

Nonprofit Explorer

Research Tax-Exempt Organizations

ILLINOIS AGRICULTURAL ASSOCIATION

BLOOMINGTON, IL 61701-2057 | TAX-EXEMPT SINCE MARCH 1953

Full text of "Full Filing" for fiscal year ending Aug. 2020

Tax returns filed by nonprofit organizations are public records. The Internal Revenue Service releases them in two formats: page images and raw data in XML. The raw data is more useful, especially to researchers, because it can be extracted and analyzed more easily. The pages below are a reconstruction of a tax document using raw data from the IRS.

Source: *Data and stylesheets from the Internal Revenue Service. E-file viewer adapted from [IRS e-File Viewer](#) by Ben Getson.*

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ObjectID: 202141679349301144 - Submission: 2021-06-16

Form 990

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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

- Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 09-01-2019, and ending 08-31-2020

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

C Name of organization: Illinois Agricultural Association
Doing business as:
Number and street (or P.O. box if mail is not delivered to street address): 1701 Towanda Avenue
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: Bloomington, IL 61702

F Name and address of principal officer: 1701 Towanda Avenue, Bloomington, IL 61702

I Tax-exempt status: 501(c)(3), 501(c)(5) (insert no.), 4947(a)(1) or 527

J Website: www.ilfb.org

K Form of organization: Corporation, Trust, Association, Other

D, E, G, H(a) Is this a group exempt from income tax?
H(b) Are all subsidiaries included?
H(c) Group exempt from income tax?
L Year of formation: 1

Part I Summary

Table with 3 main sections: Activities & Governance (lines 1-7a), Revenue (lines 8-12), and Expenses (lines 13-17). Includes descriptions of mission, member counts, revenue sources, and expenses.

| | | | |
|------------------------------------|-----------|---|-----------------------|
| | 18 | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | |
| Net Assets or Fund Balances | | | Beginning of C |
| | 20 | Total assets (Part X, line 16) | |
| | 21 | Total liabilities (Part X, line 26) | |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | |

Part II **Signature Block**

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

| | | |
|------------------|--|---------|
| Sign Here | Signature of officer | 2021-06 |
| | Alan Dodds Treasurer Type or print name and title | Date |

| | | | | |
|-------------------------------|----------------------------|----------------------|------|---|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> self-emp |
| | Firm's name ▶ | | | Firm's EIN |
| | Firm's address ▶ | | | Phone number |

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 990-1081

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Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ **12,149,058** including grants of \$ **2,533,381**) (Revenue \$)
General Member Services- These services include providing county, regional and state levels with information, education, organizational and agricultural issues and the promotion of agriculture.

4b (Code:) (Expenses \$ **4,474,897** including grants of \$) (Revenue \$)
Governmental Affairs - this service area monitors agency activities and legislative initiatives affecting members at all levels and seeks to educate and build a more productive, efficient, and competitive agricultural sector for our members.

4c (Code:) (Expenses \$ **2,152,671** including grants of \$) (Revenue \$)
General information - Market information, weather, crop conditions, regulatory, financial, organizational and political news on issues of interest to members, posted on our internet website, and through publications. The information assists members in making business decisions, particularly understanding of issues impacting members of our organization.


4d Other program services (Describe in Schedule O.)

| | | | | |
|-----------|---------------------------------------|-----------|------------------------|---------------|
| | (Expenses \$ | 1,606,866 | including grants of \$ |) (Revenue \$ |
| 4e | Total program service expenses | | 20,383,492 | |

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Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule B.*
- 2 Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?
- 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for office? *If "Yes," complete Schedule C, Part I.*
- 4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect for the tax year? *If "Yes," complete Schedule C, Part II.*
- 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or other periodic payments from members or contributors? *If "Yes," complete Schedule C, Part III.*
- 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to designate the assets to be placed in such funds or accounts? *If "Yes," complete Schedule D, Part I.*
- 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II.*
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III.*
- 9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for assets not reported in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV.*
- 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V.*
- 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or applicable subpart.
 - a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*
 - b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*
 - c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*
 - d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*
 - e Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*
 - f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII.*
- b Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.*
- 13 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?
- 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.*
- 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV.*

- 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or individuals? *If "Yes," complete Schedule F, Parts III and IV*
- 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I (see instructions)*
- 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 11a-11c? *If "Yes," complete Schedule G, Part II*
- 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*
- 20a Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*
 - b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II* 

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Part IV Checklist of Required Schedules (continued)

- 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 3? *If "Yes," complete Schedule I, Parts I and III* 
- 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J* 
- 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," complete Schedule K.*
 - b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
 - c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?
 - d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?
- 25a **Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*
 - b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part II*
- 26 Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*
- 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*
- 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):
 - a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*
 - b A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*
 - c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*
- 29 Did the organization receive more than \$25,000 in non-cash contributions? *If "Yes," complete Schedule M*
- 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*

- 31 Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*
- 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule I*
- 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.301.7701-3? *If "Yes," complete Schedule R, Part I*
- 34 Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V*
- 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
 - b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*
- 36 **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*
- 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*
- 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** A filer is required to complete Schedule O.

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

- 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable
- 1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable
- c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

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Part V **Statements Regarding Other IRS Filings and Tax Compliance (continued)**

- 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
- b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)
- 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?
- b If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*
- 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)?
- b If "Yes," enter the name of the foreign country: _____
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
- 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?
- b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?
- c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?
- 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit 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?
- 7 **Organizations that may receive deductible contributions under section 170(c).**
 - a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the organization?
 - b If "Yes," did the organization notify the donor of the value of the goods or services provided?
 - c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8886?
 - d If "Yes," indicate the number of Forms 8882 filed during the year

- e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
- f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .
- g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?
- h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1096?

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?

9 Sponsoring organizations maintaining donor advised funds.

- a Did the sponsoring organization make any taxable distributions under section 4966?
- b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?

