Return of Organization Exempt From Income Tax

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

2017

DLN: 93493101005279 OMB No 1545-0047

Department of the Treasury

▶ 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

		nue Service						Inspection
A Fo	or th	e 2017 ca		ing 09-01-2017 , and ending 08	-31-2018			
		pplicable	C Name of organization Illinois Agricultural Association			D Employe	r identifi	ication number
□ Add		change ange	-			37-0809	856	
☐ Init		_	Doing business as					
		n/terminated				E Telephone	numher	
		d return	Number and street (or P O box if mai 1701 Towanda Avenue	I is not delivered to street address) Room,	suite/suite			
Ш Арі	Jiicacii	on pending	City or town, state or province, count	ry and ZIP or foreign postal code		(309) 55	7-2218	
			Bloomington, IL 61702	y, and ZII or foreign postal code		G Gross rec	eints \$ 73	2 062 317
			F Name and address of principal	officer	H(a) Is this	a group reti	•	
					1	dinates?	ui i i i i i i	□Yes ☑ No
					H(b) Are al	l subordinate	es.	☐ Yes ☑ No
I Tax	-exer	npt status	☐ 501(c)(3) ☑ 501(c)(5) ◄ (I	nsert no)	Includ	ed? ," attach a lis	st (see	
J W	ebsit	:e:▶ www			I	exemption r		•
K Forn	n of or	rganızatıon	☐ Corporation ☐ Trust ☑ Associ	ation ☐ Other ►	L Year of forma	ation 1928	M State	of legal domicile IL
В-		C						
Pa		Sum:	mary scribe the organization's mission or	most significant activities				
	1	To improve	e the economic well-being of agricu	lture and enrich the quality of farm fa		cating and dis	ssemina	tıng agrıcultural
)Ce	<u> </u>	nformatio	n to members and others in such a	reas as finance, economics and gover	nmental policy			
naf	_							
Activities & Governance	-							
3				ontinued its operations or disposed of body (Part VI, line 1a)			sets 3	20
ಸ ್				he governing body (Part VI, line 1b)			4	0
rre.			·	ndar year 2017 (Part V, line 2a)			5	418
Ţ.			nber of volunteers (estimate if nece	, , , , , ,			6	8,500
ĕ			· ·	/III, column (C), line 12			7a	19,557,441
				Form 990-T, line 34			7b	-205,115
					Pri	or Year		Current Year
Q,	8	Contributi	ions and grants (Part VIII, line 1h)			3,50	00	3,500
Ravenue	9	Program s	service revenue (Part VIII, line 2g)			5,540,3	59	5,526,439
۸۴۲	10	Investme	nt income (Part VIII, column (A), li	nes 3, 4, and 7d)		18,381,1	39	20,203,559
_	11	Other rev	enue (Part VIII, column (A), lines 5	i, 6d, 8c, 9c, 10c, and 11e)		28,198,7		29,309,163
				equal Part VIII, column (A), line 12		52,123,70	66	55,042,661
			nd similar amounts paid (Part IX, co			2,357,30	62	2,432,578
			paid to or for members (Part IX, col					0
83		•		efits (Part IX, column (A), lines 5–10)	32,823,83	34	34,338,620
9			nal fundraising fees (Part IX, colum	, ,,				0
Expenses			aising expenses (Part IX, column (D), lin	· -		15 155 0	-	15 600 107
_			penses (Part IX, column (A), lines 1 enses Add lines 13–17 (must equa	•		15,155,07		15,699,107
			less expenses Subtract line 18 from			50,336,2: 1,787,5		52,470,305 2,572,356
S	19	Revenue	less expenses Subtract line to not		Beginning	of Current Ye		End of Year
Net Assets or Fund Balances								
Asse Bak	20	Total asse	ets (Part X, line 16)			57,272,30	07	59,625,717
to E	21	Total liabi	ılıtıes (Part X, lıne 26)			9,618,8	08	9,399,862
			s or fund balances Subtract line 21	from line 20		47,653,49	99	50,225,855
Par			ature Block	ed this return, including accompanyi	na schodulos and	ctatomonto	and to	the best of my
				Declaration of preparer (other than o				
any ki	nowle	edge						
		*****	ĸ		201	9-04-11		
Sign		Signatu	ure of officer		Dat	е		_
Here	:		odds Treasurer					
		17	r print name and title					
		Pr	rint/Type preparer's name	Preparer's signature	Date Che	ck 🔲 ıf P	ΓIN	
Paic			ırm's name			-employed n's EIN ▶		
Prep		₹! _	ırm's address 🕨			ne no		
Use	Un	шу						
May +	he ID	S discuss	this return with the preparer show	a above? (see instructions)				es 🗆 No
			duction Act Notice, see the sepa	· · · · · · · · · · · · · · · · · · ·	Cat No 1	1282Y	T	Form 990 (2017)

Form	990 (2017)					Page 2
Par	t IIII Statement	of Program Servi	ce Accomplis	hments		
	Check if Sche	dule O contains a resp	onse or note to	any line in this Part III		🗸
1		rganization's mission		•		
	nprove the economic with the suc				ife by educating and disseminat	ing agricultural information to
2	-	, -		- ,	hich were not listed on	
	•	r 990-EZ?				☐ Yes 🗹 No
_	•	se new services on Sc				
3		cease conducting, or r	-	changes in how it cond	ucts, any program	. □Yes ☑No
	If "Yes," describe the	se changes on Schedu	le O			
4	Section 501(c)(3) an		ons are required	to report the amount	largest program services, as mof grants and allocations to othe	
	(Code) (Expenses \$	11,954,942	including grants of \$	2,432,579) (Revenue \$	3,551,064)
	See Additional Data					
4b	(Code) (Expenses \$	4,941,537	including grants of \$) (Revenue \$	192,799)
	See Additional Data					
4c	(Code) (Expenses \$	2,138,733	ıncludıng grants of \$) (Revenue \$)
	See Additional Data					
4d	Other program service	ces (Describe in Sched	ule O)			•
	(Expenses \$	530,584 inc	luding grants of	\$) (Revenue \$	54,910)
4e	Total program serv	rice expenses ►	19,565,7	96		

or X as applicable

Checklist of Required Schedules

Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

ın Part X, line 16? *If "Yes," complete Schedule D, Part IX* 😼

b Was the organization included in consolidated, independent audited financial statements for the tax year?

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

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

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Page 3

No

Νo

Νo

Nο

Nο

Nο

Nο

Nο

Nο

No

Nο

Nο

Nο

Nο

Νo

Nο

No

Nο

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No

4

5

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 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? 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 🛸 . . .

Nο Nο Nο

Yes

Yes

Yes

Yes

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

29

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?

