not delivered to street address) 180 NORTH STETSON No 2800		Room/suite
City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60601		G Gross receipts \$ 5,681,035
F Name and address of principal officer JOSEPH A HATHAWAY 180 NORTH STETSON No 2800 CHICAGO, IL 60601		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
		If "No," attach a list (see instructions)
		H(c) Group exemption number ►
I Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) ►(insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ► WWW.ILLINOISFAIRPLAN.COM		
K Form of organization <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other ►		L Year of formation 1968
		M State of legal domicile IL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO PROVIDE BASIC AND AFFORDABLE PROPERTY INSURANCE TO APPLICANTS IN THE STATE OF ILLINOIS WHO ARE UNABLE TO PURCHASE COVERAGE THROUGH THE STANDARD INSURANCE MARKET			
Revenue	2 Check this box ► <input type="checkbox"/> 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	11	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11	
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	14	
	6 Total number of volunteers (estimate if necessary)	6	0	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	65,431	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
			Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	0	0	
	9 Program service revenue (Part VIII, line 2g)	6,617,328	5,576,490	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	21,299	39,114		
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	61,350	65,431		
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,699,977	5,681,035		
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	15,000	15,000	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,695,866	1,560,099	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0	
	b Total fundraising expenses (Part IX, column (D), line 25) ►0			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,599,263	3,611,207	
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	4,310,129	5,186,306	
	19 Revenue less expenses Subtract line 18 from line 12	2,389,848	494,729	
			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	6,098,351	5,735,724	
	21 Total liabilities (Part X, line 26)	10,994,532	9,338,423	
	22 Net assets or fund balances Subtract line 21 from line 20	-4,896,181	-3,602,699	

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	2018-10-01
	JOSEPH A HATHAWAY GENERAL MANAGER Type or print name and title	Date

Paid Preparer Use Only	Print/Type preparer's name Lu Ann Trapp	Preparer's signature Lu Ann Trapp	Date 2018-10-01	Check <input type="checkbox"/> if self-employed	PTIN P01506476
	Firm's name ► PLANTE & MORAN PLLC	Firm's EIN ► 38-1357951			
	Firm's address ► 10 S Riverside Plaza 9th Floor Chicago, IL 60606	Phone no (312) 207-1040			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

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 PROVIDE BASIC AND AFFORDABLE PROPERTY INSURANCE TO APPLICANTS IN THE STATE OF ILLINOIS WHO ARE UNABLE TO PURCHASE COVERAGE THROUGH THE STANDARD INSURANCE MARKET FOR REASONS BEYOND THEIR CONTROL

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 programs or 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 \$ including grants of \$) (Revenue \$)
See Additional Data

See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

(Code) (Expenses \$ including grants of \$) (Revenue \$)

(2008)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule Q)

4e Total program service expenses ►

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 <i>Schedule B, Schedule of Contributors</i> (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 <i>Schedule C, Part I</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 <i>Schedule C, Part II</i>	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete <i>Schedule C, Part III</i>	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 <i>Schedule D, Part I</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 <i>Schedule D, Part II</i>	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete <i>Schedule D, Part III</i>	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 <i>Schedule D, Part IV</i>	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 <i>Schedule D, Part V</i>	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 <i>Schedule D, Part VI</i>	11a	No
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 <i>Schedule D, Part VII</i>	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 <i>Schedule D, Part VIII</i>	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 <i>Schedule D, Part IX</i>	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete <i>Schedule D, Part X</i>	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 <i>Schedule D, Part XI</i>	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete <i>Schedule D, Parts XI and XII</i>	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 <i>Schedule D, Parts XI and XII</i> is optional	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete <i>Schedule E</i>	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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 <i>Schedule F, Parts I and IV</i>	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 <i>Schedule F, Parts II and IV</i>	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 <i>Schedule F, Parts III and IV</i>	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 <i>Schedule G, Part I</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 <i>Schedule G, Part II</i>	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 <i>Schedule G, Part III</i>	19	No