10 Section 501(c)(7) organizations. Enter:

- a Initiation fees and capital contributions included on Part VIII, line 12

| | |
|------------|--|
| 10a | |
|------------|--|
- b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

| | |
|------------|--|
| 10b | |
|------------|--|

11 Section 501(c)(12) organizations. Enter:

- a Gross income from members or shareholders

| | |
|------------|--|
| 11a | |
|------------|--|
- b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)

| | |
|------------|--|
| 11b | |
|------------|--|

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

- b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.

| | |
|------------|--|
| 12b | |
|------------|--|

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

- a Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.
- b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

| | |
|------------|--|
| 13b | |
|------------|--|
- c Enter the amount of reserves on hand

| | |
|------------|--|
| 13c | |
|------------|--|

14a Did the organization receive any payments for indoor tanning services during the tax year?

- b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess par payment(s) during the year?
If "Yes," see instructions and file Form 4720, Schedule N.

16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?
If "Yes," complete Form 4720, Schedule O.

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

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

Section A. Governing Body and Management

- 1a** Enter the number of voting members of the governing body at the end of the tax year

| | |
|-----------|--|
| 1a | |
|-----------|--|

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 | |
|-----------|--|
- 2** Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, trustee, or key employee?

- 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of directors or trustees, or key employees to a management company or other person?
- 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?
- 5 Did the organization become aware during the year of a significant diversion of the organization's assets?
- 6 Did the organization have members or stockholders?
- 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?
- b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons of the governing body?
- 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the
 - a The governing body?
 - b Each committee with authority to act on behalf of the governing body?
- 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's address? *If "Yes," provide the names and addresses in Schedule O*

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

- 10a Did the organization have local chapters, branches, or affiliates?
- b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and ensure their operations are consistent with the organization's exempt purposes?
- 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?
- 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*
- b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts of interest?
- c Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how done*
- 13 Did the organization have a written whistleblower policy?
- 14 Did the organization have a written document retention and destruction policy?
- 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?
 - a The organization's CEO, Executive Director, or top management official
 - b Other officers or key employees of the organization
 If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).
- 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?
- b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint ventures under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed: _____
 - 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available to 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
-

Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the o

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee, who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$1 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | |
| (1) Jim Jacobs CEO COUNTRY FINANCIAL | 0.00 40.00 | | | | | | | 0 |
| (2) Jennifer Vance General Counsel | 40.00 0.50 | | | X | | | | 522,451 |
| (3) Alan Dodds CFO | 40.00 0.50 | | | X | | | | 395,617 |
| (4) Mark Gebhards Director of Governmental Affairs | 40.00 0.00 | | | | | | | 387,050 |
| (5) Chris Magnuson Director of News and Communication | 40.00 0.00 | | | | | | | 333,643 |
| (6) Mike Hodge Ex Dir of Member Services and PR | 40.00 0.00 | | | | | | | 285,975 |
| (7) Andrew Bender Ass't Secretary | 40.00 0.50 | | | X | | | | 276,399 |
| (8) Richard Guebert President | 40.00 1.00 | X | | X | | | | 361,079 |
| (9) Wendy Schaefer Ass't General Coun | 40.00 0.00 | | | | | | | 243,109 |
| (10) Lyn Potts Ass't General Coun | 40.00 0.00 | | | | | | | 237,493 |
| (11) Laura Harmon Ass't Secretary | 40.00 0.50 | | | X | | | | 237,383 |
| (12) Brian Cahill | 40.00 | | | | | | | |

| | | | | | | | | | |
|-----------------------|-------|--|--|--|--|--|---|--|---------|
| Senior Counsel | 0.00 | | | | | | | | 228,804 |
| (13) Neil Napolitano | 40.00 | | | | | | | | 197,895 |
| Ass't General Coun | 0.00 | | | | | | | | |
| (14) Albert Zimmerman | 40.00 | | | | | | | | 193,608 |
| Ass't General Coun | 0.00 | | | | | | | | |
| (15) Geneva Aberle | 40.00 | | | | | | X | | 159,340 |
| Controller | 0.50 | | | | | | | | |
| (16) Laura Reynolds | 40.00 | | | | | | X | | 132,155 |
| Ass't Controlle | 0.50 | | | | | | | | |
| (17) Matthew Jontry | 40.00 | | | | | | X | | 113,701 |
| Ass't Secretary | 0.00 | | | | | | | | |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) |
|-----------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|--|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | |
| (18) Kirstin Kaisner | 40.00 | | | X | | | | 81,777 |
| Ass't Secretary | 0.50 | | | | | | | |
| (19) Elaine Thacker | 40.00 | | | X | | | | 94,829 |
| Ass't Secretary | 0.50 | | | | | | | |
| (20) Brian Duncan | 20.00 | X | | X | | | | 41,100 |
| Vice President | 0.50 | | | | | | | |
| (21) Dennis Green | 6.00 | X | | | | | | 15,461 |
| Director | 0.50 | | | | | | | |
| (22) Kenton Thomas | 6.00 | X | | | | | | 15,222 |
| Director | 0.50 | | | | | | | |
| (23) Steven Stallman | 6.00 | X | | | | | | 14,845 |
| Director | 0.50 | | | | | | | |
| (24) Larry Miller | 6.00 | X | | | | | | 14,439 |
| Director | 0.50 | | | | | | | |
| (25) Chad Schutz | 6.00 | X | | | | | | 14,430 |
| Director | 0.50 | | | | | | | |
| (26) Randy Poskin | 6.00 | X | | | | | | 13,514 |
| Director | 0.50 | | | | | | | |
| (27) Jeff Kirwan | 6.00 | X | | | | | | 13,151 |
| Director | 0.50 | | | | | | | |
| (28) David Serven | 6.00 | X | | | | | | 12,206 |
| Director | 0.50 | | | | | | | |