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

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 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

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," 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

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

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 🔧

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🔧

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

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

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

Was the organization a party to a business transaction with one of the following parties (see 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

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

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

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

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

20a 20b

Yes

Yes 21 22

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

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31

32

33

34

35a

35h

36

37

Yes

Yes

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Nο

Yes

	t V Statements Regarding Other IRS Filings and Tax Compliance			Page 3
Fai	Check if Schedule O contains a response or note to any line in this Part V			П
	Check if Schedule O Contains a response of flote 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 108		103	
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
٠	(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			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		103	
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
h	If "Yes," enter the name of the foreign country			INO
D	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
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
С	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	6a	Yes	
	solicit any contributions that were not tax deductible as charitable contributions?		,	
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	•			
а	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		
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7.5		
·	Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the average to a divine the case was averaged divisible as a divisible as a second baseful as the	7e 7f		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	/1		
g	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form			
	1098-C ⁷	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
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
ь	, , , , ,	9b		No
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	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			
12				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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			
	Enter the amount of reserves on hand			
	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		- 45 -
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-orm	990 (2017)			Page 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to l	_
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		✓
Se	ction A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 20		Yes	No
	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				
а	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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e 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?		, , ,	
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	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)	-56	103	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16-		Na
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		No
	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		
Se	ction 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			
				0 (2017)

orm 990 (2	017)										Page 7
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	rees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	his	Part V	Π.			<u> </u>
Section	A. Officers, Directors, Tru	stees, Key E	mploy	ees	, an	d H	lighe	st C	Compensated En	nployees	
ear	e this table for all persons require										
of compensa	of the organization's current off tion Enter -0- in columns (D), (E), and (F) if no	compe	nsatı	on v	vas į	paid			-	
	of the organization's current key		•								
vho received organization	organization's five current high d reportable compensation (Box and any related organizations	5 of Form W-2	and/or E	Зох 7	of F	orm	1099	-MIS	SC) of more than \$1	00,000 from the	
of reportable	of the organization's former office compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	-				
List all o organization	of the organization's former dire , more than \$10,000 of reportab	ectors or trust le compensation	ees that n from t	t rece the or	gan	l, ın ızatı	the ca	paci any	ty as a former direc v related organization	tor or trustee of the ons	2
	in the following order individua d employees, and former such p		ectors,	ınstıtı	utior	nal t	rustee	s, of	ficers, key employe	es, highest	
🗌 Check tl	his box if neither the organizatio	n nor any relate	ed organ	nzatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	
	(A) Name and Title		ne b	ox, ι n of or/t	t che unles ficer rust	s pers and a ee)	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and	
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer		Highest compensated employee	Former	,	MISC)	related organizations
See Additiona	al Data Table										

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Part VII Section A. Officers, Direct	tors, Trustees	s, Key I	Empl			, and	High		ed Employees	(conf	tinued)	
(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one bo	oox, u an off ctor/tr	ot che unles fficer truste		rson a	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (\) 2/1099-MISC	n I W-	Estima amount o compens from t	ated of other sation the
	organizations below dotted line)		estant Tenorithitan	Officei	key employee	Highest compensated employee	Former	2/1035*****2C,	2/1033-11120		organizati relati organiza	:ed
See Additional Data Table	†									\Box		
					\Box'					\Box		
			<u> </u>		<u>Ĺ</u> '		<u> </u>			_		
			<u> </u>	\bigsqcup	<u></u>		<u> </u> -			\dashv		
	 '		<u> </u>	\sqcup	<u>—</u> ′	-	 	<u> </u>		+		
	+'	-	 	\vdash	-	_	+'	-		+		
	+		 	\vdash	\vdash	_	+-			+		
	+			\vdash	\Box		\vdash			+		
	†		\vdash	$\mid \mid \mid$	\Box		\vdash					
1b Sub-Total						<u> </u>	<u>—</u>			丰		
c Total from continuation sheets to P d Total (add lines 1b and 1c)	•		<u></u>		<u>. </u>	<u> </u>	_	4,184,354	928,00	00		1,082,873
Total number of individuals (including of reportable compensation from the			e liste	ed al	00∨€	e) who) rece	eived more than \$1	100,000	_		
3 Did the organization list any former	co director	truct	k				h		- Tayoo on	_	Yes	No
line 1a? If "Yes," complete Schedule.			tee, ke		ubic		or 1115	gnest compensace	1 employee on	3	Yes	l
4 For any individual listed on line 1a, is organization and related organization individual	the sum of reports greater than \$	ortable o \$150,00	comp	ensa "Yes	ition ;," cı •	n and complet	other te Sc	compensation from chedule J for such	m the	4	Yes	
5 Did any person listed on line 1a recei									dıvıdual for	-	165	
services rendered to the organization		lete Sch	edule	₃ J fo	r su	ıch per	rson	· · · · ·		5		No
Section B. Independent Contract Complete this table for your five high	hest compensate	 ≥d indep	ender	nt cc	ntr،	actors	that	received more tha	 in \$100,000 of cor	mper	 nsation	
from the organization Report compe	(A)		year	end	ing v	with o	r wit		(B)		(C	
Journal Communications	and business addre	3 SS						Desc Printing	scription of services		Compen	
725 Cool Springs Blvd Franklin, TN 37067										ļ		
Weber Electric Inc								Electrical co	ontracto			391,733
200 E Layayette Bloomington, IL 61701											<u> </u>	
P&P Press 6513 N Galena Road								Printing		ļ	1,	,233,565
Peoria, IL 61614 Stark Excavating								Contractor				389,800
1805 W Washington St										ļ		•
Bloomington, IL 61701 4M Building Solutions								Cleaing Ser	rvice			723,042
PO Box 870784 Kansas City, MO 64187												
Total number of independent contractor	vrs (including bu)	t not lim	aited '	to th	iose	listed	abo	ve) who received r	nore than \$100.00	30 of		