Part IV Checklist of Required Schedules (continued)

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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
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
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

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
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
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?
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

25a **Section 501(c)(3), 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
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

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

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

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
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
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

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

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

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

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
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

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

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

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

	Yes	No
20a		No
20b		
21	Yes	
22		No
23	Yes	
24a		No
24b		
24c		
24d		
25a		
25b		
26		No
27		No
28a		No
28b		No
28c		No
29		No
30		No
31		No
32		No
33		No
34		No
35a		No
35b		
36		
37		No
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	235	
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	14	
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? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	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	No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).	7a		
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?	7b		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d		
d If "Yes," indicate the number of Forms 8282 filed during the year	7e		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8		
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?	9a		
b Did the sponsoring organization make any taxable distributions under section 4966?	9b		
9a Did the sponsoring organization make any taxable distributions under section 4966?			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter	10a		
a Initiation fees and capital contributions included on Part VIII, line 12	10b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter	11a		
a Gross income from members or shareholders	11b		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
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.	13a		
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			
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? <i>If "No," provide an explanation in Schedule O</i>	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	11	
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	11	
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	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	8a	Yes	
a The governing body?	8b	Yes	
b Each committee with authority to act on behalf of the governing body?	9		No
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			

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	No
b Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a	Yes
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	Yes
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12c	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	13	Yes
13 Did the organization have a written whistleblower policy?	14	Yes
14 Did the organization have a written document retention and destruction policy?	15a	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?	15b	Yes
a The organization's CEO, Executive Director, or top management official	16a	No
b Other officers or key employees of the organization	16b	

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

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
►JOSEPH A HATHAWAY 180 NORTH STETSON SUITE 2800 CHICAGO, IL 60601 (312) 861-0385

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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)					(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			
(1) Charles M Hill Sr Governing Committee Member	1 00 0 00	X		X			2,400	0	0
(2) Patrick McGrath Governing Committee Member	1 00 0 00	X		X			2,400	0	0
(3) John Pagano Governing Committee Member	1 00 0 00	X		X			0	0	0
(4) Kimberly Burnell Governing Committee Member	1 00 0 00	X					0	0	0
(5) Kevin Curry Governing Committee Member	1 00 0 00	X					0	0	0
(6) Janine Graff Governing Committee Member	1 00 0 00	X					0	0	0
(7) Rebecca Korach Governing Committee Member	1 00 0 00	X					1,800	0	0
(8) Mary Ann Nix Governing Committee Member	1 00 0 00	X					0	0	0
(9) David J Queior Governing Committee Member	1 00 0 00	X					2,600	0	0
(10) Tisha Strand Governing Committee Member	1 00 0 00	X					0	0	0
(11) Kenny Schuster Governing Committee Member	1 00 0 00	X					0	0	0
(12) R Joy Aruguete Governing Committee Member	1 00 0 00	X					1,800	0	0
(13) Thomas J Dammrich Governing Committee Member	1 00 0 00	X					1,200	0	0
(14) Joseph Hathaway General Manager	37 50 0 00			X			162,932	0	53,531
(15) Narda Aguilera MIS Manager	37 50 0 00				X		168,621	0	42,202
(16) Dale Wheeler Claims Manager	37 50 0 00				X		128,761	0	32,650

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

1b Sub-Total

→

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c Total from continuation sheets to Part VII, Section A

◀ ▶

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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
AIPSO 302 Central Avenue JOHNSTON, RI 029194932	PROVIDES DATA PROCESSING SERVICES	108,592
</		