| | | | | | | | | | | |
|--|---------------|---|--|--|---|--|--|--|--|-----------|
| (29) David Meiss Director | 6.00 0.50 | X | | | | | | | | 12,124 |
| (30) Gary Speckhart Director | 6.00 0.50 | X | | | | | | | | 12,019 |
| (31) Earl Williams Jr Director | 6.00 0.50 | X | | | | | | | | 10,534 |
| (32) Brad Temple Director | 6.00 0.50 | X | | | | | | | | 7,388 |
| (33) Tammy Halterman Director | 6.00 0.50 | X | | | | | | | | 15,386 |
| (34) Mark Reichert Director | 6.00 0.50 | X | | | | | | | | 12,880 |
| (35) Ken Cripe Director | 6.00 0.50 | X | | | | | | | | 11,657 |
| (36) Robert Klemm Director | 6.00 0.50 | X | | | | | | | | 11,154 |
| (37) Michele Aavang Director | 6.00 0.50 | X | | | | | | | | 9,814 |
| (38) Steven Fourez Director | 6.00 0.50 | X | | | | | | | | 8,598 |
| (39) Paul Harmon General Counsel | 0.00 0.00 | | | | | | | | | 29,317 |
| (40) Robert W Weldon Vice President of Finance/Treasurer | 0.00 0.00 | | | | | | | | | 4,676 |
| (41) Mark Tuttle Director | 6.00 0.50 | X | | | | | | | | 0 |
| (42) Robert Fecht Director | 6.00 0.50 | X | | | | | | | | 0 |
| (43) Steve Koeller Director | 6.00 0.50 | X | | | | | | | | 0 |
| (44) Tim Smith Ass't Controlle | 40.00 0.50 | | | | X | | | | | 0 |
| 1b Sub-Total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | | | 4,782,223 |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **16**

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1 If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization or organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

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

| (A) Name and business address | Descrip |
|---|---------------------|
| Henricksen 1101 West Thorndale Itasca, IL 60143 | Office Furniture |
| Weber Electric 200 E Lavette | Electrical Contract |

| | |
|---|------------------|
| 200 E. Lafayette Bloomington, IL 61701 P&P Press | Printing |
| 6513 N Galena Road Peoria, IL 61614 PJ Hoerr | Contractor |
| 117 Merle Lane Normal, IL 61761 4M Building Solutions | Cleaning Service |
| PO Box 870784 Kansas City, MO 64187 | |
| 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 from the organization ▶ 29 | |

Form 990 (2019)

Part VIII **Statement of Revenue**

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

| | | (A) Total revenue | (B) Related or exempt function revenue |
|---|--|----------------------|--|
| Contributions, Gifts, Grants and Other Similar Amounts | Separated campaigns | 1a | |
| | Membership dues | 1b | |
| | Fundraising events | 1c | |
| | Related organizations | 1d | |
| | Government grants (contributions) | 1e | |
| | Other contributions, gifts, grants, and other similar amounts not included above | 1f | |
| 8,060 | | | |
| g Noncash contributions included in lines 1a-1f: \$ | 1g | | |
| h Total. Add lines 1a-1f | | 8,060 | |

| | | Business Code | | |
|--------------------------------|---|---------------|-----------|-----------|
| Program Service Revenue | 2a Leadership & Comm. Confer | | 230,098 | 230,098 |
| | Membership Dues & Assessments | | 4,705,447 | 4,705,447 |
| | Program Sponsorships | | 662,214 | 662,214 |
| | RIMSAP | | 98,936 | 98,936 |
| | | | | |
| | f All other program service revenue. | | | |

9 Total. Add lines 2a–2f. 5,696,695

| | | | | |
|---|--|----------------|---------------|-----------|
| 3 | Investment income (including dividends, interest, and other similar amounts) | | 20,687,347 | |
| 4 | Income from investment of tax-exempt bond proceeds | | 0 | |
| 5 | Royalties | | 9,753,118 | |
| | | (i) Real | (ii) Personal | |
| 6a | Gross rents | 7,854,599 | | |
| b | Less: rental expenses | 7,254,599 | | |
| c | Rental income or (loss) | 600,000 | | |
| d | Net rental income or (loss) | | 600,000 | |
| | | (i) Securities | (ii) Other | |
| 7a | Gross amount from sales of assets other than inventory | 24,225,504 | 7,319 | |
| b | Less: cost or other basis and sales expenses | 22,794,180 | 485,702 | |
| c | Gain or (loss) | 1,431,324 | -478,383 | |
| d | Net gain or (loss) | | 952,941 | |
| 8 Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | | 8a | | |
| | | 8b | | |
| | c Net income or (loss) from fundraising events | | | 0 |
| 9 Gross income from gaming activities. See Part IV, line 19 | | 9a | | |
| | | 9b | | |
| | c Net income or (loss) from gaming activities | | | 0 |
| 10a | Gross sales of inventory, less returns and allowances | | 247,533 | |
| b | Less: cost of goods sold | | 244,152 | |
| c | Net income or (loss) from sales of inventory | | | 3,381 |
| Miscellaneous Revenue | | Business Code | | |
| 11a | Classified Ad Income | | 2,102,349 | |
| b | Fees for Services | | 13,410,591 | |
| c | Radio Advertising Income | | 590,628 | |
| d | All other revenue | | 348,775 | |
| e | Total. Add lines 11a–11d | | 16,452,343 | |
| 12 | Total revenue. See instructions | | 54,153,885 | 5,696,695 |

Other Revenue

Form 990 (2019)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete c

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses |
|---|-------------------------------|---|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 2,533,381 | 2,533,381 |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 0 | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | 0 | |
| 4 Benefits paid to or for members | 0 | |
| 5 Compensation of current officers, directors, trustees, and key employees | 3,167,886 | |
| 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 | 20,419,413 | 7,823,759 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 3,783,693 | 1,460,204 |
| 9 Other employee benefits | 4,005,518 | 1,631,105 |
| 10 Payroll taxes | 1,552,957 | 584,898 |
| 11 Fees for services (non-employees): | | |
| a Management | 0 | |
| b Legal | 35,165 | |
| c Accounting | 125,150 | |
| d Lobbying | 0 | |
| e Professional fundraising services. See Part IV, line 17 | 0 | |
| f Investment management fees | 0 | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 977,642 | 184,081 |
| 12 Advertising and promotion | 319,007 | 177,330 |
| 13 Office expenses | 0 | |
| 14 Information technology | 0 | |
| 15 Royalties | 0 | |
| 16 Occupancy | 1,668,261 | 393,422 |
| 17 Travel | 1,417,035 | 466,404 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | |
| 19 Conferences, conventions, and meetings | 86,052 | 35,378 |
| 20 Interest | 0 | |
| 21 Payments to affiliates | 1,892,223 | |
| 22 Depreciation, depletion, and amortization | 872,643 | 172,910 |
| 23 Insurance | 72,338 | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | |
| a Special Programs | 1,844,189 | 1,357,594 |

| | | |
|---|------------|------------|
| b Sponsored meetings | 1,514,941 | 1,499,080 |
| c Printing and Publications | 1,487,548 | 801,864 |
| d Maintenance | 1,210,232 | 134,828 |
| e All other expenses | 3,378,577 | 1,127,252 |
| 25 Total functional expenses. Add lines 1 through 24e | 52,363,851 | 20,383,490 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | |