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 ▶ 5

		(2017)								Page 9
Part '	VII									
		Check If Schedul	le O contains a	respo	nse or note to any	(A) Total revenue	Re e fu	(B) lated or xempt inction	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
0 £	1a	Federated campaig	ns	1a				•		
anta	1	b Membership dues		1 b						
<u> </u>	•	c Fundraising events		1c						
ifts, ar A	•	d Related organizatio	ns	1 d						
ons, Gifts, Grants Similar Amounts	1	e Government grants (co	ontributions)	1e						
Sil	1	 All other contributions, and similar amounts n 	, gıfts, grants, ot ıncluded	1f	3,500					
Contributions, Gifts, Grants and Other Similar Amounts		above		11	3,300					
ĒĎ	9	g Noncash contribution in lines 1a-1f \$	ons included	_						
Cont and	h	Total. Add lines 1a-1	lf		•	3,500				
<u> </u>					Business	Code				
ven	2a	In Kınd AV					17,584		,584	
Program Service Revenue		Leadership & Comm Co					302,112 067,949		,112	
ZMC.		Membership Dues & Ass RIMSAP	sessments				138,794	5,067	,794	
₹.	e						·			
]ran	_	All other program se	rvice revenue	_						
Po	g	Total.Add lines 2a-2i	f	1	5,5	526,439				
		Investment income (ii			nterest, and other	T	Ī			
		similar amounts). Income from investme	ont of the even		nd proceeds		0			19,067,708
		Royalties				9,399,29				9,399,292
		,	(ı) Real		(II) Personal		1			
	6a	Gross rents	7.66	5,084						
	b	Less rental expenses		3,871		1				
	_	Rental income or	25	1,213		_				
	C	(loss)	33	1,213						
	d	Net rental income o				351,21	3			351,213
	7-	Gross amount	(ı) Securitie	es .	(II) Other	-				
	<i>,</i> a	from sales of assets other	9,72	4,909	4,400	0				
		than inventory								
	b	Less cost or other basis and	8,58	4,655	8,803	3				
	c	sales expenses Gain or (loss)	1,14	0,254	-4,403	3				
		Net gain or (loss)		•	•	1,135,85	1		-1,217	1,137,068
	8a	Gross income from for for the contract of the	undraising ever							
nue		contributions reporte	ed on line 1c)	J						
eve		See Part IV, line 18		a .		_				
r G		Less direct expense : Net income or (loss)		b na eve	ents 🕨	_	0			
Other Revenue		Gross income from g	jaming activitie							
0		See Part IV, line 19		a l						
	b	Less direct expense	s	ь		-				
	c	: Net income or (loss)	from gaming a	ctıvıtı	es >		0			
	10a	Gross sales of invent returns and allowand								
				a	1,636,274					
	b	Less cost of goods s	sold	ь	1,112,327					
	c	Net income or (loss) Miscellaneous		nvente		523,94	7		523,947	
	11	Miscellaneous Classified Ad Incom			Business Code	1,905,08	8		1,905,088	
		S.assinca Ad Theolin	-						· ,	
	b	Commissions		\dashv		377,47	5		377,475	
	c	Fees for Services		\neg		16,740,16	0		16,740,160	
							\perp			
		All other revenue .				11,98	8		11,988	
		Total. Add lines 11a			•	19,034,71	1			
	12	Total revenue. See	Instructions		· · · •	55,042,66	1	5,526,439	19,557,441	
										Form 990 (2017)

Form 990 (2017)				Page 1 0
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all col	umns All other orga	anizations must comp	lete 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, 'b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,432,578	2,432,578		
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, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	3,797,692		3,797,692	
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	20,543,545	7,359,732	13,183,813	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	3,990,222	1,441,575	2,548,647	
9 Other employee benefits	4,397,319	1,557,992	2,839,327	
10 Payroll taxes	1,609,842	538,343	1,071,499	
11 Fees for services (non-employees)				
a Management	0			
b Legal	29,332		29,332	
c Accounting	93,644		93,644	
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 0)	904,600	127,095	777,505	
12 Advertising and promotion	247,158	226,417	20,741	
L3 Office expenses	0			
L4 Information technology	0			
L5 Royalties	0			
16 Occupancy	1,484,396	481,530	1,002,866	
17 Travel	1,805,136	780,226	1,024,910	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	,		
19 Conferences, conventions, and meetings	110,405	42,771	67,634	
20 Interest	. 0	,	,	
21 Payments to affiliates	1,570,344		1,570,344	
22 Depreciation, depletion, and amortization	617,567	107,399	510,168	
23 Insurance	59,952	201,7000	59,952	
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)	0,,,02		33,332	
a Special Programs	1,605,747	1,120,428	485,319	
b Sponsored meetings	1,299,371	1,282,986	16,385	
c Printing and Publications	1,215,205	872,591	342,614	
d Postage and Shipping	1,202,335	663,895	538,440	
e All other expenses	3,453,915	530,241	2,923,674	
Total functional expenses. Add lines 1 through 24e	52,470,305	19,565,799	32,904,506	(
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)				

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12

13

14

30

31

32

33

34

Net

Page **11**

0

28.565.613

50,225,855

50,225,855

59.625.717

Form **990** (2017)

371.786

0

0

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

Investments—publicly traded securities .

Intangible assets

Investments—other securities See Part IV, line 11 .

Capital stock or trust principal, or current funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments—program-related See Part IV, line 11

		beginning of year		End of year
1	Cash-non-interest-bearing		1	0
2	Savings and temporary cash investments	6,229,271	2	6,139,196
_	Diadasa and ananta assaulting ast		1	0

Pledges and grants receivable, net . 1,852,503 4 1,888,754 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part 5

II of Schedule L 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) 6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . .

0 Assets Notes and loans receivable, net . 0 Inventories for sale or use . 136,238 8 213,765 391.604 9 390.994 Prepaid expenses and deferred charges

10a Land, buildings, and equipment cost or other 59,609,931 10a basis Complete Part VI of Schedule D 40.361.248 18.998.034 10c 19,248,683 b Less accumulated depreciation 10b

26.102.657

371.786

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12

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32

33

34

47,653,499

47,653,499

57.272.307

3.190.214 15 15 2.806.926 Other assets See Part IV, line 11 . 57,272,307 59.625.717 16 **Total assets.**Add lines 1 through 15 (must equal line 34) . . . 16 17 Accounts payable and accrued expenses 452.938 17 390,740 18 18 Grants payable . . . 19 6,271,436 19 Deferred revenue . . . 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21

5,534,579 Liabilities 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 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties . Other liabilities (including federal income tax, payables to related third parties, 2.894.434 25 3.474.543 25 and other liabilities not included on lines 17-24) Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 . 9,618,808 26 9,399,862

Fund Balances Organizations that follow SFAS 117 (ASC 958), check here lacktriangle and complete lines 27 through 29, and lines 33 and 34. 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets

29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here > 🗹 and complete lines 30 through 34. Assets or

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

Yes No

☐ Cash ☐ Accrual ☑ Other Income Tax 1 Accounting method used to prepare the Form 990 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

2a

2b

2c

3a

3b

Yes

Yes

Nο

No

Form **990** (2017)

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

separate basis, consolidated basis, or both

☐ Separate basis

consolidated basis, or both ✓ Separate basis

Audit Act and OMB Circular A-133?

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

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?

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

Additional Data

their handling of agricultural issues and the promotion of agriculture

Software ID: 17005038 Software Version: 2017v2.2

General Member Services- These services include providing county, regional and state levels with information, education, organizational and management tools to assist in

EIN: 37-0809856

Name: Illinois Agricultural Association

Form 990 (2017)

Form 990, Part III, Line 4a:

Form 990, Part III, Line 4b: 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

Form 990, Part III, Line 4c:

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

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organizations from the organization

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

and Independent Contractors

Mark Reichert

Dale Hadden

Steven Stallman

Chris Hausman

Director

Director

Director

Director

	any nours	ana	a air	ecto	or/tr	ustee)	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Richard Guebert President	40 00	×		x				313,398	0	8,820	
David Meiss Director	6 00	x						12,487	52,000	0	
David Erickson Vice President	20 00	Х		x				27,432	52,000	0	

Director	0 00						L
David Erickson	20 00						ĺ
		X	Х		27,432	52,000	ı
Vice President	0 00						
Steven Fourez	6 00						ĺ
		X			10,678	42,000	ı
Director	0 00				·	·	
Tammy Halterman	6 00						Ī