Part VIII Statement of RevenueCheck 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					
	g Noncash contributions included in lines 1a-1f \$. . .						
	h Total. Add lines 1a-1f . . . ►						
Program Service Revenue	2a INSURANCE PREMIUMS . . .	Business Code 524126	5,553,806	5,553,806			
	b INSTALLMENT PLAN CHARGES . . .	524126	21,493	21,493			
	c CEDING COMMISSIONS . . .	524126	3,154	3,154			
	d OTHER REVENUE . . .	524126	-1,963	-1,963			
	e . . .						
	f All other program service revenue . . .						
	g Total. Add lines 2a-2f . . . ►		5,576,490				
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . ►		39,114			39,114
4 Income from investment of tax-exempt bond proceeds . . . ►							
5 Royalties . . . ►							
6a Gross rents . . .		(i) Real	(ii) Personal				
b Less rental expenses . . .							
c Rental income or (loss) . . .							
d Net rental income or (loss) . . . ►							
7a Gross amount from sales of assets other than inventory . . .		(i) Securities	(ii) Other				
b Less cost or other basis and sales expenses . . .							
c Gain or (loss) . . .							
d Net gain or (loss) . . . ►							
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 . . . ►							
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 . . . ►							
10a Gross sales of inventory, less returns and allowances . . . a							
b Less cost of goods sold . . . b							
c Net income or (loss) from sales of inventory . . . ►							
Miscellaneous Revenue	Business Code						
11a SERVICE FEE INCOME . . .	524126	65,431			65,431		
b . . .							
c . . .							
d All other revenue . . .							
e Total. Add lines 11a-11d . . . ►		65,431					
12 Total revenue. See Instructions . . . ►		5,681,035	5,576,490	65,431	39,114		

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	15,000			
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	178,879			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	796,607			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	352,257			
9 Other employee benefits	163,673			
10 Payroll taxes	68,683			
11 Fees for services (non-employees)				
a Management				
b Legal	14,307			
c Accounting	60,023			
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	59,027			
12 Advertising and promotion	1,837			
13 Office expenses	261,717			
14 Information technology	23,455			
15 Royalties				
16 Occupancy	292,765			
17 Travel	7,702			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	292,985			
23 Insurance	60,913			
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 LOSS ADJUSTMENT EXPENSE	1,900,350			
b COMMISSIONS	494,817			
c Bank Fees	46,100			
d INSPECTIONS AND REPORTS	41,680			
e All other expenses	53,529			
25 Total functional expenses. Add lines 1 through 24e	5,186,306			
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 ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	925,994	1	501,942
	2 Savings and temporary cash investments	4,367,359	2	4,546,259
	3 Pledges and grants receivable, net	3		
	4 Accounts receivable, net	759,347	4	663,121
	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		
	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		
	7 Notes and loans receivable, net	7		
	8 Inventories for sale or use	8		
	9 Prepaid expenses and deferred charges	9		
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a		
	b Less accumulated depreciation	10b		10c
	11 Investments—publicly traded securities	11		
	12 Investments—other securities See Part IV, line 11	12		
	13 Investments—program-related See Part IV, line 11	13		
	14 Intangible assets	14		
	15 Other assets See Part IV, line 11	45,651	15	24,402
	16 Total assets. Add lines 1 through 15 (must equal line 34)	6,098,351	16	5,735,724
Liabilities	17 Accounts payable and accrued expenses	338,090	17	369,156
	18 Grants payable	18		
	19 Deferred revenue	19		
	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	10,656,442	25	8,969,267
	26 Total liabilities. Add lines 17 through 25	10,994,532	26	9,338,423
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> 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 ► <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0	30	0
	31 Paid-in or capital surplus, or land, building or equipment fund	0	31	0
	32 Retained earnings, endowment, accumulated income, or other funds	0	32	0
	33 Total net assets or fund balances	-4,896,181	33	-3,602,699
	34 Total liabilities and net assets/fund balances	6,098,351	34	5,735,724

Part XI Reconciliation of Net AssetsCheck 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	5,681,035
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,186,306
3	Revenue less expenses Subtract line 2 from line 1	3	494,729
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-4,896,181
5	Net unrealized gains (losses) on investments	5	3,797
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	794,956
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-3,602,699