Form 990 (2019)

Part X **Balance Sheet**

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

| | | (A) Beginning of year |
|---|--|--------------------------|
| Assets | 1 Cash—non-interest-bearing | |
| | 2 Savings and temporary cash investments | 3,593 |
| | 3 Pledges and grants receivable, net | |
| | 4 Accounts receivable, net | 2,000 |
| | 5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | |
| | 7 Notes and loans receivable, net | |
| | 8 Inventories for sale or use | 150 |
| | 9 Prepaid expenses and deferred charges | 426 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 63,621,511 |
| | b Less: accumulated depreciation | 10b 40,817,054 |
| | 11 Investments—publicly traded securities | 31,250 |
| | 12 Investments—other securities. See Part IV, line 11 | 371 |
| | 13 Investments—program-related. See Part IV, line 11 | |
| | 14 Intangible assets | |
| | 15 Other assets. See Part IV, line 11 | 3,998 |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 61,799 | |
| Liabilities | 17 Accounts payable and accrued expenses | 680 |
| | 18 Grants payable | |
| | 19 Deferred revenue | 5,178 |
| | 20 Tax-exempt bond liabilities | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | |
| | 23 Secured mortgages and notes payable to unrelated third parties | |
| | 24 Unsecured notes and loans payable to unrelated third parties | |

| | | | |
|------------------------------------|---|---|--------|
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D | 3,190 |
| | 26 | Total liabilities. Add lines 17 through 25 | 9,048 |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33. | | |
| | 27 | Net assets without donor restrictions | |
| | 28 | Net assets with donor restrictions | |
| | Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33. | | |
| | 29 | Capital stock or trust principal, or current funds | |
| | 30 | Paid-in or capital surplus, or land, building or equipment fund | |
| | 31 | Retained earnings, endowment, accumulated income, or other funds | 52,750 |
| | 32 | Total net assets or fund balances | 52,750 |
| | 33 | Total liabilities and net assets/fund balances | 61,799 |

Form 990 (2019)

Part XI Reconciliation of Net Assets

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

- 1 Total revenue (must equal Part VIII, column (A), line 12)
- 2 Total expenses (must equal Part IX, column (A), line 25)
- 3 Revenue less expenses. Subtract line 2 from line 1
- 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))
- 5 Net unrealized gains (losses) on investments
- 6 Donated services and use of facilities
- 7 Investment expenses
- 8 Prior period adjustments
- 9 Other changes in net assets or fund balances (explain in Schedule O)
- 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other Income Tax
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit / Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or why in Schedule O and describe any steps taken to undergo such audits.

Form 990 (2019)

Additional Data

Software ID: 19009920
Software Version: 2019v5.0

Form 990, Special Condition Description:

Special Condition Description

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ObjectID: 202141679349301144 - Submission: 2021-06-16

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

- ▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
Illinois Agricultural Association

Employer
37-080985

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) |
|--|-------------------------|-----|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | | |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | | |

Part II Conservation Easements.

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

- 1** Purpose(s) of conservation easements held by the organization (check all that apply).
- | | |
|--|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of an historically important building or structure |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |
- 2** Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement during the tax year.
- | | |
|---|-----------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d |

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the tax year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the tax year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the financial statements that describes these items.
- b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts:
 - (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
 - (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
 - a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
 - b Assets included in Form 990, Part X ▶ \$ _____

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule D (Form 990) 2019

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collections (check all that apply):
 - a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
 - b If "Yes," explain the arrangement in Part XIII and complete the following table:
 - c Beginning balance
 - d Additions during the year
 - e Distributions during the year
 - f Ending balance
- | | |
|-----------|--|
| | |
| 1c | |
| 1d | |
| 1e | |
| 1f | |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
 - b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

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

a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Term endowment ▶

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

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

(i) Unrelated organizations

(ii) Related organizations

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciati |
|--|--------------------------------------|---------------------------------|----------------------------|
| 1a Land | 80,485 | 20,053 | |
| b Buildings | 16,274,656 | 4,054,884 | 18,356 |
| c Leasehold improvements | | 34,487,857 | 17,148 |
| d Equipment | | | |
| e Other | | 8,703,576 | 5,328 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | |

Schedule D (Form 990) 2019

Part VII Investments Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line

| (a) Description of security or category (including name of security) | (b) Book value | (c) Me Cost or en |
|--|----------------|-------------------|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other _____ | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| (I) | | |

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)

Part VIII

Part VIII Investments Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line

| (a) Description of investment | (b) Book value |
|--|----------------|
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) | |

Part IX Other Assets.

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

(a) Description

| |
|--|
| (1)Deferred Tax Asset |
| (2)IL Veterinary Education Training N/Rec |
| (3)Inv in Rural IL Medical Student Assistan |
| (4)Work in Progress |
| (5) |
| (6) |
| (7) |
| (8) |
| (9) |
| (10) |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) |

Part X Other Liabilities.

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

(a) Description of liability

| |
|--|
| 1. (1) Federal income taxes |
| (3) |
| (4) |
| (5) |
| (6) |
| (7) |
| (8) |
| (9) |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) |

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

Schedule D (Form 990) 2019

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

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

| | | | |
|----------|--|-----------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | -1,837,571 |
| e | Add lines 2a through 2d | | |
| 3 | Subtract line 2e from line 1 | | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | 42,051 |
| c | Add lines 4a and 4b | | |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | |

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

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

| | | | |
|----------|---|-----------|------------|
| 1 | Total expenses and losses per audited financial statements | | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | -1,837,571 |
| e | Add lines 2a through 2d | | |
| 3 | Subtract line 2e from line 1 | | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | | |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | |

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 4; Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

| Return Reference | Explanation |
|---|---|
| Part X : FIN48 Footnote | Management evaluates uncertain tax positions taken by the Assoc position are recognized when the position is more likely than not, b upon examination by the IRS. Management has analyzed the tax p concluded that as of year end, there are no uncertain positions tak |
| Part XI, Line 4b: Other revenue amounts included on 990 but not included in F/S | Partnership Income \$42054 |