Vice President	0 00	_ ^	^		27,432	32,000	
Steven Fourez	6 00	×			10.678	42,000	
Director	0 00	l ''			10,070	12,000	
Tammy Halterman	6 00	×			15.765	42,000	
Director	0.00	l			15,705	42,000	

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0 00 6 00

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		X	l			15,765	42,000	0
Director	0 00						,	
Jeff Kırwan	6 00	_				14,642	42,000	0
Director	0 00	^				14,042	42,000	0
Mark Baighart	6 00							

8,888

1,784

16,192

2,296

42,000

52,000

0

0

0

0

0

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation hours per compensation amount of other week (list person is both an officer from the from related compensation and a director/trustee\ any hours organizations from the organization

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

	any hours	and	a dir	ecto	r/tr	ustee))	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Kenton Thomas	6 00	×						17,789	52,000	0
Director	0 00							27,7.33	52,000	
Michele Aaavang Director	6 00	x					·	11,956	42,000	0
Earl Williams Jr	6 00							13,006	52,000	0
Director	0 00									
Steve Hosselton Director	6 00	×						16,441	52,000	0

18,507

10,861

11,699

12,598

14,757

15,554

52,000

52,000

52,000

52,000

52,000

42,000

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Director	0 00	
Steve Hosselton	6 00	
Director	0 00	
Chad Schutz	6 00	
Director	0 00	

Brad Temple

Randy Poskin

David Serven

Gary Speckhart

Director

Director

Director

Director

Director

Troy Uphoff

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

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

and Independent Contractors

Ass't Secretary

Laura Reynolds

Ass't Controlle

General Counsel

Mark Gebhards

Ex Dir of Member Services and PR

Director of Governmental Affairs

Jim Jacobs

Mike Hodge

Alan Dodds

Treasurer

	6				-			1 11 2 11 000	(14.000	
	for related organizations below dotted line)		Institutional Trustee	10	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Dennis Green	6 00	×						18,847	52,000	0
Director	0 00									
Larry Miller Director	6 00	×						14,906	52,000	0
Jennifer Vance Secretary	40 00			х				254,105	0	80,983
Geneva Aberle	40 00			×				144,797	0	53,357

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353,630

123,636

645,715

243,984

329,100

22,237

103,439

47,071

169,187

73,591

97,319

0

0

0

Jennifer Vance	40 00		x		254,105	
Secretary	0 00				23 1,103	
Geneva Aberle	40 00		х		144,797	
Controller	0 00		^		111,737	
Elaine Thacker	40 00		x		86,977	
				 1	 ,-,,	

0 00 40 00

0 00 40 00

0 00 40 00

0 00 40 00

0 00 40 00

0 00

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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation

and Independent Contractors

Wendy Schaefer

Ass't General Coun

Robert W Weldon

Former VP of Finance/Treasurer

Former General Counsel

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

	any hours				ustee		organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Chris Magnuson Director of News and Communication	40 00			×			296,918	0	90,644
Brian Cahill Senior Counsel	40 00				х		208,226	0	53,231
Laura Harmon Senior Counsel	40 00				х		216,719	0	71,173
Lyn Potts Senior Counsel	40 00				х		218,144	0	69,910
Craig Ratajcyk Ex Director Soy	40 00				х		206,035	0	69,000
1	0 00	l		 	I				

40 00

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72,911

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221,892

4,676

29,317

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SCHEDULE D Supplemental Final

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.

2017

DLN: 93493101005279

Department of the Treasury Internal Revenue Service

(Form 990)

Information about Schedule D (Form 990) and its instructions is at www.irs.qov/form990.

Qpen to Public Inspection

	me of the organization ois Agricultural Association					Emp	loyer id	entification	n number
							809856		
Pa	organizations Maintaining Donor Advi					r Acc	ounts.		
	Complete if the organization answered "Ye	(a) Don					(b)Eund	ls and other	accounts
1	Total number at end of year	(4) 5511	or aav	ioca ran	-		(D) and	is and other	accounts
2	Aggregate value of contributions to (during year)								
3	Aggregate value of grants from (during year)								
4	Aggregate value at end of year								
			L	-4- 4-14				41	
5	Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex	clusive legal contr	ol?						Yes 🗌 No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?]Yes □ No
Pa	rt II Conservation Easements. Complete if th	ne organization a	answe	red "Ye	es" on Forr	n 990	, Part I\	/, line 7.	
1	Purpose(s) of conservation easements held by the orga	nization (check all	that a	pply)					
	Preservation of land for public use (e g , recreation	or education)		Preser	vation of an	histori	cally imp	ortant land	area
	☐ Protection of natural habitat			Preser	vation of a	ertifie	d historic	structure	
	Preservation of open space		_						
_	·		.		+b - f	6 -			
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conserva	tion co	meributi	on in the for	III OI a			of the Year
а	Total number of conservation easements					2a [
b	Total acreage restricted by conservation easements					2b			
С	Number of conservation easements on a certified histori	c structure include	d in (a	a)		2c			
d	Number of conservation easements included in (c) acqu structure listed in the National Register	red after 8/17/06,	and n	ot on a	historic	2d			
3	Number of conservation easements modified, transferred tax year ▶	d, released, exting	guishe	d, or ter	minated by	the org	ganızatıo	n during the	
	Number of states where property subject to conservation	n eacomont is los	stad 🏲						
4							_		
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds		rıng, ır	ispectio	n, handling	of viola	itions,	☐ Yes	□ No
6	Staff and volunteer hours devoted to monitoring, inspect	ting, handling of v	riolatio	ns, and	enforcing co	onserva	ation eas	ements duri	ng the year
7	Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violati	ons, a	nd enfor	cing conser	vation	easemen	its during th	e year
8	Does each conservation easement reported on line 2(d)	above satisfy the	requir	ements	of section 1	70(h)(4)(B)(ı)	_	
	and section 170(h)(4)(B)(ii)?							⊔ Yes	∐ No
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the or							
Par	Organizations Maintaining Collections Complete if the organization answered "Ye					er Sir	nilar A	ssets.	
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar	public exhibition,	educat	ion, or i	research in f				
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items								
(i) Revenue included on Form 990, Part VIII, line 1						▶ \$		
C	ii)Assets included in Form 990, Part X						▶ \$		_
2	If the organization received or held works of art, histori following amounts required to be reported under SFAS					ncıal g	ain, prov	ide the	
а	Revenue included on Form 990, Part VIII, line 1	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9				> \$ _		
b	Assets included in Form 990, Part X						▶ \$		
For	Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.			Cat No	52283	D Sch	edule D (F	orm 990) 20