Part XII Financial Statements and ReportingCheck 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	<input type="checkbox"/> Cash	<input type="checkbox"/> Accrual
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		<input checked="" type="checkbox"/> Other STATUTORY
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		
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		
<input type="checkbox"/> Separate basis	<input type="checkbox"/> Consolidated basis	<input type="checkbox"/> Both consolidated and separate basis
2b Were the organization's financial statements audited by an independent accountant?		
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		
<input checked="" type="checkbox"/> Separate basis	<input type="checkbox"/> Consolidated basis	<input type="checkbox"/> Both consolidated and separate basis
2c 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?		
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?		
3b 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		

Additional Data

Software ID:

Software Version:

EIN: 36-2688813

Name: ILLINOIS FAIR PLAN ASSOCIATION

Form 990 (2016)

Form 990, Part III, Line 4a:

UNDER ILLINOIS STATE STATUTE, THE ASSOCIATION PROVIDES FIRE, HOMEOWNER'S, EXTENDED COVERAGE, VANDALISM, AND MALICIOUS MISCHIEF INSURANCE FOR STATE RESIDENTS WHO HAVE BEEN UNABLE TO OBTAIN THESE TYPES OF INSURANCE IN THE VOLUNTARY MARKET

2016

Open to Public
InspectionSCHEDULE 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.

Name of the organization ILLINOIS FAIR PLAN ASSOCIATION	Employer identification number 36-2688813
--	--

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)	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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)? <input type="checkbox"/> Yes <input type="checkbox"/> 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

b If "Yes," explain the arrangement in Part XIII and complete the following table

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(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

- (i) unrelated organizations
- (ii) related organizations

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

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

	Yes	No
3a(i)		
3a(ii)		
3b		

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on 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)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

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

0

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		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 15)**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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
OTHER LIABILITIES	199,493
LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES	204,768
UNEARNED PREMIUMS	2,509,385
MEMBER ASSESSMENT PAYABLE	2,518,218
ACCRUED PENSION & POSTRETIREMENT BENEFIT OBLIGATION	3,412,171
ADVANCE PREMIUM	101,484
COMMISSIONS PAYABLE	23,748
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	8,969,267

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	5,681,035
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	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	5,681,035
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	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	5,681,035

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	5,186,306
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	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	5,186,306
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	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	5,186,306

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 XIII

Supplemental Information (*continued*)

Return Reference

Explanation

**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.**2016****Open to Public
Inspection**Name of the organization
ILLINOIS FAIR PLAN ASSOCIATIONEmployer identification number
36-2688813**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?

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

 Yes No**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
(1) NEIGHBORHOOD HOUSING SERVICES OF CHICAGO 1279 N MILWAUKEE AVE CHICAGO, IL 60622	23-7443009	501(C)(3)	10,000				CHICAGO HOME SAFETY
(2) ILLINOIS INSURANCE ASSOCIATION 217 EAST MONROE STREET SUITE 110 SPRINGFIELD, IL 62701	36-2390323	501(C)(6)	5,000				ILLINOIS INSURANCE HOTLINE

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

3 Enter total number of other organizations listed in the line 1 table ► 1

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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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
SCHEDULE I, PART I, LINE 2	ALL AMOUNTS GRANTED BY THE ILLINOIS FAIR PLAN ARE APPROVED BY THE FINANCE AND AUDIT COMMITTEE AND GOVERNING COMMITTEE AS PART OF THE BUDGET PROCESS AND THE ASSOCIATION CONFIRMS THE ORGANIZATION ARE MEETING THEIR STATED PURPOSE THROUGH DIRECT PARTICIPATION IN ORGANIZATION MEETINGS/ACTIVITIES OR THROUGH ACTIVITY REPORTS ISSUED BY THE ORGANIZATIONS. THE EMPLOYER IDENTIFICATION NUMBER IS OBTAINED FROM EACH ORGANIZATION A GRANT IS ISSUED TO

2015

Open to Public
Inspection**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.Name of the organization
ILLINOIS FAIR PLAN ASSOCIATION

Employer identification number

36-2688813

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

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> 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**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?**1b****2****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

<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> 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** **No****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**5a****5b****a** The organization?**b** Any related organization?