Additional Data

Software ID: 19009920
Software Version: 2019v5.0

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[efile Public Visual Render](#) | Objectid: 202141679349301144 - Submission: 2021-06-16

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I
(Form 990)**

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

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization
Illinois Agricultural Association

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line that received more than \$5,000. Part II can be duplicated if additional space is needed.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) |
|---|------------|---------------------------------|--------------------------|-----------------------------------|---|
| (1) Bond County Farm Bureau PO Box 249 Greenville, IL 62246 | 37-0184970 | | 41,336 | 0 | |
| (2) Brown County Farm Bureau 109 W North St Mt Sterling, IL 62353 | 37-0193430 | | 49,948 | 0 | |
| (3) Bureau County Farm Bureau PO Box 190 Princeton, IL 61356 | 36-0854650 | | 18,879 | 0 | |
| (4) Calhoun County Farm Bureau PO Box 275 Hardin, IL 62047 | 37-0202300 | | 45,152 | 0 | |
| (5) Carrol County Farm Bureau 811 S Clay St Mt Carroll, IL 61053 | 26-2165031 | | 39,067 | 0 | |
| (6) Cass- Morgan County Farm Bureau 1152 Tendick St Jacksonville, IL 62650 | 37-0919211 | | 70,553 | 0 | |
| (7) Christian County Farm Bureau 400 W Market St Taylorville, IL 62568 | 37-0216260 | | 31,720 | 0 | |
| (8) Clark County Farm Bureau 255 W Cumberland Martinsville, IL 62422 | 37-0218700 | | 60,173 | 0 | |
| (9) Clay County Farm Bureau PO Box E Louisville, IL 62858 | 37-0219575 | | 47,067 | 0 | |
| (10) Coles County Farm Bureau 719 W Lincoln Ave Charleston, IL 61920 | 37-0223410 | | 26,068 | 0 | |
| (11) Crawford County Farm Bureau 1201 N Allen Robinson, IL 62454 | 37-0232680 | | 8,262 | 0 | |
| (12) Cumberland County Farm Bureau 303 E Main Toledo, IL 62468 | 37-0667462 | | 34,436 | 0 | |
| (13) DeWitt County Farm Bureau PO Box 517 Clinton, IL 61727 | 37-0245700 | | 13,925 | 0 | |
| (14) Douglas County Farm Bureau 105 N Main Tuscola, IL 61953 | 37-0250530 | | 33,244 | 0 | |
| (15) Edgar County Farm Bureau 210 W Washington Paris, IL 61944 | 37-0258300 | | 56,615 | 0 | |
| (16) Edwards County Farm Bureau 15 S Fifth St Albion, IL 62806 | 37-0667644 | | 69,804 | 0 | |
| (17) Fayette County Farm Bureau 1125 N Sunset Dr Vandalia, IL 62471 | 37-0664100 | | 45,430 | 0 | |
| (18) Ford-Iroquis County Farm Bureau PO Box 208 Gilman, IL 60938 | 37-0949884 | | 8,262 | 0 | |
| (19) Franklin County Farm Bureau PO Box 457 Benton, IL 62812 | 37-0667471 | | 26,690 | 0 | |
| (20) Fulton County Farm Bureau 15411-A N State Route 100 Lewiston, IL 61542 | 37-0284740 | | 67,851 | 0 | |
| (21) Gallatin County Farm Bureau PO Box 250 Ridgeway, IL 62979 | 37-0664103 | | 45,978 | 0 | |
| (22) Greene County Farm Bureau | 37-0303465 | | 60,506 | 0 | |

| | | | | | |
|---|------------|--|---------|---|--|
| 319 6th St Carrollton, IL 62016 | | | | | |
| (23) Hamilton County Farm Bureau PO Box 248 McLeansboro, IL 62859 | 37-0664104 | | 39,440 | 0 | |
| (24) Hancock County Farm Bureau 71 S Adams St Carthage, IL 62321 | 37-0667474 | | 40,025 | 0 | |
| (25) Henry County Farm Bureau 114 N East St Cambridge, IL 61238 | 36-1210330 | | 28,219 | 0 | |
| (26) Jackson County Farm Bureau 220 N 10th St Murphysboro, IL 62966 | 37-0667476 | | 8,262 | 0 | |
| (27) Jasper County Farm Bureau PO Box 329 Newton, IL 62448 | 37-0351420 | | 57,643 | 0 | |
| (28) Jefferson County Farm Bureau 814 Harrison St Mt Vernon, IL 62864 | 37-0667477 | | 33,395 | 0 | |
| (29) Jersey County Farm Bureau 402 S Jefferson Jerseyville, IL 62052 | 37-0667479 | | 23,703 | 0 | |
| (30) JoDaviess County Farm Bureau 212 N Main Elizabeth, IL 61028 | 36-1284540 | | 37,878 | 0 | |
| (31) Johnson County Farm Bureau 504 W Main Vienna, IL 62995 | 37-0664107 | | 59,165 | 0 | |
| (32) Knox County Farm Bureau 180 S Soangetaha Galesburg, IL 61402 | 37-0667480 | | 29,138 | 0 | |
| (33) Lawrence County Farm Bureau 1406 Locust Lawrenceville, IL 62439 | 37-0579963 | | 61,822 | 0 | |
| (34) Lee County Farm Bureau 37 S East Avenue Amboy, IL 61310 | 36-1374085 | | 17,701 | 0 | |
| (35) Livingston County Farm 901 W Howard St Pontiac, IL 61764 | 37-0389010 | | 29,235 | 0 | |
| (36) Logan County Farm Bureau 120 S McLean St Lincoln, IL 62656 | 37-0667483 | | 10,674 | 0 | |
| (37) Marion County Farm Bureau PO Box 640 Salem, IL 62881 | 37-0664113 | | 53,483 | 0 | |
| (38) Marshall-Putnam County Farm Bureau 509 Front St Henry, IL 61583 | 36-1436670 | | 36,407 | 0 | |
| (39) Mason County Farm Bureau 127 W High St Havana, IL 62644 | 37-0664114 | | 34,722 | 0 | |
| (40) Massac County Farm Bureau 1436 W 10th St Metropolis, IL 62960 | 37-0667488 | | 48,975 | 0 | |
| (41) McDonough County Farm Bureau 210 W Randolph Macomb, IL 61455 | 37-0408280 | | 45,371 | 0 | |
| (42) Menard County Farm Bureau 101 E Jefferson Petersburg, IL 62675 | 37-0413060 | | 26,259 | 0 | |
| (43) Mercer County Farm Bureau 206 SE Third Aledo, IL 61231 | 36-1465820 | | 27,141 | 0 | |
| (44) Monroe County Farm Bureau 513 W Park St Waterloo, IL 62298 | 37-0664116 | | 20,431 | 0 | |
| (45) Montgomery CFB 102 N Main St Hillsboro, IL 62049 | 37-0664118 | | 8,262 | 0 | |
| (46) Moultrie County Farm Bureau 1102 W Jackson Sullivan, IL 61951 | 37-0664120 | | 17,088 | 0 | |
| (47) Perry County Farm Bureau 309 S First St Pickneyville, IL 62274 | 37-0664121 | | 46,219 | 0 | |
| (48) Piatt County Farm Bureau 427 W Marion Monticello, IL 61856 | 37-0664122 | | 33,396 | 0 | |
| (49) Pike County Farm Bureau 1301 E Washington Pittsfield, IL 62363 | 37-0664123 | | 105,149 | 0 | |
| (50) Pope-Hardin county Farm Bureau 407 Main St Golconda, IL 62938 | 37-0468345 | | 74,472 | 0 | |
| (51) Pulaski-Alexander County Farm Bureau 404 S Blanche Mounds, IL 62964 | 37-0667499 | | 29,972 | 0 | |
| (52) Randolph County Farm Bureau 1403 Hillcrest Drive Sparta IL 62286 | 37-0477550 | | 8,262 | 0 | |