Par	t IIII	Organizations Maintaining Col	lections of	f Art, Hist	orical '	Treas	ures, or	Other	Similar A	ssets ((continued)
3		g the organization's acquisition, accessio s (check all that apply)	n, and other	records, che	ck any c	of the f	ollowing t	hat are a	significant i	use of it	s collection	n
а		Public exhibition			d 🗆	Loa	n or excha	ange prog	ırams			
b		Scholarly research			e 🗌	Oth	er					
c		Preservation for future generations										
4	Provi Part	ide a description of the organization's col XIII	llections and	explain how	they fu	ther th	ne organiz	ation's ex	kempt purpo	se in		
5		ng the year, did the organization solicit o ts to be sold to raise funds rather than to							nlar	□ Y	es 🗆	No
Pa	rt IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.		on Form 9	190, Pa	rt IV,	line 9, or	reporte	ed an amou	unt on	Form 990), Part
1a		e organization an agent, trustee, custodi ded on Form 990, Part X?	an or other II	ntermediary	for cont	ributio	ns or othe	er assets	not	□ Y	es 🗌	No
b	If "Y	es," explain the arrangement in Part XIII	and complet	te the follow	ing table	<u> </u>	[A	mount	:	
c	Begir	nning balance						1c				
d	Addıt	tions during the year						1d				
е	Dıstr	ibutions during the year						1e				
f	Endır	ng balance						1f				
2a	Dıd t	rhe organization include an amount on Fo	orm 990, Part	: X, line 21,	for escr	w or c	ustodial a	ccount lia	ability?		oc 🗆	— No
h	76 1114			6.11							_	1
b		es," explain the arrangement in Part XIII										J
Pa	irt V	Endowment Funds. Complete if							(d)Three ye		(-)[
1 a	Begint	ning of year balance	(a)Current	year (b) Prior ye	ear	(C) I WO YE	ears Dack	(a) Three yea	ars back	(e)Four y	ears Dack
	-	butions										
		vestment earnings, gains, and losses										
		s or scholarships										
		'										
	and pr	expenditures for facilities rograms										
f	Admın	nistrative expenses										
g	End of	f year balance										
2 a		ide the estimated percentage of the currond the currond designated or quasi-endowment	ent year end	balance (line	e 1g, col	lumn (a	a)) held a	s				
b	Perm	nanent endowment ►										
c	Temi	porarily restricted endowment ►										
·		percentages on lines 2a, 2b, and 2c shou	ıld equal 100	%								
3а	Are t	there endowment funds not in the possession by	•		that are	held a	nd admını	stered fo	r the		Yes	S No
	_	nrelated organizations								3	a(i)	
	(ii) r	related organizations								3	a(ii)	
b	If "Ye	es" on 3a(11), are the related organization	ns listed as re	equired on S	chedule	R? .				. ${ dash}$	3b	
4	Desc	ribe in Part XIII the intended uses of the	organization	ı's endowme	nt funds	;						_
Pa	rt VI	Land, Buildings, and Equipme						_				
	Descr	Complete if the organization answ ription of property (a) Cost or oth (investme	her basis	(b) Cost or of					rm 990, Pa lepreciation		ne 10. (d) Book va	llue
1-	اعما		79,273			21,26	-					100,538
	Land				4		_		17 000 422			*
	Buildir	-	15,685,130		-	205,15	_		17,988,423			1,901,862
		hold improvements			32,	060,478	<u> </u>		16,427,288			15,633,190
		ment				FF0 55	+		5.045.535			4 642 265
	Other			10. 0		558,630			5,945,537	<u> </u>		1,613,093
Tota	ai. Add	lines 1a through 1e (Column (d) must e	qual Form 99	iu, Part X, ci	oiumn (E	s), line	10(c)).		▶	ı		19,248,683

Part VIII Investments—Other Securities. Complete if	f the organıza	tion answere	d "Yes" on Form 990,	Part IV, line IID.
See Form 990, Part X, line 12. (a) Description of security or category (including name of security)		(b) Book value	(c) Method o Cost or end-of-ye	
1) Financial derivatives				
2) Closely-held equity interests	· · · ·			
A)				
3)				
9)				
D)				
<u> </u>				
=)				
G)				
H)				
otal. (Column (b) must equal Form 990, Part X, col (B) line 12)	•			
art VIII Investments—Program Related. Complete if the organization answered 'Yes' o	n Form 990, F	Part IV, line :	l1c. See Form 990, Pa	rt X, line 13.
(a) Description of investment		ook value	(c) Method of Cost or end-of-ye	f valuation
1)			Cost of end-or-ye	a. market value
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 answe		m 990, Part I\	, line 11d See Form 990	
(a) Descrip	luon			(b) Book value
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
otal. (Column (b) must equal Form 990, Part X, col (B) line 15)				•
Part X Other Liabilities. Complete if the organization	n answered 'Y	es' on Form	990, Part IV, line 11e	
See Form 990, Part X, line 25. (a) Description of liability		(b) Book	value	
1) Federal income taxes			F22 F52	
ccrued Property Taxes			523,552 2,950,991	
ther Accrued Liabilities				
3)				
3) 4)				
3) 4) 5)				
3) 4) 5) 6)				
3) 4) 5) 6)				
3) 4) 5) 6) 7)				
Other Accrued Liabilities 3) 4) 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 25)			3,474,543	

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b .

Part XI

2

b

c d

е 3

4

Schedule D (Form 990) 2017

Page 4

-1,486,617

55,042,661

С	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	55,042,661
Par	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per R	≀etur	n.
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	50,983,688
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2a

2b

2c

2d

4a

4b

-1.486.617

2e

3

2b 2c Other (Describe in Part XIII) 2d -1,486,617 Add lines 2a through 2d . . -1,486,617 2e 3 52,470,305 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . . 4a 4b b

Add lines **4a** and **4b** 4c 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 52.470.305 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

See Additional Data Table

Page 5		Schedule D (Form 990) 2017
	ormation (continued)	Part XIII Supplemental Info
	Explanation	Return Reference

Schedule D (Form 990) 2017

Additional Data

Software ID: 17005038
Software Version: 2017v2.2

EIN: 37-0809856

Name: Illinois Agricultural Association

Supplemental Information

	Return Reference	Explanation
Part X	FIN48 Footnote	Management evaluates uncertain tax positions taken by the Association The financial state ment effects of a tax position are recognized when the position is more likely than not, b ased 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, 2018 there are no uncertain positions taken or expected to be taken

efile GRAPHIC print - DO NOT PROCESS	DLN: 93493101005279
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. Department of the Treasury Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990 .	OMB No 1545-0047 2017 Open to Public Inspection
Name of the organization Illinois Agricultural Association	Employer identification number
Part I General Information on Grants and Assistance	37-0809856
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
	Description of cash assistance (h) Purpose of grant or assistance
(1) See Additional Data	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
(12)	
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	▶ 0 ▶ 67 Schedule I (Form 990) 2017

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

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

Schedule I (Form 990) 2017

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.