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**6a****6b****a** The organization?**b** Any related organization?

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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**8****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				
1 Joseph Hathaway General Manager	(i) 162,615	0	317	26,604	26,927	216,463	0
	(ii) 0	0	0	0	0	0	0
2 Narda Aguilera MIS Manager	(i) 167,783	0	838	27,359	14,843	210,823	0
	(ii) 0	0	0	0	0	0	0
3 Dale Wheeler Claims Manager	(i) 128,175	0	586	14,436	18,214	161,411	0
	(ii) 0	0	0	0	0	0	0

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

ILLINOIS FAIR PLAN ASSOCIATION

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.

2016**Open to Public
Inspection****Employer identification number**

36-2688813

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	THE ASSOCIATION IS AN UNINCORPORATED ASSOCIATION OF THOSE INSURANCE COMPANIES WRITING CERTAIN TYPES OF PROPERTY CASUALTY INSURANCE COVERAGE IN ILLINOIS, COLLECTIVELY REFERRED TO AS "MEMBER COMPANIES" OF THE ASSOCIATION. EACH MEMBER COMPANY SHARES IN THE ASSOCIATION'S RESULTS OF OPERATIONS, RECEIVING CASH EXCESSES AND PAYING FOR CASH SHORTFALLS WITH TIMING OF PAYMENTS OR ASSESSMENTS DETERMINED BY THE FINANCE AND AUDIT COMMITTEE. THE EXTENT OF A MEMBER COMPANY'S EQUITY PARTICIPATION IN THE RESULTS OF OPERATIONS IS DETERMINED ANNUALLY, AND IS A FUNCTION OF THE MEMBER COMPANY'S VOTING PARTICIPATION PERCENTAGE ADJUSTED FOR CERTAIN CREDITS. A MEMBER COMPANY'S VOTING PARTICIPATION PERCENTAGE FOR A GIVEN YEAR REPRESENTS THE PROPORTION THAT ITS PREMIUMS WRITTEN IN ILLINOIS BEAR TO THE TOTAL OF ALL MEMBERS' PREMIUMS WRITTEN IN ILLINOIS. PREMIUMS WRITTEN FOR THIS CALCULATION ARE FOR THOSE TYPES OF INSURANCE COVERAGE OFFERED BY THE ASSOCIATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	AS STATED IN THE ARTICLES OF ASSOCIATION, THE ASSOCIATION IS ADMINISTERED BY AN ELEVEN MEMBER GOVERNING COMMITTEE COMPRISED OF SIX INSURANCE INDUSTRY REPRESENTATIVES, FOUR PERSONS WHO ARE NOT EMPLOYEES OF OR OTHERWISE AFFILIATED WITH THE INSURANCE INDUSTRY, AND, ONE PERSON WHO IS AN ILLINOIS LICENSED INSURANCE PRODUCER THE TERMS OF EACH MEMBER OF THE GOVERNING COMMITTEE BEGIN ON THE DATE OF THE ASSOCIATION'S ANNUAL MEETING THE MEMBERS OF THE GOVERNING COMMITTEE SERVE FOR ONE YEAR OR UNTIL THEIR SUCCESSORS ARE ELECTED, APPOINTED, OR OTHERWISE DESIGNATED ONE MEMBER OF THE GOVERNING COMMITTEE SHALL BE DESIGNATED OR ELECTED BY EACH OF THE FOLLOWING THE AMERICAN INSURANCE ASSOCIATION, THE PROPERTY CASUALTY INSURERS ASSOCIATION OF AMERICA, THE GROUP COMPRISING ALL OTHER STOCK INSURERS NOT MEMBERS OF THE ABOVE, AND, THE GROUP COMPRISING ALL OTHER NON-STOCK INSURERS NOT MEMBERS OF THE ABOVE TWO ADDITIONAL DIRECTORS REPRESENTING THE INSURANCE INDUSTRY SHALL BE ELECTED, BY MAJORITY VOTE OF THE FOUR INDUSTRY MEMBERS OF THE GOVERNING COMMITTEE THE FOUR NON-INSURANCE INDUSTRY AFFILIATED PERSONS AND THE ILLINOIS LICENSED PRODUCER SHALL BE APPOINTED TO THE GOVERNING COMMITTEE BY THE ILLINOIS DIRECTOR OF INSURANCE FINALLY, THE GOVERNING COMMITTEE ANNUALLY ELECTS A CHAIRMAN AND VICE CHAIRMAN, AND MAY ELECT ADDITIONAL OFFICERS, INCLUDING A SECRETARY ALL SUCH OFFICERS ARE ELECTED BY MAJORITY VOTE OF THOSE MEMBERS PRESENT AT THE MEETING AND THEY WILL BE MEMBERS OF THE GOVERNING COMMITTEE SIX MEMBERS OF THE GOVERNING COMMITTEE SHALL CONSTITUTE A QUORUM EACH MEMBER PRESENT AT THE MEETING SHALL BE ENTITLED TO ONE VOTE