| | | | | | |
|--|------------|--|--------|---|--|
| (53) Richland County Farm Bureau 710 N West Olney, IL 62450 | 37-0667500 | | 37,643 | 0 | |
| (54) Saline County Farm Bureau 21 W Robinson Harrisburg, IL 62946 | 37-0667347 | | 64,078 | 0 | |
| (55) Schuyler County Farm Bureau 114 E Lafayette Rushville, IL 62681 | 37-0506880 | | 43,780 | 0 | |
| (56) Shelby County Farm Bureau PO Box 409 Shelbyville, IL 62565 | 37-0512250 | | 41,878 | 0 | |
| (57) Stark County Farm Bureau 1001 E Main Toulon, IL 61483 | 36-2200117 | | 55,483 | 0 | |
| (58) Union CFB 104 W Broad Jonesboro, IL 62952 | 37-0558890 | | 45,765 | 0 | |
| (59) Wabash County Farm Bureau 524 W 9th St Mt Carmel, IL 62863 | 37-0567480 | | 31,860 | 0 | |
| (60) Warren Henderson County Farm Bureau 1000 N Main Monmouth, IL 61462 | 37-0572490 | | 58,082 | 0 | |
| (61) Washington County Farm Bureau 133W St Louis St Nashville, IL 62263 | 37-0667511 | | 8,262 | 0 | |
| (62) Wayne County Farm Bureau 301 E Court St Fairfield, IL 62837 | 37-0664133 | | 58,392 | 0 | |
| (63) White County Farm Bureau 304 E Robinson Carmi, IL 62821 | 37-0667351 | | 40,282 | 0 | |
| (64) Whiteside County Farm Bureau 100 E Knox St Morrison, IL 61720 | 36-1962390 | | 18,989 | 0 | |
| (65) Williamson County Farm Bureau 1517 E DeYoung St Marion, IL 62959 | 37-0587960 | | 33,748 | 0 | |

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50055P

Schedule I (Form 990) 2019

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book FMV, appraisal, other) |
|---------------------------------|--------------------------|--------------------------|----------------------------------|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |

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

| Return Reference | Explanation |
|---|---|
| Additional Supplemental Information | The County Finance Program has been designed to assist county Farm Bureaus in financial need. This program was approved by the 1997 and is reviewed periodically. The IAA grants funds to the County Farm Bureaus on the following basis: Automatic Grants: 70% of Bureaus meeting certain criteria. Additional Automatic Grants: A funding limit in the Automatic Grant formula is multiplied by the number from 30% of the funding set aside for Applied-for Grants. Applied-for Grants: The remaining 30% of funds available (less Additional Au Committee. This committee uses its discretion to consider grants to county Farm Bureaus which make application by March 1 of each carried over to the following year. |
| Grantmaker's Description of How Grants are Used | Illinois County Farm Bureaus use an application format to request funds. As part of this process, the County explains how the funds are reported to the IAA Board each March. |

Additional Data

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| | | |
|--|---|--|
| efile Public Visual Render | ObjectID: 202141679349301144 - Submission: 2021-06-16 | TIN: 37-0809856 |
| Schedule J (Form 990) Department of the Treasury Internal Revenue Service | Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. | OMB No. 1545-0047 <div style="font-size: 2em; font-weight: bold; color: green;">2019</div> Open to Public Inspection |
| | Name of the organization Illinois Agricultural Association | |