Results of all grant distributions are reported to the IAA Board each March

(6) (7)

Grantmaker's Description of How

Information

Grants are Used

Additional Data

(a) Name and address of

Bond County Farm Bureau

PO Box 249 Greenville, IL 62246 Brown County Farm Bureau

109 W North St Mt Sterling, IL 62353 (h) ETNI

37-0184970

37-0193430

Software ID: 17005038
Software Version: 2017v2.2
EIN: 37-0809856
Name: Illinois Agricultural Association

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

(d) Amount of cash (e) Amount of non- (f) Method of valuation

40,483

44,132

(g) Description of

non-cash assistance

(h) Purpose of grant

Agricultural Education

Agricultural Education

or assistance

(a) Name and address of	(0)	(C) INC Section	(a) Amount or cash	(C) Amount of non	(1) Method of Valuation	i
organization		ıf applıcable	grant	cash	(book, FMV, appraisal,	ı
or government				assistance	other)	l
						l

(c) IPC section

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 36-0854650 15.000 Agricultural Education

Agricultural Education

Bureau County Farm Bureau PO Box 190 Princeton, IL 61356

42.254

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

Calhoun County Farm Bureau

PO Box 275 Hardın, IL 62047 37-0202300

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Carrol County Farm Bureau 26-2165031 35.737 Agricultural Education 811 S Clay St Mt Carroll, IL 61053

Cass- Morgan County Farm 37-0919211 70.237 Agricultural Education

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

Bureau 1152 Tendick St

Jacksonville, IL 62650

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Christian County Farm Bureau 37-0216260 33.906 Agricultural Education 400 W Market St

Agricultural Education

64,411

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

Taylorville, IL 62568

Clark County Farm Bureau

255 W Cumberland Martinsville, IL 62422 37-0218700

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 37-0219575 41.752 Agricultural Education Clav County Farm Bureau PO Box E

Agricultural Education

24.064

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

Louisville, IL 62858

Coles County Farm Bureau

719 W Lincoln Ave Charleston, IL 61920 37-0223410

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Crawford County Farm Bureau 37-0232680 8.778 Agricultural Education 37-0667462 36.594 Agricultural Education

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

1201 N Allen
Robinson, IL 62454
Cumberland County Farm

Bureau 303 E Main Toledo, IL 62468

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance icultural Education

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

Tuscola, IL 61953

Agricultural Education Douglas County Farm Bureau 37-0250530 29,977 105 N Main

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Edgar County Farm Bureau 37-0258300 58.975 Agricultural Education 210 W Washington Paris, IL 61944

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

15 S Fifth St Albion, IL 62806

Edwards County Farm Bureau 37-0667644 58,266 Agricultural Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Fayette County Farm Bureau 37-0664100 42.633 Agricultural Education 1125 N Sunset Dr Vandalia, IL 62471 Ford-Iroquis County Farm 37-0949884 8.778 Agricultural Education Bureau

PO Box 208 Gilman, IL 60938

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Franklin County Farm Bureau 37-0667471 17.381 Agricultural Education PO Box 457

75,265

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

Benton, IL 62812

Fulton County Farm Bureau

15411-A N State Route 100 Lewiston, IL 61542

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Gallatin County Farm Bureau 37-0664103 30.720 Agricultural Education

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

319 6th St Carrollton, IL 62016

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Hamilton County Farm Bureau 37-0664104 50.249 Agricultural Education PO Box 248

41.369

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

McLeansboro, IL 62859

Hancock County Farm Bureau

71 S Adams St Carthage, IL 62321

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance ultural Education

Henry County Farm Bureau	36-1210330	27,178	0		Agrıcult
114 N East St		·			_
Cambridge, IL 61238					

220 N 10th St Murphysboro, IL 62966

Jackson County Farm Bureau 37-0667476 8,778 Agricultural Education

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Jasner County Farm Bureau 37-0351420 73.578 Agricultural Education

30,472

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

PO Box 329
Newton, IL 62448
Jefferson County Farm Bureau

814 Harrison St Mt Vernon, IL 62864

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Jersy County Farm Bureau 37-0667479 21.004 Agricultural Education 402 S Jefferson Jersevville, IL 62052

33,541

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

JoDaviess County Farm Bureau

212 N Main Elizabeth, IL 61028

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Johnson County Farm Bureau 37-0664107 60.586 Agricultural Education 504 W Main

15.778

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

Vienna, IL 62995

111 Van Emmon St Yorkville, IL 60560

Kendall County Farm Bureau

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Knox County Farm Bureau 37-0667480 36,658 Agricultural Education 180 S Soangetaha Galesburg, IL 61402

55,505

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

Lawrence County Farm Bureau

Lawrenceville, IL 62439

1406 Locust

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Lee County Farm Bureau 36-1374085 8.778 Agricultural Education 37 S East Avenue

21,153

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

37-0389010

Amboy, IL 61310

Livingston County Farm

901 W Howard St Pontiac, IL 61764

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Logan County Farm Bureau 37-0667483 10.533 Agricultural Education 120 S McLean St

41,261

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

Lincoln, IL 62656

PO Box 640 Salem, IL 62881

Marion County Farm Bureau

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance Marshall-Putnam County Farm 36-1436670 37.972 Agricultural Education

Henry, IL 61583				
Mason County Farm Bureau	37-0664114	31,636		Agricultural Education

127 W High St Havana, IL 62644

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 37-0667488 46.964 Agricultural Education Massac County Farm Bureau 1436 W 10th St 37-0408280 48.069 Agricultural Education

Metropolis, IL 62960 McDonough County Farm Bureau

210 W Randolph Macomb, IL 61455

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Menard County Farm Bureau 37-0413060 23.710 Agricultural Education 101 E Jefferson

41.278

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

nenard County Farm Burea 101 E Jefferson Petersburg, IL 62675

206 SE Third Aledo, IL 61231

Mercer County Farm Bureau

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Monroe County Farm Bureau 37-0664116 19.286 Agricultural Education 513 W Park St

8,778

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

Waterloo, IL 62298
Montgomery CFB

102 N Main St Hillsboro, IL 62049

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance cultural Education

Moultrie County Farm Bureau	37-0664120	15,254	0		Agrıcu
1102 W Jackson					
Sullivan, IL 61951					

Pickneyvlle, IL 62274

Perry County Farm Bureau 37-0664121 32,484 Agricultural Education 309 S First St

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 37-0664122 32,356 Agricultural Education Platt County Farm Bureau 427 W Marion Monticello, IL 61856

44.815

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

Pike County Farm Bureau

1301 E Washington Pittsfield, IL 62363

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 37-0468345 70.191 Agricultural Education Pope-Hardin county Farm Bureau 407 Main St. Golconda, IL 62938

26.278

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

Pulaski-Alexander County Farm

Bureau 404 S Blanche Mounds, IL 62964

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance ricultural Education

Randolph County Farm Bureau 1403 Hillcrest Drive	37-0477550	8,778	0		Agric
Sparta, IL 62286					

710 N West Olney, IL 62450

Richland County Farm Bureau 37-0667500 32,208 Agricultural Education

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Saline County Farm Bureau 37-0667347 58.778 Agricultural Education 21 W Robinson

44,734

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

Harrisburg, IL 62946

114 E Lafayette Rushville, IL 62681

Schuyler County Farm Bureau

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance ucation

Scott County Farm Bureau	37-0664130	34,861	0		Agrıcultural Educa
7 Market Side Square Winchester, IL 62694					