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	AS STATED IN THE ARTICLES OF ASSOCIATION, THE GOVERNING COMMITTEE HAS RESPONSIBILITY FOR THE ADMINISTRATION OF THE ASSOCIATION, IT MAY ADOPT AND PROMULGATE SUCH RULES AND ESTABLISH SUCH COMMITTEES AND SUBCOMMITTEES AS MAY BE NECESSARY TO CARRY OUT THE PURPOSES OF THE ASSOCIATION. THE GENERAL MANAGER AND OTHER MANAGEMENT EMPLOYEES DESIGNATED BY THE GOVERNING COMMITTEE PERFORM THE DUTIES PROVIDED IN THE ARTICLES AND SUCH OTHER DUTIES AS THE GOVERNING COMMITTEE MAY DESIGNATE. THERE WILL BE AN ANNUAL MEETING OF THE MEMBERS ON A DATE AND AT A LOCATION FIXED BY THE GOVERNING COMMITTEE. SPECIAL MEETINGS OF THE MEMBERS MAY ALSO BE CALLED BY THE GOVERNING COMMITTEE AND WILL BE CALLED BY THE GOVERNING COMMITTEE UPON WRITTEN REQUEST TO THE GOVERNING COMMITTEE BY ANY TEN MEMBERS, NONE OF WHICH MAY BE IN A GROUP UNDER THE SAME MANAGEMENT OR OWNERSHIP AS ANY OTHER. THE GOVERNING COMMITTEE WILL FIX THE TIME AND PLACE OF ANY SPECIAL MEETING AT ANY REGULAR OR SPECIAL MEETING AT WHICH THE VOTE OF THE MEMBERS IS OR MAY BE REQUIRED ON ANY PROPOSAL, INCLUDING AMENDMENT OF THE ARTICLES, OR WITH RESPECT TO ANY VOTE OF THE MEMBERS WHICH MAY BE TAKEN BY MAIL ON ANY PROPOSAL, VOTES WILL BE WEIGHTED ACCORDING TO THE PERCENTAGE THAT EACH MEMBER'S PREMIUMS WRITTEN BEARS TO THE TOTAL OF ALL PREMIUMS WRITTEN BY ALL MEMBERS. A PROPOSAL WILL BECOME EFFECTIVE WHEN APPROVED BY AT LEAST TWO-THIRDS OF THE VOTES, COMPUTED ON THE WEIGHTED BASIS. THE ARTICLES OF ASSOCIATION MAY BE AMENDED BY THE MEMBERS, SUBJECT TO THE APPROVAL OF THE ILLINOIS DIRECTOR OF INSURANCE. ANY PERSON OR MEMBER OF THE ASSOCIATION AGGRIEVED BY ANY RULING, DECISION, ACTION, OR REFUSAL TO ACT ON THE PART OF THE ASSOCIATION MAY APPEAL TO THE GOVERNING COMMITTEE. HOWEVER, THIS RIGHT OF APPEAL DOES NOT APPLY TO DISPUTES CONCERNING COVERAGES, AMOUNTS OF LOSS, OR RELATED DEFENSES. FINALLY, THE GOVERNING COMMITTEE'S DECISION MAY BE APPEALED TO THE ILLINOIS DIRECTOR OF INSURANCE WITHIN 35 DAYS AFTER THE DATE OF THE GOVERNING COMMITTEE'S DECISION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	FORM 990 IS COMPLETED BY AN INDEPENDENT CPA AND IS THEN REVIEWED BY THE GENERAL MANAGER AND THE EXECUTIVE COMMITTEE BEFORE IT IS FILED