| Part I Questions Regarding Compensation | Yes | No | | | | | | | | | |
|---|---|--|--|--|---|---|---|--|----|--|--|
| 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <table style="width:100%; margin-top: 5px;"> <tr> <td><input checked="" type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input checked="" type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table> | <input checked="" type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | | |
| <input checked="" type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | | | | | | | | | | |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | | | | | | | | | | |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | | | | | | | | | | |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | | | | | | | | | |
| b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain. | 1b Yes | | | | | | | | | | |
| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? | 2 Yes | | | | | | | | | | |
| 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <table style="width:100%; margin-top: 5px;"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table> | <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | | |
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | | | | | | | | | | |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | | | | | | | | | | |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | | | | | | | |
| 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <table style="width:100%; margin-top: 5px;"> <tr> <td>a Receive a severance payment or change-of-control payment?</td> <td style="text-align: center;">4a</td> <td style="text-align: center;">No</td> </tr> <tr> <td>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</td> <td style="text-align: center;">4b</td> <td style="text-align: center;">Yes</td> </tr> <tr> <td>c Participate in, or receive payment from, an equity-based compensation arrangement?</td> <td style="text-align: center;">4c</td> <td style="text-align: center;">No</td> </tr> </table> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | a Receive a severance payment or change-of-control payment? | 4a | No | b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | Yes | c Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | No | | |
| a Receive a severance payment or change-of-control payment? | 4a | No | | | | | | | | | |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | Yes | | | | | | | | | |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | No | | | | | | | | | |
| Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | | | | | | | | | |
| 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <table style="width:100%; margin-top: 5px;"> <tr> <td>a The organization?</td> <td style="text-align: center;">5a</td> <td></td> </tr> <tr> <td>b Any related organization?</td> <td style="text-align: center;">5b</td> <td></td> </tr> </table> If "Yes," on line 5a or 5b, describe in Part III. | a The organization? | 5a | | b Any related organization? | 5b | | | | | | |
| a The organization? | 5a | | | | | | | | | | |
| b Any related organization? | 5b | | | | | | | | | | |
| 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <table style="width:100%; margin-top: 5px;"> <tr> <td>a The organization?</td> <td style="text-align: center;">6a</td> <td></td> </tr> <tr> <td>b Any related organization?</td> <td style="text-align: center;">6b</td> <td></td> </tr> </table> If "Yes," on line 6a or 6b, describe in Part III. | a The organization? | 6a | | b Any related organization? | 6b | | | | | | |
| a The organization? | 6a | | | | | | | | | | |
| b Any related organization? | 6b | | | | | | | | | | |
| 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III. | 7 | | | | | | | | | | |
| 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. | 8 | | | | | | | | | | |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | | | | | | | | | | |

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | |
| 1 Alan Dodds CFO | (i) | 331,878 | 63,739 | | 106,650 | 13,872 |
| | (ii) | ----- | ----- | ----- | ----- | ----- |
| 2 Albert Zimmerman Asst General Coun | (i) | 175,946 | 17,662 | | 54,404 | 18,091 |
| | (ii) | ----- | ----- | ----- | ----- | ----- |
| 3 Andrew Bender Asst Secretary | (i) | 247,438 | 28,961 | | 76,726 | 18,268 |
| | (ii) | ----- | ----- | ----- | ----- | ----- |
| 4 Brian Cahill Senior Counsel | (i) | 198,907 | 29,897 | | 64,294 | 1,290 |
| | (ii) | ----- | ----- | ----- | ----- | ----- |
| 5 Chris Magnuson Director of News and Communication | (i) | 280,421 | 53,222 | | 91,094 | 18,786 |
| | (ii) | ----- | ----- | ----- | ----- | ----- |
| 6 Geneva Aberle Controller | (i) | 148,416 | 10,924 | | 44,775 | 17,895 |
| | (ii) | ----- | ----- | ----- | ----- | ----- |
| 7 Jennifer Vance General Counsel | (i) | 476,383 | 46,068 | | 138,485 | 19,370 |
| | (ii) | ----- | ----- | ----- | ----- | ----- |
| 8 Jim Jacobs CEO COUNTRY FINANCIAL | (i) | ----- | ----- | ----- | ----- | ----- |
| | (ii) | 896,344 | 152,997 | | 270,735 | 21,875 |
| 9 Laura Harmon Asst Secretary | (i) | 206,200 | 31,183 | | 66,705 | 17,737 |
| | (ii) | ----- | ----- | ----- | ----- | ----- |
| 10 Laura Reynolds Asst Controlle | (i) | 125,855 | 6,300 | | 37,136 | 12,475 |
| | (ii) | ----- | ----- | ----- | ----- | ----- |
| 11 Lyn Potts Asst General Coun | (i) | 206,310 | 31,183 | | 66,736 | 18,337 |
| | (ii) | ----- | ----- | ----- | ----- | ----- |
| 12 Mark Gebhards Director of Governmental Affairs | (i) | 326,510 | 60,540 | | 104,500 | 18,419 |
| | (ii) | ----- | ----- | ----- | ----- | ----- |
| 13 Mike Hodge Ex Dir of Member Services and PR | (i) | 240,901 | 45,074 | | 79,130 | 13,226 |
| | (ii) | ----- | ----- | ----- | ----- | ----- |
| 14 Neil Napolitano Asst General Coun | (i) | 179,926 | 17,969 | | 55,609 | 17,510 |
| | (ii) | ----- | ----- | ----- | ----- | ----- |
| 15 Paul Harmon General Counsel | (i) | ----- | ----- | 29,317 | ----- | ----- |
| | (ii) | ----- | ----- | ----- | ----- | ----- |
| 16 Richard Guebert President | (i) | 302,957 | 58,122 | | 7,350 | 1,677 |
| | (ii) | ----- | ----- | ----- | ----- | ----- |
| 17 Robert W Weldon Vice President of Finance/Treasurer | (i) | ----- | ----- | 4,676 | ----- | ----- |
| | (ii) | ----- | ----- | ----- | ----- | ----- |
| 18 Wendy Schaefer Asst General Coun | (i) | 211,340 | 31,769 | | 68,313 | 13,094 |
| | (ii) | ----- | ----- | ----- | ----- | ----- |

Schedule J (Form 990) 2019

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 add

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

Additional Data

Software ID: 19009920
Software Version: 2019v5.0

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efile Public Visual Render

ObjectID: 202141679349301144 - Submission: 2021-06-16

SCHEDULE O

Supplemental Information to Form 990 or 991

(Form 990 or 990-EZ)

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury
Internal Revenue Service
Name of the organization
Illinois Agricultural Association