Shelbyville, IL 62565

Shelby County Farm Bureau 37-0512250 43,802 Agricultural Education PO Box 409

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Stark County Farm Bureau 36-2200117 68.063 Agricultural Education 1001 E Main

Toulon, IL 61483

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

Jonesboro, IL 62952

Union CFB 37-0558890 31,165 Agricultural Education 104 W Broad

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Wabash County Farm Bureau 37-0567480 8.778 Agricultural Education 524 W 9th St Mt Carmel, IL 62863 Warren Henderson County 37-0572490 75.124 Agricultural Education

Farm Bureau 1000 N Main Monmouth, IL 61462

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance Washington County Farm 37-0667511 8.778 Agricultural Education Bureau

60.212

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

37-0664133

133W St Louis St Nashville, IL 62263 Wayne County Farm Bureau

301 E Court St Fairfield, IL 62837

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance ultural Education

White County Farm Bureau	37-0667351	34,578	0		Agrıculi
304 E Robinson					
Carmı, IL 62821					

100 F Knox St Morrison, IL 61720

Whiteside County Farm Bureau 36-1962390 17,500 Agricultural Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (b) EIN organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 38.778 Williamson County Farm 37-0587960 Agricultural Education Bureau 1517 E DeYouna St

Marion, IL 62959

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Dat	ta -	DLN: 934	9310	1005	279
Sch	nedule J	C	ompensat	tion Information	ОМ	B No	1545-0	0047
•	m 990)	► Complete if the or	Compensa ganization answ ► Attach	Trustees, Key Employees, and Hig sated Employees wered "Yes" on Form 990, Part IV h to Form 990.	, line 23.		17	
•	tment of the Treasury al Revenue Service	▶ Information a		J (Form 990) and its instructions agov/form990.			o Put ectio	
Nar	ne of the organiz				Employer identificati			
Illin	oıs Agrıcultural Asso	ociation			37-0809856			
Pa	rt I Questi	ons Regarding Compensa	ation					
							Yes	No
1a				of the following to or for a person liste ny relevant information regarding the				
		s or charter travel	lacksquare	Housing allowance or residence for	personal use			
		Travel for companions Payments for business use of personal residence						
		nification and gross-up paymen	ts 📙	Health or social club dues or initiati				
	☐ Discretion	nary spending account	Ц	Personal services (e g , maid, chauf	ffeur, chef)			
b		xes in line 1a are checked, did t all of the expenses described ab		follow a written policy regarding payn nplete Part III to explain	nent or reimbursement	1 b	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	
	directors, truste	ees, officers, including the CEO/	Executive Directo	or, regarding the items checked in line	e 1a/			
3	organization's C	CEO/Executive Director Check a	ill that apply Do i	ed to establish the compensation of the not check any boxes for methods CEO/Executive Director, but explain				
	☑ Compens	ation committee		Written employment contract				
	☐ Independ	ent compensation consultant	✓	Compensation survey or study				
	☑ Form 990	of other organizations	✓	Approval by the board or compensa	ition committee			
4	During the year related organiza		990, Part VII, Se	ection A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-cor	ntrol payment?			4a		No
b		r receive payment from, a supp		alified retirement plan?		4b	Yes	
c	Participate in, o	r receive payment from, an equ	ııty-based compei	ensation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons ar	d provide the app	plicable amounts for each item in Par	t III			
	Only 501(c)(3	s), 501(c)(4), and 501(c)(29) organizations	s must complete lines 5-9.				
5	For persons liste		on A, line 1a, did	the organization pay or accrue any				
а	The organization	n [?]				5a		
b	Any related orga					5b		
	If "Yes," on line	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section Contingent on the net earnings o		the organization pay or accrue any				
а	The organization	n?				6a		
b	Any related orga					6b		
_	•	6a or 6b, describe in Part III			_			
7		ed on Form 990, Part VII, Section Sescribed in lines 5 and 67 If "Ye		the organization provide any nonfixe art III	d ,	7		
8				ured pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," do	escribe	8		
9	If "Yes" on line 53 4958-6(c)?	8, dıd the organızatıon also follo	ow the rebuttable	e presumption procedure described in	Regulations section	9		
For F	Paperwork Redu	uction Act Notice, see the In	structions for Fo	orm 990. Cat No 5	50053T Schedule J	(Form	990)	2017

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 of	compensation fro	m the organization	on row (1) and fro	m related organiza	tions described i	n the	
instructions, on row (ii) Do not list any individuals that are not listed on Form 990	0, Part VII						
Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total							
(A) Name and Title	(B) Break	kdown of W-2 and/c compensation	or 1099-MISC				(F) Compensation in
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table							
	-						

Schedule J (Form 990) 2017 Page 3 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 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 regards to selections on 1a

Schedule J (Form 990) 2017

Software ID: 17005038

Software Version: 2017v2.2

EIN: 37-0809856

Name: Illinois Agricultural Association

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

	. J,				Highest Compensate		(E) Tatal of columns (E) Componentian in			
(A) Name and Title		(B) Breakdown (i) Base Compensation	of W-2 and/or 1099-MISO (ii) Bonus & Incentive compensation	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990		
1Alan Dodds Treasurer	(1)		50,217		85,149	18,290	457,069			
1 Brian Cahill Senior Counsel	(1)	184,448	23,778		52,057	1,174	261,457			
2 Chris Magnuson Director of News and Communication	(1)	255,060	41,858		72,672	17,972	387,562			
3 Craig Ratajcyk Ex Director Soy	(1)	206,035			51,509	17,491	275,035			
4 Geneva Aberle Controller	(II) (II)	135,492	9,305		36,199	17,158	198,154			
5 Jennifer Vance Secretary	(II) (II)	226,438	27,667		63,253	17,730	335,088			
6 Jim Jacobs General Counsel	(I) (II)	555,567	90,148		149,407	19,780	814,902			
7 Laura Harmon Senior Counsel	(1)	191,838	24,881		54,180	16,993	287,892			
8 Laura Reynolds Ass't Controlle	(1)	118,544	5,092		30,909	16,162	170,707			
9 Lyn Potts Senior Counsel	(1)	193,263	24,881		52,317	17,593	288,054			
10Mark Gebhards Director of Govermental Affairs	(1)	282,262	46,838		79,752	17,567	426,419			
11Mike Hodge Ex Dir of Member Services and PR	(1)	210,208	33,776		60,996	12,595	317,575			
12Paul Harmon Former General Counsel	(1)			29,317			29,317			
13 Richard Guebert President	(1)	268,834	44,564		7,350	1,470	322,218			
14 Robert W Weldon Former VP of Finance/Treasurer	(1)			4,676			4,676			
15 Wendy Schaefer Ass't General Coun	(I) (II)	196,455	25,437		55,473	17,438	294,803			

efile GRAPH	IC print - DO NOT PROCESS As Filed Data -	DLN	l: 93493101005279						
SCHEDUL (Form 990 or EZ)	990- Complete to provide information for responses to spe Form 990 or 990-EZ or to provide any additional Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) ar www.irs.gov/form990.	► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.							
Name of the org		Employer iden 37-0809856	tification number						
Return Reference	Explanation	Explanation							
Form 990, Part III, Line 4d Other Program Services Description	HER PROGRAM SERVICES 4 Commodity Information - this service includes providing past, prent, and projected future production, marketing, and risk management information and edution to members from farm gate to the consumer's plate								

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

Return Explanation

990 Schedule O, Supplemental Information

Process

Form 990, Part VI, Line
11b Form
990 Review

11b Form
990 Review

11b Form
990 Review

990 Schedule O, Supplemental Information

Return

Reference	
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

Explanation

990 Schedule O, Supplemental Information Return

Employees

Return Reference	Explanation
Form 990, Part VI. Line	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.