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	CONFLICT OF INTEREST STATEMENT IS COMPLETED ANNUALLY BY ALL COMMITTEE MEMBERS AND EMPLOYEE S OF THE ASSOCIATION WITH ANY POTENTIAL CONFLICTS REVIEWED BY THE GENERAL MANAGER, AND THE EXECUTIVE AND COMPENSATION COMMITTEES

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	COMPENSATION IS BASED ON A SALARY GRID WITH SPECIFIC SALARY RANGES FOR ALL EMPLOYEES AT THE ASSOCIATION. SALARY RANGES IN PLACE FOR ALL POSITIONS WITHIN THE ASSOCIATION WERE DEVELOPED BASED ON SIMILAR POSITIONS WITHIN THE INDUSTRY AND ARE UPDATED ANNUALLY WITH COST OF LIVING ADJUSTMENTS. A SALARY SURVEY WAS COMPLETED IN 2018 TO CONFIRM ACCURACY. ANNUAL ADJUSTMENTS IN COMPENSATION ARE PROPOSED BY APPROPRIATE SUPERVISOR, BASED ON INDUSTRY AVERAGES AND PERFORMANCE, AND APPROVED BY THE GENERAL MANAGER AS WELL AS THE EXECUTIVE AND COMPENSATION COMMITTEE. THE GENERAL MANAGER'S ANNUAL SALARY IS DETERMINED BY THE EXECUTIVE AND COMPENSATION COMMITTEES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	ASSOCIATION FINANCIAL STATEMENTS ARE MADE AVAILABLE TO MEMBERS THROUGH A PASSWORD PROTECTED WEBSITE WITH GOVERNING DOCUMENTS AND CONFLICT POLICY AVAILABLE UPON REQUEST, AND, BY STATED, THE FINANCIALS ARE PUBLISHED IN TWO MAJOR ILLINOIS NEWSPAPERS ANNUALLY

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	CHANGE IN PENSION AND RETIREE HEALTH LIABILITY 242,219 CHANGE IN NON-ADMITTED ASSETS 96,449 DISTRIBUTIONS TO MEMBER COMPANIES 456,288

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 1	AS A REGULATED INSURANCE COMPANY, THE ASSOCIATION USES STATUTORY ACCOUNTING PRACTICES IN CONFORMITY WITH ACCOUNTING PRACTICES PRESCRIBED OR PERMITTED BY THE DEPARTMENT OF INSURANCE OF THE STATE OF ILLINOIS. THE STATE OF ILLINOIS REQUIRES THAT INSURANCE COMPANIES DOMICILED IN THE STATE OF ILLINOIS PREPARE THEIR STATUTORY BASIS FINANCIAL STATEMENTS IN ACCORDANCE WITH THE NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS ("NAIC") ACCOUNTING PRACTICES AND PROCEDURES MANUAL.