Er
37

| Return Reference | Explanation |
|--|---|
| Form 990, Part III, Line 4d: Other Program Services Description | OTHER PROGRAM SERVICES 4: Commodity Information - this service includes providing p production, marketing, and risk management information and education to members from farr |
| 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 i Illinois. |
| Form 990, Part VI, Line 11b: Form 990 Review Process | Form 990 is reviewed by the Auditors, General Counsel and Controller. After the review is co reviewed by the Finance Committee and distributed to the full Board of Directors in the mont |
| 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 K |
| Form 990, Part VI, Line 15a: Compensation Review & Approval Process - CEO, Top Management | The Association's Human Resource staff annually compares independent national compensa pay range of the positions are adjusted to the comparable market value, reviewed by Human I Management Team. Officer and key employee compensation is also compared to the surveys approved by the Board of Directors. |
| Form 990, Part VI, Line 15b: Compensation Review and Approval Process for Officers and Key Employees | The Association's Human Resource staff annually compares independent national compensa pay range of the positions are adjusted to the comparable market value, reviewed by Human I Management Team. Officer and key employee compensation is also compared to the surveys approved by the Board of Directors. |
| Form 990, Part VI, Line 19: Other Organization Documents Publicly | The Association makes its governing documents, conflict of interest policies and financial stat request. |

| | |
|--|--|
| Available | |
| Other Changes In Net Assets Or Fund Balances - Other Decreases | Ordinary Partnership Income = -\$42054 |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat. No. 51056K

Additional Data

Software ID: 19009920

Software Version: 2019v5.0

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| | |
|---|--|
| efile Public Visual Render | ObjectID: 202141679349301144 - Submission: 2021-06-16 |
| SCHEDULE R (Form 990) | Related Organizations and Unrelated Partnerships |
| Department of the Treasury Internal Revenue Service | ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. |
| Name of the organization Illinois Agricultural Association | E 3: |

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income |
|---|-------------------------|--|---------------------|
| | | | |
| | | | |
| | | | |
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Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section |
|--|---------------------------------|--|----------------------------|
| (1) Agricultural Support Association 1701 Towanda Avenue Bloomington, IL 61701 37-1401256 | Agricultural Member association | IL | 501(c)(5) |
| (2) IAA Foundation 1701 Towanda Avenue Bloomington, IL 61701 37-1211315 | Charitable Foundation | IL | 501(c)(3) |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50135Y

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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 1, organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of ye ass |
|--|---------------------------------------|--|----------------------------------|--|------------------------------|------------------------|
| (1) RIMSAP 1701 Towanda Avenue Bloomington, IL 61702 37-0997431 | Low int. loans to rural med. students | IL | N/A | Related | 98,935 | 2.5 |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total in |
|---|----------------------------------|--|----------------------------------|--|--------------------------|
| (1) Country Life Insurance Company 1701 Towanda Avenue Bloomington, IL 61701 37-0808781 | Life Insurance | IL | IL Ag Holding Co | C Corp | |
| (2) Country Investors Life Assurance Company 1701 Towanda Avenue Bloomington, IL 61701 37-1106268 | Stock Insurance Company | IL | Country Life Insurance Company | C Corp | |
| (3) Country Mutual Insurance Company 1701 Towanda Avenue Bloomington, IL 61701 37-0807507 | Property/ Casualty Insurance | IL | IL Agricultural Assn | C Corp | |
| (4) Country Casualty Insurance Company 1701 Towanda Avenue Bloomington, IL 61701 37-0855395 | Stock Insurance Company | IL | Country Mutual Insurance Company | C Corp | |
| (5) CC Services Inc 1701 Towanda Avenue Bloomington, IL 61701 37-1000579 | Service Company | IL | IL Ag Holding Co | C Corp | |
| (6) Illinois Agricultural Holding Co 1701 Towanda Avenue Bloomington, IL 61701 36-1252720 | Holding Company | IL | IL Agricultural Assn | C Corp | |
| (7) Country Trust Bank 1701 Towanda Avenue Bloomington, IL 61701 37-0923942 | Federal Thrift | IL | Country Life Insurance Company | C Corp | |
| (8) Country Preferred Insurance Company 1701 Towanda Avenue Bloomington, IL 61701 44-0652707 | Stock Insurance Company | IL | Country Mutual Insurance Company | C Corp | |
| (9) Country Capital Management 1701 Towanda Avenue Bloomington, IL 61701 37-6055336 | Broker Dealer Reg. Sec. products | IL | Country Life Insurance Company | C Corp | |
| (10) Illinois Agricultural Service Company 1701 Towanda Avenue Bloomington IL, IL 61701 37-0809857 | Service Co. | IL | IL Ag Holding Co | C Corp | |

Schedule R (Form 990) 2019

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.

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
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)

- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)

- f Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)

- k Lease of facilities, equipment, or other assets from related organization(s)
- l Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o Sharing of paid employees with related organization(s)

- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses

- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | |
|---|-------------------------------|------------------------|-----|
| (1)Agricultural Support Association | b | 375,000 | FMV |
| (2)IAA Foundation | l | 108 | FMV |
| (3)IAA Foundation | n | 77,435 | FMV |
| (4)IAA Foundation | o | 339,653 | FMV |
| (5)RIMSAP | s | 500,000 | FMV |
| (6)Country Life Insurance Company | l | 10,514 | FMV |
| (7)Country Life Insurance Company | p | 43,610 | FMV |
| (8)Country Life Insurance Company | q | 5,367 | FMV |
| (9)Country Mutual Insurance Company | q | 216,227 | FMV |
| (10)Country Casualty Insurance Company | m | 60,962 | FMV |
| (11)Country Casualty Insurance Company | q | 29,467 | FMV |
| (12)CC Services Inc | a | 3,389,156 | FMV |
| (13)CC Services Inc | l | 631,772 | FMV |
| (14)CC Services Inc | m | 716,039 | FMV |
| (15)CC Services Inc | p | 112,977 | FMV |
| (16)CC Services Inc | q | 400,686 | FMV |
| (17)Illinois Agricultural Holding Co | p | 67 | FMV |
| (18)Illinois Agricultural Holding Co | f | 19,462,585 | FMV |
| (19)Country Trust Bank | m | 243,118 | FMV |
| (20)Country Trust Bank | q | 165,883 | FMV |
| (21)Country Preferred Insurance Company | p | 24,804 | FMV |
| (22)Country Capital Management | p | 31,808 | FMV |
| (23)Illinois Agricultural Service Company | p | 7,501 | FMV |

Schedule R (Form 990) 2019

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). See instructions regarding exclusion for certain investment partnerships.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets |
|---|-------------------------|--|--|--|----|------------------------------|------------------------------------|
| | | | | Yes | No | | |
| | | | | | | | |

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