Part VI, Line
15b surveys to staff's salaries. The pay range of the positions are adjusted to the comparible e market value, reviewed by Human Resources and approved by the Management Team. Officer a nd key employee compensation is also compared to the surveys, reviewed by Human Resources a nd approved by the Board of Directors.

Process for Officers and Key

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - |
SCHEDULE R | Related C

(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.

2017

DLN: 93493101005279OMB No 1545-0047

Open to Public Inspection

Name of the organization Illinois Agricultural Association								oyer identi 309856	fication	number		
Part I Identification of Disregarded Entities Complete	te if the organiz	zation answe	ered "Yes	' on Form	990, Part	IV, line 33		,0,0,0				
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary ac	tivity	Legal dom or foreign	cile (state country)	(d) Total inco	ome	(e) End-of-year a	essets	(' Direct co en'	f) ontrolling tity	
Part II Identification of Related Tax-Exempt Organizations during the tax years.	ar.								ecause i			
(a) Name, address, and EIN of related organization	Primar	(b) y activity	Legal dor	c) nicile (state n country)	Exempt Coo	le section	Public ch	(e) narity status n 501(c)(3))	Dire	(f) ect controlling entity	Section (13) co	(g) n 512(b) ontrolled tity? No
(1)Agricultural Support Association 1701 Towanda Avenue	Agricultural association	Member		IL	501(c)(5)				Illinois A Associati	Agricultural on	Tes	No
Bloomington, IL 61701 37-1401256 (2)IAA Foundation 1701 Towanda Avenue	Charitable Fo	oundation		IL	501(c)(3)	F	Public		N/A			No
Bloomington, IL 61701 37-1211315									IN/A			\perp
												\vdash
											+	<u> </u>
Ear Danamusel, Daduction Act Natice and the Instructions for Ea	000			+ No E012	EV				Cala a	dula D (Farm	000) 3	017

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominan Income(relate unrelated, excluded fror tax under sections 512 514)	d, total incom	(g) Share of end-of-year assets	Disprop alloca		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	parti	ral or liging ner?	(k) Percent owners
								Yes	No		Yes	No	
Identification of Related Organiz because it had one or more related or						nization ans	wered "Yes	" on F	orm 99	90, Part IV,	line	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	l do (state	(c) Legal omicile or foreign ountry)			(e) /pe of entity corp, S corp, or trust)	(f) Share of total Income		(g) e of end-o year assets	of-Percei owne	ntage	(13	(ı) ction 5 3) coni entit
nal Data Table		<u> </u> 		1	<u> </u>			<u> </u>		_			
						+							+
													\dashv

See Additional Data Table

(a)

Name of related organization

q Reimbursement paid by related organization(s) for expenses . . .

Schedule K (Form 990) 2017		Ра	ge 3
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 organization 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	Yes	
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
	 		

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
		4.1	7/	

t	Dividends from related organization(s)	141	res	
g	Sale of assets to related organization(s)	1 g		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
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11	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	
0	Sharing of paid employees with related organization(s)	10	Yes	

(b)

Transaction

type (a-s)

(c)

Amount involved

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

Yes

No

No

1q Yes

1r

1s

Schedule R (Form 990) 2017

(d)

Method of determining amount involved

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

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) e all partners section 501(c)(3) ganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Forn	1 99	0) 2017

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017

Additional Data

1701 Towanda Avenue

Bloomington, IL 61701

1701 Towanda Avenue

1701 Towanda Avenue

Bloomington IL, IL 61701

Bloomington IL, IL 61701

Country Capital Management

Illinois Agricultural Holding Co

Country Preferred Insurance Company

Illinois Agricultural Service Company

Country Mutual Insurance Company

Country Casualty Insurance Company

37-1106268

37-0807507

37-0855395 CC Services Inc

37-1000579

36-1252720 Country Trust Bank

37-0923942

44-0652707

37-6055336

37-0809857

Software ID: 17005038 Software Version: 2017v2.2

EIN: 37-0809856

Name: Illinois Agricultural Association

Insurance Company

Illinois Agricultural

Association

Holding Co

Association

Country Life

Country Mutual

Country Life

Holding Co

Country Mutual

Insurance Company

Illinois Agricultural

Illinois Agricultural

Insurance Company

Insurance Company

Insurance Company

Illinois Agricultural

C Corp

C Corp

(i)

Section 512

(b)(13)

controlled entity? Yes

No

(h)

Percentage

ownership

100 000 %

100 000 %

100 000 %

100 000 %

100 000 %

100 000 %

100 000 %

100 000 %

100 000 %

100 000 %

Form 990, Schedule R, Part IV -	Identification	of Related (Organizations I	axable as a Corpo	ration or Trust	
	1			1 715		

Company

Insurance

Company

Property/ Casualty

Stock Insurance

Service Company

Holding Company

Federal Thrift

Stock Insurance

Broker Dealer

Registered Security

Company

products

Service Co

i oi ili 990, Schedule R, Fait IV - Idelit	ilication of Related v	organizacions i	axabic as a corpe	Jiacion di 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
Country Life Insurance Company 1701 Towanda Avenue Bloomington, IL 61701 37-0808781	Life Insurance	IL	Illinois Agricultural Holding Co			
Country Investors Life Assurance Company	Stock Insurance	IL	Country Life			

ΙL

ΙL

ΙL

ΙL

ΙL

IL

ΙL

ΙL

Form 990, Schedule R, Part V - Transactions With Related Organizations (b) (c) Name of related organization Transaction Amount Involved (d) Method of determining amount involved type(a-s) Agricultural Support Association 275,000 FMV ь IAA Foundation 273 FMV FMV IAA Foundation 68,309 n IAA Foundation 331,047 FMV 0 Country Life Insurance Company FMV 162,294 Country Life Insurance Company 36,706 FMV m Country Investors Life Assurance Company 57,829 q Country Mutual Insurance Company FMV 34,942 m CC Services Inc 3,363,079 FMV а CC Services Inc 687,109 FMV CC Services Inc 525,022 FMV m

FMV

FMV

FMV

FMV

FMV

FMV

6,677

37,840

17,836,585

387,462

218,392

87,057

р

q

а

m

р

CC Services Inc

CC Services Inc

Country Trust Bank

Country Trust Bank

Illinois Agricultural Holding Co

Country Preferred Insurance Company